



Artikel Penelitian

Work Stress and Nurses' Compliance with Surgical Safety Checklist Completion: Implications for Surgical Patient Safety

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Article Info	Abstract
Article History: Submit: May 9th 2026 Accepted: May 20th 2026 Publish: May 31st 2026 Keywords: Work stress; Nurse compliance; Surgical Safety Checklist	Surgery is a clinical procedure that is highly risky for errors and patient safety. WHO introduced the Surgical Safety Checklist (SSC) to improve patient safety during surgery. Implementation of the SSC in Indonesia is still low and requires the commitment of operating room nurses who are consistent in implementing a patient safety culture. Nurses' job stress can affect patient safety culture. This study aims to analyze the relationship between job stress and nurse compliance in implementing the SSC. This study used an observational method with a cross sectional approach. This quantitative study employed an observational analytic design with a cross-sectional approach. The study population consisted of 173 operating room nurses from five hospitals in Yogyakarta, Indonesia. The sample size was determined using the Slovin formula, resulting in 121 respondents, who were selected through purposive sampling. Data collection used the Expanded Nursing Stress Scale (ENSS) questionnaire and the Surgical Safety Checklist (SSC) Implementation Observation Sheet. Test the relationship between two variables using the Spearman Rank test with a p-value of 0.05. Statistical tests of work stress (65.97) and compliance with filling out the Surgical Safety Checklist (20.83) showed a significant relationship (p-value 0.034) and there was a unidirectional correlation direction and weak correlation strength (r 0.193). The conclusion of this study is that nurses' job stress is related to compliance with filling out the Surgical Safety Checklist (SSC).

INTRODUCTION

Surgical procedures are among the most complex clinical interventions and carry a substantial risk of medical errors and adverse events that may compromise patient safety. According to the Indonesian Ministry of Health, as cited by Ramadhan, (2023) approximately 1.2 million surgical

procedures were performed in Indonesia in 2020, making surgery the eleventh most common healthcare intervention among the country's 50 major disease management services. Of these procedures, approximately 32% were elective surgeries. Furthermore, the prevalence of surgical procedures has continued to increase annually (Irawan et al., 2022). To improve

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patient safety during surgical care, the World Health Organization (WHO) introduced the Surgical Safety Checklist (SSC) as a standardized tool to minimize preventable surgical errors and enhance communication among surgical team members (Klase et al., 2016). Previous studies have demonstrated that SSC implementation can reduce postoperative mortality by up to 50% and decrease surgical complications by 7–11%. (Darmapan et al., 2022). Other studies have also reported that work stress is associated with nurses' compliance with SSC implementation (Rachmawati et al., 2019). Successful implementation of the SSC requires multidisciplinary collaboration, with operating room nurses playing a pivotal role in ensuring its completion and compliance (Jiliana & Hermayerni, 2023). However, evidence regarding this relationship remains limited, particularly among operating room nurses across multiple hospitals in Indonesia.

Operating room nurses are essential members of the surgical team and play a critical role throughout the perioperative process (Hipkabi, 2014). In addition to providing direct nursing care, they are responsible for completing clinical documentation and ensuring that all perioperative nursing records, including the Surgical Safety Checklist, are accurately documented (Fuada et al., 2017). However, the demanding nature of the operating room environment, characterized by heavy workloads, time pressure, and complex clinical responsibilities, may expose nurses to considerable occupational stress. (Rachmawati et al., 2019)

Work stress is defined as an individual's psychological and physiological response to excessive job demands that exceed available coping resources (Rachmawati et al., 2019). A national survey conducted by the Indonesian National Nurses Association (PPNI) reported that 50.9% of nurses in Indonesia experience work-related stress (Zaman et al., 2023). High levels of

occupational stress may negatively influence nurses adherence to patient safety practices, including compliance with Surgical Safety Checklist completion. Previous studies have shown that increasing work stress is associated with lower compliance with SSC implementation (Rachmawati et al., 2019).

A preliminary assessment conducted in several hospitals in the Yogyakarta region revealed that operating room nurses frequently reported experiencing work-related stress due to excessive workloads and the high volume of surgical cases. These conditions often resulted in incomplete or overlooked documentation of the Surgical Safety Checklist. Given the critical role of SSC compliance in promoting patient safety, investigating factors associated with nurses' adherence is essential. Therefore, this study investigated the relationship between work stress and SSC compliance among operating room nurses from five hospitals in the Yogyakarta region. The multicenter design provides broader evidence to support strategies for improving patient safety.

METHODS

This quantitative analytical observational study employed a cross-sectional design to examine the relationship between work stress (independent variable) and nurses' compliance with Surgical Safety Checklist (SSC) completion (dependent variable). The study was conducted between October and November 2024 in the operating rooms of five hospitals in Yogyakarta, Indonesia, namely Dr. Yap Eye Hospital, Universitas Gadjah Mada Academic Hospital (RSA UGM), Panti Rapih Hospital, Bethesda Hospital, and Nur Hidayah Hospital. The study population comprised 173 operating room nurses, of whom 121 eligible participants were recruited using a non-probability purposive sampling technique. Data were collected using a demographic questionnaire, the Indonesian version of the Expanded Nursing Stress Scale (ENSS) from

Herqutanto et al., (2017) and a validated Surgical Safety Checklist observation sheet from Pauldi, (2021). This study received ethical approval from the Health Research Ethics Committee of the Faculty of Health Sciences, Universitas Brawijaya (No. 11965/UN10.F17.10.4/TU/2024), with additional approvals obtained from the ethics committees of Universitas Gadjah Mada–Dr. Sardjito Hospital, Panti Rapih Hospital, and Bethesda Hospital. Written informed consent was obtained from all participants, and confidentiality and anonymity were maintained throughout the study.

RESULTS

Participants' Demographic Characteristics

A total of 121 operating room nurses participated in this study. As presented in Table 1, A total of 121 operating room nurses participated in this study. The largest age group was 21–30 years, comprising 38 participants (31.4%). Most participants held a Diploma III (D-III) qualification ($n = 90$, 74.4%), and the majority had more than 10 years of working experience ($n = 72$, 59.5%). The largest proportion of participants was recruited from Panti Rapih Hospital, accounting for 35 respondents (28.9%).

Work Stress Among Operating Room Nurses

The mean work stress score among operating room nurses was 65.97 ($SD = 32.75$), as presented in Table 2.

To further describe the distribution of work stress, scores were analyzed according to the nine subscales of the Expanded Nursing Stress Scale (ENSS) (Table 2). The highest mean score was observed for the Uncertainty Concerning Treatment subscale (mean = 11.60, $SD = 5.58$), followed by Workload (mean = 11.12, $SD = 4.81$). In contrast, the Discrimination

subscale had the lowest mean score (mean = 1.50, $SD = 1.51$).

Compliance with Surgical Safety Checklist Completion

The median score for nurses' compliance with Surgical Safety Checklist (SSC) completion was 22.00 (range: 13–22), with a mean score of 20.38 ± 2.44 (Table 3). Based on the compliance classification, 67 nurses (55.4%) were classified as compliant, whereas 54 nurses (44.6%) were classified as non-compliant with SSC completion (Table 3).

Table 1.
Demographic Characteristics of the Participants

Characteristic	N	%
Age (years)		
21-30	38	31.4
31-40	37	30.4
41-50	30	24.8
51-60	15	12.4
> 60	1	0.8
Sex		
Male	62	51.2
Female	59	48.8
Educational Level		
Diploma III (D-III)	90	74.4
Bachelor's Degree (S-1)	8	6.6
Professional Nurse (Ners)	23	19,0
Marital Status		
Married	89	73.6
Single	28	23.1
Divorced	4	3.3
Years of Work Experience		
1-3	30	24,8
4-6	6	5,0
7-10	13	10,7
> 10	72	59,5
Hospital		
Dr. Yap Eye Hospital	16	13,2
UGM Academic Hospital	29	24,0
Panti Rapih Hospital	35	28,9
Bethesda Hospital	30	24,8
Nur Hidayah Hospital	11	9,1
Total	121	100

Association Between Work Stress and Compliance with Surgical Safety Checklist Completion

Spearman's rank correlation analysis demonstrated a statistically significant association between work stress and nurses' compliance with Surgical Safety Checklist completion ($r = 0.193$, $p = 0.034$), indicating a weak positive correlation (Table 4).

Association Between ENSS Subscales and SSC Compliance

Significant positive correlations were observed between all nine ENSS subscales

and SSC compliance (Table 4). The strongest correlation was found for the Problems with Supervisors subscale ($r = 0.232$, $p = 0.011$), followed by Conflict with Physicians ($r = 0.195$, $p = 0.032$) and Inadequate Preparation ($r = 0.192$, $p = 0.035$). The remaining subscales also demonstrated statistically significant but weak positive correlations with SSC compliance, including Death and Dying ($r = 0.184$, $p = 0.044$), Problems with Peers ($r = 0.182$, $p = 0.045$), Uncertainty Concerning Treatment ($r = 0.182$, $p = 0.046$), Problems with Patients ($r = 0.182$, $p = 0.047$), Workload ($r = 0.181$, $p = 0.047$), and Discrimination ($r = 0.180$, $p = 0.048$).

Table 2.

Work Stress and ENSS Subscale Scores Among Operating Room Nurses (N = 121)

Work Stress / ENSS Subscale	Score Range	Median (min-max)	Mean (SD)
Overall work stress	—	—	65,97 (32,748)
Death and Dying	0-28	7,00 (0-24)	8,40 (4,954)
Conflict with Physicians	0-20	6,00 (0-17)	6,15 (3,247)
Inadequate Preparation	0-12	3,00 (0-9)	3,55 (1,966)
Problems with Peers	0-24	6,00 (0-15)	5,78 (3,465)
Problems with Supervisors	0-28	7,00 (0-21)	7,81 (4,530)
Uncertainty Concerning Treatment	0-36	11,00 (0-22)	11,60 (5,579)
Problems with Patients	0-32	8,00 (1-26)	8,95 (5,056)
Workload	0-36	10,00 (1-22)	11,12 (4,805)
Discrimination	0-12	1,00 (0-5)	1,50 (1,506)

Table 3.

Surgical Safety Checklist Compliance Scores and Classification (N = 121)

Indicator	Statistic	Value
SSC compliance score	Mean (SD)	20,38 (2,437)
SSC compliance score	Median (min-max)	22 (13-22)
Classification: Non-compliant	n (%)	54 (44,6%)
Classification: Compliant	n (%)	67 (55,4%)
Classification: Total	n (%)	121 (100%)

Table 4.
Correlations of Overall Work Stress and ENSS Subscales with SSC Compliance

Work Stress / ENSS Subscale	r	p-value
Overall work stress	0,193	0,034
Death and Dying	0,184	0,044
Conflict with Physicians	0,195	0,032
Inadequate Preparation	0,192	0,035
Problems with Peers	0,182	0,045
Problems with Supervisors	0,232	0,011
Uncertainty Concerning Treatment	0,182	0,046
Problems with Patients	0,182	0,047
Workload	0,181	0,047
Discrimination	0,180	0,048

DISCUSSION

Work Stress Among Operating Room Nurses

This study found that operating room nurses in hospitals across Yogyakarta experienced relatively low levels of work-related stress. This finding is consistent with the study conducted by Vu dkk, (2024), which also reported relatively low occupational stress among nurses. Despite the overall low level of stress, the Expanded Nursing Stress Scale (ENSS) identified Uncertainty Concerning Treatment and Workload as the two most prominent sources of occupational stress. Similar findings were reported by Ratnaningsih dkk (2022) who found that uncertainty concerning treatment and workload were the primary stressors among nurses working in a high care unit.

The predominance of Uncertainty Concerning Treatment suggests that unclear treatment plans and uncertainty in clinical decision-making remain important stressors for operating room nurses. Surgical care requires timely decision-making, accurate communication, and effective interdisciplinary collaboration. Inadequate information regarding patient management may increase nurses' psychological burden and reduce their confidence in delivering patient care

(Saleky et al., 2023). similarly reported that uncertainty regarding patient treatment contributes substantially to occupational stress by increasing anxiety and hesitation during clinical practice.

Workload was identified as the second highest source of stress. Operating room nurses are responsible for multiple clinical and administrative tasks, including patient preparation, intraoperative assistance, equipment management, and documentation of patient safety procedures. Excessive workload may result in physical fatigue, impaired concentration, and reduced work performance, thereby increasing occupational stress. These findings are consistent with those reported by (Alawiyah, 2023), Who demonstrated that excessive workload negatively affects nurses' physical and psychological well-being.

These findings highlight the importance of organizational strategies to reduce occupational stress among operating room nurses. Hospitals should strengthen interdisciplinary communication through standardized communication protocols and promote collaborative decision-making to minimize uncertainty regarding patient treatment. Effective communication among healthcare professionals has been shown to reduce treatment errors and improve patient safety (Crespo-Mirasol et al., 2024).

In addition, hospital management should implement workload management strategies, including appropriate staffing, equitable task distribution, and minimizing non-nursing administrative responsibilities, allowing nurses to focus primarily on direct patient care (Wahyuni et al., 2022).

Compliance with Surgical Safety Checklist Completion

This study demonstrated that the majority of operating room nurses in hospitals across Yogyakarta were compliant with completing the Surgical Safety Checklist (SSC). This finding is consistent with that of Priyantoro & Melati, (2024) who reported that approximately 55% of nurses complied with SSC implementation in hospital operating rooms. Compliance with the SSC is essential for promoting patient safety by enhancing adherence to standardized perioperative procedures, strengthening teamwork and communication among surgical team members, and reducing the risk of preventable surgical complications (Sulistyo et al., 2024)

The relatively high level of SSC compliance observed in this study may be associated with nurses' length of work experience. Darmapan et al., (2022) reported that nurses' work experience is one of the factors associated with compliance in implementing the Surgical Safety Checklist. Furthermore, Sinambela and Simanullang, (2023) found that nurses with longer work experience demonstrated higher levels of compliance than those with less clinical experience, possibly because experienced nurses are more familiar with perioperative procedures, patient safety protocols, and documentation requirements. In contrast, inadequate compliance has been associated with the absence of effective verbal communication during SSC implementation, which may reduce the effectiveness of the checklist as a multidisciplinary patient safety tool (Rachmawati et al., 2019). Ineffective communication among surgical

team members has also been identified as a major contributor to incomplete or inaccurate checklist documentation, potentially compromising patient safety (Indrwati and Nita, 2023).

Maintaining high levels of compliance with the Surgical Safety Checklist requires continuous organizational support from hospital management. Hospitals should provide regular education and training programs for operating room nurses to reinforce the importance of consistent SSC implementation. Darmapan, et al., (2022) emphasized that continuous training and guidance are essential to ensure the consistent application of the SSC in daily surgical practice. In addition, Wahyuliati and Novita, (2023) reported that structured supervision, particularly when conducted with greater frequency and duration, significantly improves the completeness and quality of SSC documentation. Therefore, integrating regular training with structured supervisory programs may help sustain nurses' compliance with SSC implementation and further strengthen patient safety during surgical care.

Association Between Work Stress and Compliance with Surgical Safety Checklist Completion

This study demonstrated a statistically significant association between work stress and nurses' compliance with Surgical Safety Checklist (SSC) completion. However, the strength of the correlation was weak, indicating that work stress is only one of several factors associated with nurses' compliance with SSC implementation. This finding is consistent with that of Arif et al., (2021), who also reported a significant relationship between nurses' work stress and compliance with SSC implementation. Similarly, Sudarsana et al., (2023), found that nurses experiencing higher levels of occupational stress were less likely to consistently implement the Surgical Safety Checklist, suggesting that psychological

stress may adversely affect adherence to patient safety procedures.

The association identified in the present study can be explained by the demanding nature of the operating room environment. Operating room nurses are required to perform multiple responsibilities simultaneously, including providing direct patient care, assisting surgical procedures, maintaining effective communication with the surgical team, and completing perioperative documentation. According to the concept of occupational stress, excessive job demands may exceed an individual's ability to cope, resulting in reduced concentration, impaired decision-making, and decreased attention to routine safety procedures (Rachmawati et al., 2019). Consequently, nurses experiencing higher levels of work stress may be more likely to overlook or incompletely document the Surgical Safety Checklist. This interpretation is supported by Sudarsana et al. (2023), who reported that occupational stress adversely affects nurses' work performance and reduces adherence to SSC implementation. Furthermore, Wisudawan et al. (2024) explained that prolonged work stress may contribute to decreased job satisfaction, reduced productivity, lower organizational commitment, and diminished quality of patient care, all of which may indirectly influence compliance with patient safety procedures.

Given the critical role of the Surgical Safety Checklist in preventing surgical errors and promoting patient safety, hospitals should implement comprehensive strategies that simultaneously reduce occupational stress and strengthen SSC compliance. Effective stress management has been recognized as an important strategy for improving nurses' well-being and work performance (Rohita et al., 2024). Lestari et al. (2024) suggested that stress management interventions, including regular physical exercise, relaxation training, recreational activities, and employee recognition programs, can effectively reduce work-related stress

among healthcare professionals. In addition, Wahyuliati and Novita (2023) demonstrated that structured supervision, particularly when conducted with greater frequency and duration, significantly improves the completeness and quality of SSC documentation. Therefore, integrating stress management interventions with continuous SSC education, effective communication, and structured supervision may enhance nurses' compliance with SSC implementation and ultimately strengthen patient safety in surgical services.

CONCLUSION

This study found that operating room nurses in hospitals across Yogyakarta experienced relatively low levels of work-related stress, with Uncertainty Concerning Treatment and Workload identified as the primary sources of stress. Most nurses demonstrated compliance with Surgical Safety Checklist (SSC) completion. Furthermore, a statistically significant but weak positive association was observed between work stress and nurses' compliance with SSC completion. These findings suggest that, although work stress is associated with SSC compliance, other organizational and individual factors may also influence nurses' adherence to patient safety procedures. Therefore, hospitals should continue to implement strategies aimed at reducing occupational stress while strengthening SSC implementation through regular training, effective communication, and structured supervision to enhance surgical patient safety.

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