



ORIGINAL RESEARCH PAPER

Nursing

A DESCRIPTION OF LEADERSHIP AND MOTIVATION TOWARDS THE APPLICATION OF SAFETY CULTURE

KEY WORDS: Leadership, Motivation And Safety Culture Of Patients

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ABSTRACT

Patient safety culture has not been optimal yet, as evidenced by the culture of reporting and information culture and learning culture that has not been working properly. As a result, policy-makers in hospitals are unaware of warnings of potential hazards that may occur. The purpose of this research is to know the relationship of head of room leadership and nurse motivation with the application of patient safety culture. This research used cross sectional study approach with 76 research samples, taken using simple random sampling technique. The results of this study show that most of the patient safety culture is not only the responsibility of the nurse but the entire hospital. The results of this study illustrate that most respondents considered the leadership of the head of the room less effective, for the motivation of the nurse itself mostly in the low category while the application of patient safety culture is still not good. Therefore, it is necessary to provide motivation in the form of rewards to the implementing nurses in applying patient safety, and to provide punishment to implementing nurses who do not implement patient safety and provide special patient safety training.

INTRODUCTION

Patient safety has become an international issue, currently must be implemented by health workers one of them is a nurse. Where each patient's safety plan is intended to improve the quality of nursing care. The importance of this patient safety issue causes each hospital to develop its implementation standards. This service standard is required to ensure that the patient's safety practices are well implemented.

The implementation of patient safety will work well if there is an effort to improve patient safety through a seven-step program toward safety and implementation of patient safety standards. The first step that will be done is clearly mentioned that through the implementation of patient safety culture that is accompanied by good leadership. The first stage of the seven-step program toward hospital safety is to build awareness of the patient's safety value and create open & fair leadership & culture.

In fact the implementation of patient safety has not been done as expected, as in the implementation of the reporting culture, the culture of silence when making mistakes, the absence of open and fair culture on every nurse who made mistakes but there is only a culture of blame. The impact on the quality of health services in hospitals associated with nursing care that should be safe for patients. This system will minimize patient safety incidents and optimize action in case of incidents thereby reducing unexpected events.

Nurse is one health worker that plays an important role in carrying out patient safety. Implementation of the patient safety program if the nurse has instilled a patient safety culture in each of them. Culture in question here is more look at the attitude and behavior of nurses in implementing nursing care to patients. Unfavorable and unsuitable cultures are an obstacle to making good changes. So that the patient's safety program will be optimal if the executor conducts a patient safety culture in accordance with the standard.

The safety culture of the patient is a shared, shared value of belief. Culture contains two components: values and beliefs, where values refer to something that an organization member believes to know what is right and what is wrong, whereas belief refers to attitudes about how it should work. The existence of values and beliefs relating to patient safety is implanted in every member of the organization, then each member will know what should be done in the application of patient safety. Thus, the behavior eventually becomes a culture that is embedded in every member of the organization in the form of patient safety culture behavior (Arlina, 2017). The patient safety culture consists of several elements. Elements in the safety culture of patients include open culture, fair, reporting, learning, and informed. Being open and fair means sharing information openly and freely, and fair treatment for staff when an incident occurs. The learning culture is committed to learning safety, communicating it with others and always remembering it. The culture of information means learning

from events that have occurred (Reiling, 2006). Surijah in Nivalinda (2013) adds patient safety culture is important because it will decrease adverse event (AE) so as to decrease hospital accountability in the eyes of patients and society will increase.

Various studies reported related to the lack of application of patient safety culture such as sustainable praise research, et al (2013) in RS Sudirohusodo reported 62.2% nurses still have a low culture in maintaining patient safety, as well as research Nivalinda, et al (2013) in hospital Semarang obtained the application of patient safety culture is less good equal to 51,4%. This condition is different from the research of Rasdini (2014) in Sangla Denpasar Hospital shows most of the application of patient safety culture by nurses in good category (71,39%).

Establish a patient safety culture that enables nurses to provide nursing care so not only out of fear of a rule but customary culture that is supposed to be done without coercion. This culture will be the only one influenced by strong leadership. The scope of leadership in the application of patient safety culture one of them is the leadership of the head of space. The headroom effort in implementing effective leadership in the room affects the application of a patient safety culture whereby the leader will know and recognize the situation and recognize it, so that it will make improvements in case of error.

The head of the room will be able to influence the application of the safety culture strategy and the effort to move the nurse within the scope of its authority to jointly apply the patient safety culture (Cahyono, 2008). Several studies on the leadership in control such as Nursyabaniah (2013) research at Hasanudin University Hospital have resulted that the effective leadership component has a meaningful relationship. Nivalinda (2013) get the results of research in RS Semarang there is a meaningful influence between leadership style and patient safety culture.

The application of the patient's safety culture by the nurse reflects the nurse's performance behavior and is influenced by the motivation of the nurse, with good motivation expected that the nurse can implement a good patient safety culture. Badeni (2013), motivation is one that can generate the spirit or encouragement of working individuals or groups to achieve goals in satisfying needs.

Preliminary studies conducted with observation and interviews with several related parties in the hospital, namely nurse nurses, were informed that the culture of patient safety at the hospital was not optimal. Interviews that researchers conducted on 7 implementing nurses stated that the culture of patient safety implementation has not been done well, because usually the program will be done well if there are certain goals. It is proven by the nurses who do not optimally implement the reporting culture, the reason is because the reports made will be linked to their work areas where incidents occur or are more misleading. As a result, policy makers at the hospital were not aware of the potential

danger that could occur and they also said that if someone made another mistake they would see and be quiet than discussing to find a solution. 3 out of 7 nurses are less supportive of patient safety programs because they think the program is not to improve the welfare of nurses and has nothing to do with the services they receive. There is still a nurse who has a perception of headroom leadership that assesses subordinates from personal relationships rather than the standard of job assessment and their leadership is rarely in providing guidance and direction.

METHODE

This research is non experimental quantitative research with cross sectional approach. The population is all implementing nurses in dawatangan RSUD Sungai dareh hospital with 83 people. Technique pengambilan sample is simple random sampling with jumlag sample 76 people. Data were collected by using questionnaires consisting of respondent characteristics, headroom leadership, nurse motivation and patient safety culture.

Univariate analysis in this study to describe the characteristics of respondents, headroom leadership, nurse motivation and patient safety culture. Bivariate analysis to see the relationship between two variables namely independent variables (head leadership and nursing motivation) and variable Dependen (patient safety culture). Type of statistical test used in this research is Chi Square test with confident interval (CI) 95% with significance level 5% (= 0,05)

RESULTS

The result of the study showed that the characteristics of respondents in the inpatient room of Sungai Dareh District Hospital can be seen in table 1 as follow:

TABLE 1: Frequency Distribution Based on Respondent Characteristics at the Inpatient Room of Dareh Hospital in 2017 (n = 76)

No	Characteristics	F	%
1.	Age		
	Early Adult	62	81,6
	Middle Adult	14	18,4
2.	Gender		
	Female	70	92,1
	Male	6	7,9
3.	Level of education		
	Vocational	47	61,8
	Professional	29	38,2
4.	Length of work		
	New	10	13,2
	Old	66	86,8
5.	Training		
	Ever	0	0,00
	Never	76	100,00

Table 1 on the characteristics of respondents can be seen that almost all ages of nurse implementer (respondent) are early adult (18-35 years old) that is 62 people (81,6%) .The sex can be seen that almost all female respondent are 70 (92.1%). The level of education can be seen that most respondents have vocational education (DIII) that is 47 people (61.8%). Based on the length of work can be seen that most respondents have long worked in RSUD Sungai Dareh (> 3 years) is 66 people (86.6%). For patient safety training it can be seen that all respondents, 76 people (100%) have never participated in patient safety training.

TABLE 2: Respondent Based Frequency Distribution of Leaders in the Inpatient Room of Sungai Dareh Hospital in 2017

Leadership	f	%
Loss effective	50	65,8
Effective	26	34,2
Total	76	100

Based on Table 2, the it can be seen that the majority of respondents considered the leadership of the head of the room to

be less effective, namely 50 people (65.8%).

TABLE 3: Frequency Distribution of Respondents based on Implementing Nurse Motivation in the Inpatient Room of Sungai Dareh Hospital in 2017

Motivation	f	%
Low	56	73,3
High	20	26,3
Jumlah	76	100

Table 3 can be seen that most respondents have low motivation, namely 56 people (73.3%).

TABLE 4: Distribution of Respondents Frequency Based on Application of Patient Safety Culture by Nurse Executor at Inpatient Room of Dareh River Hospital 2017

Patient Safety Culture	f	%
Not good	46	60,5
Good	30	39,5
Total	76	100

Table 4 it can be seen that most of the application of safety culture by respondents is not good that is 46 people (60,5%).

DISCUSSION

Characteristics of respondents

The results showed that almost all respondents are in the category of early adulthood. From the questionnaire indicating early adulthood only 40.3% who did a good patient safety culture while middle adult only 35.7% who do a good patient safety culture.

Gender shows that almost all respondents are female, but that does not mean men can not be in the nursing profession. The sexes of men and women, in general, show no significant difference in terms of work productivity (Kurniadi, 2013). Most nursing staff are female according to the researcher because the nurse / caring work is much in demand by the women, and in the application of patient safety this is certainly important. As described above that the work of the nurse is identical with the instinct of a mother.

The education level of most of the respondents has vocational education (DIII), this explains the implementing nurses at the Dareh River area hospital is on vocational or DIII education. Dareh River District Hospital is a hospital that always supports subordinates in increasing career lane one of them is by giving permission to subordinates to continue education to a higher level. Evident at this time many vocational nurses (DIII) who are continuing education to SI even Ners. Analysis of the researchers that nurses who work at hospitals in the Dareh River area most of the nurses have a vocational education level. However, it is seen more closely in the application of patient safety culture on professional nurses 41.4% better than vocational nurses who only 38.3%. The level of respondent education is a difficult factor to intervene, the effort that can be done is the development of knowledge level for the nurse through socialization so that the nurse is able to understand about the importance of applying patient safety. Awareness of the executing nurses on the importance of applying patient safety may affect the services to be administered to patients.

The length of the nurse's work is that most respondents have long worked in Dareh River General Hospital (> 3 years). This explains that the implementing nurses at RS Dareh Hospital are in the long working period. Longer work experience of course nurses have a longer experience also in dealing with patients with various problems faced and careful that nursing care is done does not cause injury to the patient. The longer the nurses work the more skilled and experienced problems in their work. Duration of work can be evaluated with performance appraisal and awards and clear career path. Questionnaire results show nurses who work over 10 years there are as many as 20 people nurses.

The results showed that respondents all respondents ie 76 people (100%) never follow the training of patient safety. Nurse as human resource is the main element in creating and realizing patient

safety so that the availability of competent and professional nurses. For that we need training to improve the knowledge and skills of nurses. While the results have not found optimal safety culture of patients one of them can be caused by training that has not been done properly. Training given to staff will have an effect on the cognitive processes that underlie individual actions.

Training on the implementation of patient safety is important to be given because it will improve the ability and skill of the officer in providing patient service safely. Hospitals are still more often to provide socialization of patient safety practices than train staff. As the questionnaires indicated that none of the patients were attending the patient's safety training, the respondents only filled out with PPGD and BTCLS training, then the researchers searched for information on the nursing and patient safety programs, information obtained that, training devoted to patient safety did not exist. There was only handwashing but not training only socialization. The hospital admitted that the patient's safety training was still lacking.

LEADERSHIP

From the results of the questionnaire, 83% of nurses' perceptions about the head of the room gave praise when the work was completed in accordance with the procedure, 97% of the head of the room had made a plan to prioritize the patient's safety according to the nurse's perception, nurse's perception 26% of the room head assessed his subordinates by distinguishing personal relationships and ignoring standard of appraisal, 37% perception of nurses that the head of the sphere considers input from others to find fault, 30% nurses perceive the head of the room rarely in providing guidance and direction.

Based on this research, the lack of effective leadership will have an impact on the nurse's performance in patient safety application, as the head of the chamber must assess the subordinate with the existing assessment standard work, because lack of support from the leader can decrease the work ability. Therefore, there should be a leader's attention for employees so that it will always work with maximum which will ultimately improve performance in the application of patient safety. The leader is the key holder of change because he has the responsibility to lead change in an organization. the head of the room as a leader is an important factor in the successful application of patient safety culture. Leaders should also provide direction and guidance to their subordinates related to the culture that should be done by nurses implementing in providing nursing care to patients in accordance with the SOP.

MOTIVATION

The provision of motivation is directly related to the effort of achieving the goals and the various goals of the organization (Siagian 2009). The motivation motivation will be effective if in the implementing nurse there is a belief with the achievement of the patient's safety value as the goal of the hospital then the personal goal of the implementing nurse is also achieved. It is understandable that the main driving factor for a nurse with a variety of personal interests and various needs that are met.

Motivation is a willingness to direct a good effort to achieve organizational goals. However, the willingness to move the business depends on a person's ability to meet his various needs. Effort is the intensity of one's will. When a person is motivated then someone will try hard to do something. Conversely, if someone does not have the motivation in doing the work will not be in accordance with expectations. Nurse motivation is an influential expectation to explain the intensity, direction and relation to the work environment of the nurse.

Application of patient safety culture

RSUD Sungai Dareh implements a patient safety culture which means that every individual in the hospital is responsible for providing services safely. The value or dimension of the patient's safety culture serves as a glue in the organization that is used as a basis in shaping the behavior of each individual within the organization. The results showed that the safety culture of patients

has not been integrated in all individuals so that not all nurses show behavior that upholds these values so that the application of the safety culture of the patient by the nurse is not good enough. This can be a trigger for hospitals to improve the inculcation of patient safety culture values, one of which increases knowledge by training, motivating nurses, and supervising periodically.

Leaders must be able to analyze external pressures as a foundation for change as leaders in building vision and mission, are key holders for change, communicating ideas of change and strategizing and shaping change movers. Without strong leadership support then change can not happen. The realization of such change ideas for the implementation of a good safety culture can not be separated from the culture of information or culture of openness to all parties in the hospital.

Associated with the education of most nurses implementing at the level of DIII keperawatan. Bultural learning that an organization has a feedback system on the incidence of patient accident and reporting incidents as well as trainings to improve the quality of nurses in implementing nursing care. Each line of both the nurse and the manager considers that the incident as a learning process, committed to studying the incident, takes action on the incident to be implemented to prevent a recurrence of errors.

The culture of reporting is an important part of improving the patient's safety culture. The existence of a patient safety reporting culture indicates a transparency of events, fair treatment of nurses, not individual blame but more focus on the system running. The ethical principle of the patient's salvation exercises a just culture by respecting the patient's right, namely the right to seek redress, to avoid or conceal mistakes will result in the patient's loss and is considered unethical. Therefore, it should take a fair step or win win solution.

Errors after error will always be repeated if every mistake is always always covered and always avoided, just by covering and avoiding errors there will be no learning process (learning culture) in it. A good attitude is to accept and acknowledge the weakness that the patient's safety incident is a fact and the organization should always try to improve it. Recognizing the weaknesses means that health care provider organizations dare to blame the perpetrators but replace legal attitudes into efforts to reduce risks and reduce risks and reduce losses from mistakes.

The dimension of patient safety culture in RSUD Sungai Dareh is still not optimal, therefore it needs more understanding for all hospital parties, because the patient's safety culture is not only done by the nurses but also all related parties who are in the hospital.

Conclusion and Suggestion;

Conclusion

This research concludes that leadership of room head is classified as less effective (65,8%), for nurse motivation is still low (73,3%), while applying patient safety culture still less good (60,5%).

Suggestion

It is advisable for hospital management to build a better patient safety culture by providing training and hospitals should be able to emphasize to all employees that the application of patient safety culture is not only applied by nurses only. furthermore pay attention to reward and punishment system clear for nurse to increase nurse motivation in giving service.

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