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Delay to Attendance for Elective Surgery: Analysis of Individual and Organizational Factors at Hospital Islam Sakinah Mojokerto

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ABSTRACT

Background: Poor service quality will cause waste of time and resources, increase errors in service implementation and the risk of other.

Purpose: The Purpose of this study was to examine the influence of individual and organizational factors on the delay in the presence of doctors and nurses in elective surgery.

Method: This research is quantitative, sample is 49 nurses and doctors. An instrument for obtaining data from questionnaires. The independent variables are individual factors and organizational factors, the dependent variable is late attendance. Place of research: Sakinah Islamic Hospital in Mojokerto, statistical test using logistic regression.

Results: The results of the study obtained the results of individual factors, namely attitudes and personality that influenced the delay in the presence of doctors and nurses in elective surgery. The factors of understanding of instructions, quality of interaction, confidence, personal responsibility, and closeness of authority figures do not affect the delay in the presence of doctors and nurses in elective surgery. Organizational factors in the form of location status affect the delay in the presence of doctors and nurses in elective surgery while other factors, namely supervision, peer support, legitimacy of authority figures, and authority figure status do not affect the delay in the presence of doctors and nurses in elective surgery.

Conclusion: Individual factors, namely attitudes, and personality, affect the delay in the presence of doctors and nurses in elective surgery. Organizational factors in the form of location status affect the delay in the presence of doctors and nurses in elective surgery.

Keywords: elective surgery, individual factors, late attendance, organizational factors

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BACKGROUND

A hospital is a health service institution that organizes complete individual health services that provide inpatient, outpatient, and emergency services. Plenary Health Services are health services that include promotive, preventive, curative, and rehabilitative (Undang-Undang RI, 2019). Hospitals must formulate strategic policies including efficiency from within (organization, management, and human resources), and must be able to quickly and accurately make decisions to improve services to the community so that they can become responsive, innovative, effective, efficient, and profitable organizations.

Hospitals as health service facilities are required to provide quality services by established standards and can reach all levels of society (Amurwani and Rofi'i, 2018). Elective surgery is surgery that has been planned as a result of a surgeon's clinical assessment which is then scheduled according to the surgery waiting list. Elective surgery is said to be late if the operation is not carried out according to a predetermined schedule. Delay in scheduling surgery is a significant problem in many hospitals causing patient dissatisfaction, increased costs, and length of stay (Ebirim, Buowari, and Ezike, 2012).

The delay of 15.85% is greater than the target of <5% delay in elective surgery according to the Ministry of Health's standards as an indicator of service quality, so it becomes a problem that needs further analysis. Among the number of delayed elective surgeries, on average the departments experiencing the most delays in elective surgeries were general surgery, obstetrics, and orthopedics. This condition corresponds to a study conducted by Balzer et al. (2017) on 13,547 cases of elective surgery at a facility showed that 66% of cases of first elective surgery deviated from the scheduled time of at least 10 minutes, while at Sakinah Hospital it was said lateness operation if it exceeds 30 minutes from the scheduled time, the longer the time lateness the first operation, then there will be morelatenessat the next elective surgery on the same day. Meyers (2020) stated delays in surgery at Sakinah Islamic Hospital in Mojokerto for patients with surgery plans result in delays in patient operations for the next patient because the surgery plan has been scheduled the day before.

SIn a study conducted by Amani and Omar (Amani and Omar, 2017), it was stated that doctors and nurses played a major role in delays. Doctors and nurses function as the main actors in the operating room, including professional surgeons and nursing staff, medical support officers, and administrative officers (Amani and Omar, 2017). The biggest factor of delay is the disobedience of the arrival of doctors and nurses in complying with the schedule set by the hospital, namely doctors who are late for 30-60 minutes for 512 operations, then nurses for 24 operations, doctors who are late for 60-120 minutes there are 234 surgery, then the nurse who is 60-120 minutes late has 12 operations. From the table, no doctors and nurses have canceled the operation.

Based on several studies, 3 aspects are thought to play a major role, namely individual factors, organizational factors, and patient factors. Some of these individual factors can be related to individual characteristics, including age, gender, and years of service. Then according to Niven (2012), individual factors involve knowledge, understanding of instructions, quality of interaction, beliefs, attitudes, personality, and social isolation. The organizational factors that include related organizational arrangements include supervision, peer support, legitimacy of authority figures, location status, and authority figure status. The last factor involves the role of the patient himself. So far, research related to these factors needs to be explored more deeply, especially at Sakinah Islamic Hospital in Mojokerto.

The general objective of this study was to analyze the effect of the influence of individual factors (understanding of instructions, quality of interaction, beliefs, attitudes, personality, personal responsibility and closeness of authority figures) on the delay in the

presence of doctors and nurses in elective surgery at Sakinah Islamic Hospital in Mojokerto and to analyze the effect between organizational factors (including supervision, peer support, legitimacy of authority figures, location status and authority figure status) to delays in the presence of doctors and nurses in elective surgery at RSI Sakinah Mojokerto.

METHOD

This type of research is an analytic observational cross-sectional design. This research was conducted at Sakinah Islamic Hospital in Mojokerto. The research sample was medical staff at the surgical installation unit of Sakinah Islamic Hospital in Mojokerto who met the inclusion and exclusion criteria. The inclusion criteria in this study were anesthetists, surgeon operators, and operating room nurses, who had worked for more than 6 months and were willing to be respondents. The exclusion criteria in this study were doctors and nurses who were on leave or study permits at the time the research was carried out. The sample size is 49 respondents consisting of 29 nurses and 20 doctors.

Independent variables consist of individual factors which include understanding of instructions, quality of interaction, beliefs, attitudes, personality, personal responsibility, and closeness of authority figures, and organizational factors which include supervision, peer support, legitimacy of authority figures, location status, and authority figure status. The dependent variable in this study was the delay in the presence of doctors and nurses during elective surgery. Data analysis in this study was carried out using logistic regression analysis. The influence between variables is said to be significant if the p-value < 0.05.

RESULTS

The demographic characteristics of the respondents in this study included data regarding gender, age, years of service, and education. Respondent demographic data is displayed in the form of frequency and percentage. The following are the results of the full demographic description:

Table 1. Characteristics of Respondents

Characteristics	Category	Frequency	Percentage
Age	<25 Years	2	4.1
	25-40 Years	36	73.5
	> 41 Years	11	22.4
	Total	49	100.0
Gender	Man	30	61.2
	Woman	19	38.8
	Total	49	100.0
Length of Working Period	<5 Years	4	8.2
	5-10 Years	28	57.1
	>10 Years	17	34.7
	Total	49	100.0
Education	D3 Nursing	5	10.2
	S1 Nursing	24	49.0
	Bachelor of Medicine	20	40.8
	Total	49	100.0

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Before testing, the results of the respondents' answers to the research variables will be presented first. This description is the respondent's answer based on frequency and percentage.

Table 2. Description of Research Variables

Variable	Category	Frequency	Percentage
Understanding Instructions	Low	24	49.0
	Tall	25	51.0
	Total	49	100.0
Interaction Quality	Low	17	34.7
	Tall	32	65.3
	Total	49	100.0
belief	Low	26	53.1
	Tall	23	46.9
	Total	49	100.0
Attitude	Low	42	85.7
	Tall	7	14.3
	Total	49	100.0
Personality	Low	32	65.3
	Tall	17	34.7
	Total	49	100.0
Social isolation	Low	40	81.6
	Tall	9	18.4
	Total	49	100.0
Supervision	Low	28	57.1
	Tall	21	42.9
	Total	49	100.0
Personal Responsibility	Low	31	63.3
	Tall	18	36.7
	Total	49	100.0
Proximity of Authority Figures	Low	36	73.5
	Tall	13	26.5
	Total	49	100.0
Peer Support	Low	33	67.3
	Tall	16	32.7
	Total	49	100.0
Legitimacy of Authority Figures	Low	39	79.6
	Tall	10	20.4
	Total	49	100.0
Location Status	Low	34	69.4
	Tall	15	30.6
	Total	49	100.0
Authority Figure Status	Low	28	57.1
	Tall	21	42.9
	Total	49	100.0
Late attendance	Not late	11	22.4

	Late	38	77.6
	Total	49	100.0

After calculating the cross-tabulation, the next step is to test the hypothesis. Hypothesis testing is done by a logistic regression test. Logistic regression testing in this study was divided into two stages. The first was bivariate and multivariate testing. Bivariate testing examines the relationship of each predictor factor with late attendance. This bivariate test serves as a screening variable. If the test results have a significance value < 0.250 then the independent variables or predictors are processed for multivariate logistic regression tests. The method used for the bivariate chi-square test. The following is a summary of the results of testing the bivariate test with chi-square:

Table 3. Summary of Bivariate Test Results with Chi-Square

No	Variable	Sig.	Information
1.	Understanding Instructions	0.446	Do not enter multivariate
2.	Interaction Quality	0.446	Do not enter multivariate
3.	belief	1,000	Do not enter multivariate
4.	Attitude	0.000	Enter multivariate
5.	Personality	0.000	Enter multivariate
6.	Social isolation	0.400	Do not enter multivariate
7.	Supervision	1,000	Do not enter multivariate
8.	Personal Responsibility	1,000	Do not enter multivariate
9.	Proximity of Authority Figures	0.451	Do not enter multivariate
10.	Peer Support	0.466	Do not enter multivariate
11.	Legitimacy of Authority Figures	0.419	Do not enter multivariate
12.	Location Status	0.001	Enter multivariate
13.	Authority figure status	1,000	Do not enter multivariate

The results of the bivariate test show that three variables have a significance value of less than 0.250 except for attitude, personality, and location status. While the other 10 variables have a significance value of more than 0.250. With these results, there are only 3 variables that can be further processed in the multivariate stage.

At this stage of the multivariate logistic regression test, the test method used is entered. This method includes all variables in the model and excludes all variables in the model based on certain significance criteria. At this stage, a significance assessment will also be carried out based on variable categories. The significance criterion is 0.05. The results will also read the OR value. An OR value greater than 1 means a risk factor. While the OR value that is smaller than 1 is called a protective factor. The OR value will give meaning if the significance level of the test results is below 0.05. The significance level of OR can also be seen from the confidence interval value. For OR > 1, then the confidence interval range, lower limit, or lower is also more than 1 up to a certain value. For OR < 1, then the range of confidence intervals.

Table 4. Multivariate Logistic Regression Test Results

Variables	B	Wald	Sig.	Exp(B)	95% CI for EXP(B)	
					Lower	Upper
Attitude	-4,883	6,954	0.008	0.008	0.000	0.285
Personality	-2,655	4,428	0.035	0.070	0.006	0.834
Location Status	-2,743	4,530	0.033	0.064	0.005	0.805
Constant	4,737	11,228	0.001	0.009		

Results logistic regression testing shows that 3 independent variables have a significance level of less than 0.05. Then the OR value varies from the lowest value 0.008 and the highest value 0.070. The OR value is less than 1. Values less than 1 are called protective or preventive factors. If the interpretation is carried out, the following explanation is obtained:

1. The magnitude of the protective factor of nurses or doctors who will be late in attendance because of a high attitude is 0.008 times compared to nurses or doctors who have a low attitude. The value of the coefficient B is negative, meaning that the lower the attitude of doctors and nurses, the later the respondent is, and conversely, the higher the attitude of doctors and nurses, the less late. The significance result is 0.008 ($p < 0.05$) so that attitude has a significant effect on late attendance.
2. The magnitude of the protective factor of nurses or doctors who will be late in attendance due to high personality is 0.070 times compared to nurses or doctors who have low personality. The value of the coefficient B is negative, meaning that the lower the personality of the doctors and nurses, the later the respondent is, and conversely, the higher the personality of the doctors and nurses, the less late they are. The significant result is 0.035 ($p <0.05$) so personality has a significant effect on late attendance.
3. The magnitude of the protective factor of nurses or doctors who will be late in attendance due to high location status is 0.064 times compared to nurses or doctors who have low location status. The value of coefficient B is positive, meaning that the lower the location status of doctors and nurses, the later the respondent is, and conversely, the higher the location status of doctors and nurses, the less late. The significance result is 0.033 ($p<0.05$) so the status of the location has a significant effect on late attendance.

Results The calculation of the Nagelkerke R square value is 0.710. It means attitude, personality, and location status have an effect on late attendance with a large influence of 71%. While the remaining 29% is influenced by other independent variables and not examined in this study.

DISCUSSION

After testing and analysis it was proven that of the 13 variables, only 3 variables had a significant effect. 2 from individual factors and 1 from organizational factors. This shows that individual factors play a more important role than organizational factors. The individual factors are attitudes and personality while the organizational factors are location status.

The results of the study show that attitude has a significant effect on late attendance. So that the research hypothesis is accepted. The magnitude of the risk factor for nurses or doctors who will be late in attendance due to low attitudes is 132,050 times compared to nurses or doctors who have high attitudes. The results showed that the lower the altitude, the later the respondent. Attitude is a person's response to a stimulus or object. Attitude is a tendency to approach (agree) or avoid (reject), positive or negative towards various social conditions (Putri, Widjanarko, and Shaluhiyah, 2018). Attitude plays an important role in influencing a person's obedient behavior. Attitude refers to a judgment, view, or emotional

evaluation of an object, situation, or person. If someone has a positive attitude toward a rule, norm, or guideline, they are more likely to comply with it. A positive attitude creates a feeling of comfort in taking appropriate action. A positive attitude can change a person's perception of the degree to which they have control over their actions. If they see the act of complying as something they did of their own free will, they are more likely to comply than if they feel forced.

The results showed that personality has a significant effect on late attendance. The magnitude of the risk factor for nurses or doctors who will comply in attendance due to low personality is 14.226 times compared to nurses or doctors who have high personality. The results showed that the lower the personality, the later. The results of this study support previous research conducted by Blumenthal et al. (1982) regarding patients undergoing treatment for recovery from myocardial infarction, found that those who abandoned therapy and those who remained were distinguished by their personality. Personality includes consistent characteristic patterns in a person's thoughts, feelings, and behavior. Individuals with personalities that tend to be more obedient to the rules, norms, and rules may be more inclined to comply with instructions and guidelines. They are comfortable with order and obedience.

Results Research shows that location status has a significant effect on late attendance. The magnitude of the risk factor for nurses or doctors who will be late in attendance due to low location status is 15.528 times compared to nurses or doctors who have high location status. The results showed that the lower the status of the location, the later the respondent. Shaw (1979) argues that a person's compliance is related to the image or reputation that the doctor or nurse has in the eyes of others, as well as the location associated with it. Institutions that have a good reputation and are respected, then members of the organization will obey the institution or organization. Based on Shaw's opinion, the status of the location, namely the reputation of the Sakinah Hospital, makes doctors and nurses comply with the rules of attendance for elective surgery. Doctors and nurses feel the need to be there on time to maintain the reputation of the hospital. And doctors and nurses themselves see themselves as having enough credibility and a good reputation so they won't tarnish that reputation. Maintaining this self-reputation ultimately also has an impact on maintaining the reputation of the hospital, in this case, Sakinah Mojokerto Hospital.

After discussing the variables that have an effect, the following is an explanation of the variables that have no significant effect. The results showed that understanding of instructions had no significant effect on delay with a p-value of 0.446 ($p > 0.05$). No one can obey instructions if he misinterprets the instructions given to him. Research conducted by Heisler *et al.*, (2015), found that understanding of instructions is an independent factor affecting self-management. The results of the study in Table 4.3 show that those who understand and do not understand instructions are the same. This is the opinion of (Makaryus and Friedman, 2015). A study by Makaryus & Friedman (2015) asked 43 patients who had been discharged from a hospital in Brooklyn about the names, uses, and side effects of their medicines as well as their last diagnosis. However, those who managed to mention the information only amounted to less than half.

The research results show that interaction quality has no significant effect on delay with a p-value of 0.446 ($p > 0.05$). The quality of the interactions between nurses, doctors, and members of the medical team is critical in the healthcare environment. However, the quality of interaction may indirectly affect delays in operations due to factors such as overly tight scheduling or lack of good planning. Although good interaction between the medical

team is important, if the surgery schedule is too tight or not well planned, delays can still occur.

The results showed that belief had no significant effect on delay with a p-value of 1.000 ($p > 0.05$). Becker et al. (1979) in Niven (2012) have suggested that the health belief model is useful for estimating non-compliance which in this context is delay. The beliefs of individuals, including those of nurses and doctors, can influence various aspects of their performance in a medical operating environment. However, there are several reasons why beliefs may not have a direct impact on nurses' and doctors' delays in surgery. In medical surgery, it is not always possible to predict perfectly how a procedure will go. Occasionally, unforeseen problems or complications may arise, and handling such situations requires quick judgment and sound decisions. Confidence can play a role in helping individuals deal with uncertainty.

The results showed that social isolation had no significant effect on delay with a p-value of 0.400 ($p > 0.05$). Social isolation or lack of social interaction can have a complex impact on individuals, including nurses and doctors. However, in the context of delays for nurses and doctors in surgery, social isolation may not have a direct or significant effect. This can be explained by reasoning that delays in medical operations are often related to technical and clinical factors, such as complex patient conditions, medical equipment, and inaccurate medical judgments.

The results showed that supervision had no significant effect on delay with a p-value of 1.000 ($p > 0.05$). The presence of the leadership to carry out supervision can affect delays in the presence of medical personnel in carrying out actions according to predetermined procedures and can directly provide direction on what must be done (Milgram, 1963). However, if there is no effect, this is because nurses and doctors are generally professionals who have a degree of autonomy in making medical and clinical decisions. Although supervision may exist in some situations, in everyday clinical practice, nurses and physicians are not subject to strict intervention by such supervision.

The results showed that personal responsibility had no significant effect on tardiness with a p-value of 1.000 ($p > 0.05$). A person who is responsible has awareness of his actions, whether intentional or not, and acknowledges that his actions are by general norms, even though the views of others may differ. In Milgram's experiment, it is proven that decreasing the level of personal responsibility can increase the level of obedience. This is related to Milgram's agency theory which states that obedience can occur when a person enters agent status, where he transfers his responsibility to the authority that gives the order. However, there is personal responsibility because medical surgery involves close team collaboration between various members of the medical team. Delays can occur if there is no good coordination between team members and shifting of responsibilities.

The results showed that the proximity of authority figures had no significant effect on tardiness with a p-value of 0.451 ($p > 0.05$). The presence or direct supervision of an authority figure was an important factor in Milgram's experiment on obedience. However, when the authority figure leaves the room and gives instructions over the phone, the compliance rate drops (Atkinson, 1983). It is easier to go against orders from authority figures if they are not close at hand (Dewey, 2017). Conversely, when the authority figure is close, obedience tends to be higher. With the presence of an authority figure, they can directly supervise and provide direct instructions regarding procedures and directions on what to do. There is no effect of the closeness of this authority figure because sometimes getting closer tends to undermine the authority figure because with closeness there are negotiations that can be bargained. In other words, the approach sometimes makes punishment not firm.

The results showed that peer support had no significant effect on delay with a p-value of 0.466 (p > 0.05). Someone often imitates the behavior of colleagues or others in their social environment. People tend to be with social groups that are similar to them, such as their age group, gender, race, religion, hobbies, or occupation, and act and behave like members of those groups. The existence of colleagues who refuse to obey is one of the factors that can cause non-compliance (Encina, 2014). When a person has social support from disobedient friends, the likelihood of obedience also decreases. Non-compliant environmental conditions can make it easier for someone to exhibit non-compliant behavior similar to their environment, although it is important to comply with the rules (Fernald, 2017).

The results showed that the legitimacy of authority figures had no significant effect on lateness with a p-value of 0.419 (p > 0.05). Legitimacy can be interpreted as public acceptance of decisions or policies taken by leaders. Beliefs and ideologies that legitimize one's power and justify one's orders can lead to voluntary obedience. Authority is power that society accepts as legitimacy arising from the exercise of power and the public's belief that this power is legitimate. The concept of authority is closely related to power, but not only to the capacity to influence the behavior of members of society. Legitimate authority depends on the recognition of members of society so that someone with authority can prescribe the behavior that must be followed by individuals in society. If subordinates are aware of the leader's legitimate authority, then it can make members of the community obey the orders and rules that exist. The legitimacy of authority figures may influence how medical decisions are made and implemented. However, the decision to be late or not must also be based on personal clinical and technical considerations without the intervention of the authorities even though the authority has high power.

The results showed that authority figure status had no significant effect on delay with a p-value of 1.000 (p > 0.05). Status refers to a position or level in a group, while social status refers to a person's position in society as a whole. There are three types of status, namely ascribed, achieved, and assigned status. People who have a higher or more powerful social status tend to be obeyed more than people who have the same social status.

In Milgram's experiments, it was found that a person's level of obedience was higher when orders were given by someone who appeared to be experienced. Status symbols refer to the use of symbols or emblems that indicate a person's social position in society, which is usually reflected in behavior that is by the social status they have. Compliance at about the 20% level occurs when orders are given by someone of the same social standing. According to Kokot (2021), Milgram's research results show that someone who has an authoritative and respected social role can increase the level of obedience, regardless of the social context. Social roles are an important part arising from one's status. Social roles include behavior expected by others of individuals who hold a certain status. Status and social roles cannot be separated, because social roles are always related to the status of the individual. The results of this study were not significant, indicating that even though the status of an authority figure was high, doctors or nurses had equality in their duties and most doctors and nurses had the same age range so that the status of an authority figure, for example, hospital leadership was less prominent in pressing them not to be late.

CONCLUSION

Individual factors, namely attitudes, and personality, affect the delay in the presence of doctors and nurses in elective surgery at RSI Sakinah Mojokerto. The factors of understanding of instructions, quality of interaction, confidence, personal responsibility, and closeness of authority figures do not affect the delay in the presence of doctors and nurses in

elective surgery at RSI Sakinah Mojokerto. Organizational factors in the form of location status affect the delay in the presence of doctors and nurses in elective surgery at Sakinah Mojokerto Hospital, while other factors, namely supervision, peer support, legitimacy of authority figures, and authority figure status do not affect the delay in the presence of doctors and nurses in elective surgery in RSI Sakinah Mojokerto.

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CONFLICTS OF INTEREST

Nothing no conflict of interest in this research.

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