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THE EFFECT OF SAFETY MANAGEMENT COMMITMENT AND MOTIVATION ON COMPLIANCE IMPLEMENTING PATIENT SAFETY GOALS THROUGH A CULTURE OF PATIENT SAFETY

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Abstract. Patient safety culture is the main foundation for patient safety in hospitals. Applying a safety culture in hospitals aligns with the existing safety system to reduce unwanted incidents. In 2021, in a hospital in X East Jakarta, patient safety incidents remained accompanied by a culture that could have gone better, as seen from the frequency of reporting incidents, which is still below the reliability target. This study analyzed the effect of safety management commitment and motivation on nurse compliance in implementing patient safety goals through patient safety culture. This research is a quantitative approach with a sample of 105 inpatient nurses at the hospital. This research uses the SEM (Structural Equation Model) method with the SmartPLS software application. In this study, it was found that safety management commitment had a positive and significant effect on adherence to implementing patient safety goals, motivation had a positive and significant influence on adherence to implementing patient safety goals, and safety management commitment and motivation had a positive and significant influence on patient safety culture. Based on the mediation analysis, it can be concluded that patient safety culture mediates safety management commitment and motivation to adhere to patient safety goals. In theory, the implications of this research will prove the effect of research variables and managerial can improve the service evaluation system in hospitals.

Keywords: Safety management, Patient safety, Safety culture

Abstrak. Budaya keselamatan pasien merupakan landasan utama keselamatan pasien di rumah sakit. Penerapan budaya keselamatan di rumah sakit sejalan dengan sistem keselamatan yang ada untuk mengurangi kejadian yang tidak diinginkan. Pada tahun 2021 di RS X Jakarta Timur, insiden keselamatan pasien masih diiringi dengan budaya yang bisa berjalan lebih baik, terlihat dari frekuensi pelaporan insiden yang masih berada di bawah target reliabilitas. Penelitian ini bertujuan untuk menganalisis pengaruh komitmen dan motivasi manajemen keselamatan terhadap kepatuhan perawat dalam melaksanakan tujuan keselamatan pasien melalui budaya keselamatan pasien. Penelitian ini merupakan pendekatan kuantitatif dengan sampel sebanyak 105 perawat rawat inap di rumah sakit. Penelitian ini menggunakan metode SEM (*Structural Equation Model*) dengan aplikasi software SmartPLS. Pada penelitian ini ditemukan bahwa komitmen manajemen keselamatan berpengaruh positif dan signifikan terhadap kepatuhan penerapan tujuan keselamatan pasien, motivasi berpengaruh positif dan signifikan terhadap kepatuhan penerapan tujuan keselamatan pasien, dan komitmen dan motivasi manajemen keselamatan berpengaruh positif dan signifikan. pengaruh yang signifikan terhadap budaya keselamatan pasien. Berdasarkan analisis mediasi, dapat disimpulkan bahwa budaya keselamatan pasien memediasi komitmen manajemen keselamatan dan motivasi untuk mematuhi tujuan keselamatan pasien. Secara teori, implikasi penelitian ini akan membuktikan pengaruh variabel penelitian, dan manajerial dapat meningkatkan sistem evaluasi pelayanan di rumah sakit.

Kata kunci: Manajemen keselamatan, keselamatan pasien, budaya keselamatan

INTRODUCTION

Compliance is part of individual behavior to obey or comply with something; one related to hospital compliance is prioritizing and implementing patient safety goals. Patient safety

culture is the main foundation for patient safety. Applying a safety culture in hospitals aligns with the existing safety system to reduce unwanted incidents (Sora & Nieva, 2004). Patient safety has become a

global issue since the Institute of Medicine (IOM) in the United States published a report that shocked many: "To Err Is Human, Building a Safer Health System". The report stated that research at hospitals in Utah, Colorado, and New York found Adverse Events as much as 2.9%, of which 6.6% died. Meanwhile, the adverse events in New York were 3.7%, with a mortality rate of 13.6% (Kohn, Corrigan, and Donaldson, 2000). Data on unexpected hospital events in Indonesia until February 2016 reached 289 reports. This incident was high compared to the national report, which stated that in 2008 and 2009, there were 103 (70%) types of Near Miss and 43 (30%) Adverse Events as a result of these incidents, 6% resulted in death, 1% irreversible injury, 7% reversible injury, 16% minor injury, 70% no injury (Nur & Santoso, 2018).

Based on Kepmenkes 129/Menkes/SK/2008 concerning Minimum Service Standards and the 2011 Hospital Accreditation Standards, several steps can be applied in implementing patient safety goals: 1) patient identification; 2) effective communication in health service providers using the read-back method. If communication is not carried out correctly, it will threaten patient safety (WHO, 2009); 3) increasing the administration of drugs that need to be watched out for (High Alert); 4) description of certainty location, right procedure, right-patient operation with a standard achievement of 100%; 5) reducing the risk of infection related to health services from infection elimination; 6) reducing the risk of patients falling with the availability of beds.

Regarding the nurse compliance behavior, it can be achieved if the organization has managers committed to safety, can be trusted, and can provide motivation. According to Kalteh and Mohammadi, (2019), safety management commitment is one of the drivers of safety performance. Qing., et al (2018) also argued that management commitment plays a vital role because it can shape the behavior of employees to provide the best service.

Nurse motivation is also necessary to be considered. If the nurse's motivation is lacking, it will clearly affect performance (Pratama, 2017). According to Robbins and Judge (2013), motivation is a process that explains an individual's intensity, direction, and persistence to achieve his goals. Wulandari et al, (2018) research results show a relationship between nurse motivation and patient safety culture and a relationship between the role of management, head of nurse, and patient safety culture.

Hospital X is a type B hospital located in East Jakarta that provides health services for the

community with human resources from various disciplines and provides supporting examination and treatment facilities. Ten reports related to patient safety incidents were reported to the Quality and Patient Safety Committee (PMKP) of Hospital X in 2021. The frequency of reporting incidents/reporting patient safety incidents is still below the target; this is indicated by the low reporting of patient safety incidents of 65% of the reliability target 84 %; lack of understanding or perception of patient safety in general by 60% of the 74% reliability target.

Based on the results of PMKP of Hospital X, the compliance of patient identification and the use of identity bracelets in hospitalization is still below the standard indicator value of an average of 94% and in December 2021. This value has actually been good, but from direct observation by researchers, the accuracy of identifying two patients is still not optimal in its implementation.

The Standard Operational Procedure (SOP) regarding patient identification, structurally and systemically, is quite complete. It is supported by the nurses' knowledge who are quite good in identifying patients and positive attitude towards this duty.

From the PMKP' monitoring and evaluation in 2021 and mid-2022, the target indicator for patient safety is the adherence to hand hygiene for health workers, including doctors, nurses, and other health workers while on duty. It was be considered since the achievement is still below standard, 74% of 85%. Some of the cases are supported by the amount of phlebitis in 2021. Condition of health workers during the pandemic, data for January to June 2022, 34 employees were confirmed positive for COVID-19, and most of them were nurses. Compliance with the implementation of hand hygiene should be highlighted because it is one of the health protocols during a pandemic. So, hand washing during the implementation of nursing actions is the most effective way to prevent nosocomial infections in the hospital environment.

Based on the results of observations on the implementation of hand washing steps, there are still health workers who do not comply with hand washing procedures. Health workers' hand hygiene compliance rate is still in the moderate category (entirely compliant). It is the results of initial observations by researchers at the inpatient unit before the data collection. Indeed, some nurses still have not carried out hand hygiene compliance as standardized by WHO (WHO, 2005). The causes of the non-optimal implementation of hand hygiene are related to the supervision system for implementation that is not optimal and a patient safety culture that still needs to be improved.

The health workers most vulnerable to infection transmission are nurses' group because they accompany patients 24 hours a day (Fauzia et al., 2014). They take a significant role in preventing nosocomial infections. In the hand washing case, from the initial interviews, there were some motivations for nurses to practice hand washing. It was followed when they felt their hands were dirty, supported by colleagues, and underwent standard operating procedures at work, and there were also hand washing practices when supervised.

Based on data from PMKP monitoring and evaluation by the Hospital X quality committee in 2021 and mid-2022, patient safety goals related to effective communication have been achieved 100%, increase in drug administration, drug safety that needs to be watched out for (high alert) have achieved of 100%; description of the certainty of right-site, right-procedure, right patient surgery results of 100%; and reducing the risk of falling patients with the availability of beds using 100% safety gains. From the results of initial observations during the pre-study, the researchers saw that the goals above were reasonable, so they focused their research on patient safety goals related to patient identification and hand hygiene.

Therefore, this study analyzes nurse compliance in implementing patient safety goals, especially with patient identification and hand hygiene compliance through a patient safety culture. It is influenced by management's support and commitment and the nurses' work motivation.

METHOD

Research Model

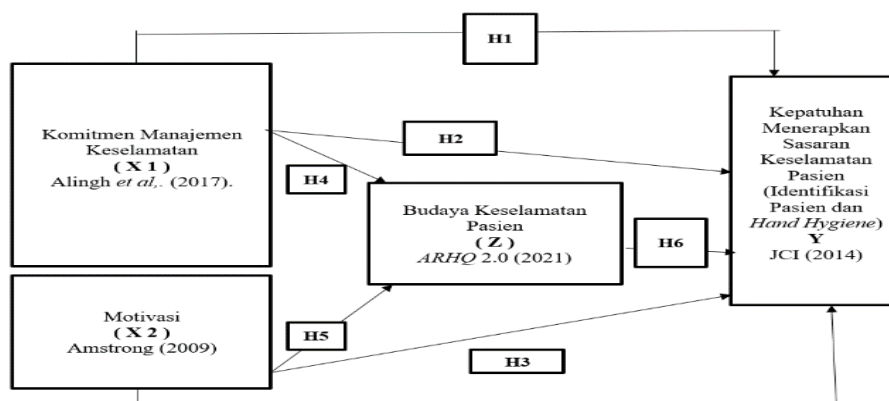


Figure 1. Research Conceptual Framework

The educational level of respondents includes a diploma (62.85%) and a Bachelor of Nursing degree, and the professional level is as many as 37.15%. Meanwhile, based on years of service,

This study is led by a research model or framework that pictures chosen independent, dependent, and mediating variables. Besides, it also describes how the interaction or association among the variables (Figure 1).

Samples and Data Collection

This research was conducted at Hospital X, East Jakarta, a class B private hospital that was held from July to September 2022. The sample used in this study was saturated, namely 105 inpatient nurses. Data collection in this study used a survey method by distributing questionnaires. Measurements were taken using a Likert scale of 1 – 4 (1=strongly disagree to 4=strongly agree, 1=Never up to 4=always).

Data Analysis

This study uses a quantitative approach. Analysis of the description of the variables using the Three Box Methods index analysis Statistical data analysis using the Structural Equation Modeling (SEM) method. With the Smart PLS 3.0 application, a statistical model that explains the relationship between variables (Hair et al., 2010).

RESULTS

Based on gender, as much as 90.47% of respondents were women, and men were only 9.52%. By age, nurses aged <25 were 4.76%, ages 25 to 34 were 33.33%, ages 35 to 44 were 39.04%, 45 to 50 were 19.04%, and more than 50 years as much as 3.80%. It was concluded that the nurses in the most inpatient rooms were 25-34 years old.

nurses with a service period of <1 year were 3.80%, 1 to 5 years were 20.95%, 5 to 10 years were 43.80%, and > ten years were 31.42%.

Table 1. Characteristics of Respondents

Profile	Category	F	%
Gender	Man	10	9,52 %
	Woman	95	90,47%
	Total	105	100 %
Age	<25 years	5	4,76 %
	25-34 years	35	33,33%
	35-44 years	41	39,04%
	45-50 years	20	19,04%
	>50 years	4	3,80 %
Total	105	100 %	
Education	Diploma	66	62,85%
	Bachelor (S1/NERS/S2/S3)	39	37,15%
	Total	105	100 %
Years of service	< 1 yr	4	3,80 %
	> 1-5 yrs	22	20,95 %
	> 5-10 yrs	46	43,80 %
	> 10 yrs	33	31,42 %
	Total	105	100 %

Table 2. The Value, Categories and Index among the Study Variables related to Patient Safety Implementation at Hospital X

No	Variable	Dimension	Value	Catego-ries	Index
1	Compliance Implement patient safety goals	Patient Identification Compliance	77,98	Medium	78,32 (medium)
		Hand Hygiene Compliance	78,60	High	
		Patient safety priority	83,40	High	
2	Safety Management Commitment	Demonstrate a commitment to patient safety	77,30	Medium	77,96 (medium)
		Demonstrates exemplary behavior	76,40	Medium	
		Create patient safety awareness	77,90	Medium	
		Encourage participation	74,80	Medium	
3	Motivation	Motivation intrinsic	79,1	High	80,10 (High)
		Motivation extrinsic	81,1	High	
		Team work	83,9	High	
4	Patient Safety Culture	Management Support for Patient Safety	80,0	Medium	78,40 (Medium)
		Communication Openness	76,12	Medium	
		Reporting Patient Safety Events	83,3	High	
		Organizational Learning – Continuous	83,5	High	
		Communication About Error	72,4	Medium	
Hospital Management	74,6	Medium			

No	Variable	Dimension	Value	Catego-ries	Index
		Support for Patient			
		Response to Error	78,0	Medium	
		Handoffs and Information Exchange	77,5	Medium	
		Staffing and Work Pace	77,3	Medium	

Table 3. The Behavior’s Categories among Research Variables related to Patient Safety Implementation at Hospital X

No	Variable	Categories			Behavior
		Low	Medium	High	
1	Compliance Implementing Patient safety Goals		78,32		Defaulting
2	Safety Management Commitment		77,96		Simply Committed
3	Motivation		80,1		Motivated
4	Patient Safety Culture		78,40		Reactive

Based on Table 2, the average accumulated value for the compliance variable is 78.32 and is included in the moderate category (quite obedient/defaulting). It means that an action is carried out only part of what has been set or entirely without perfect. Practically, the nurses sometimes ignored the task of verifying patient identification. It can happen to patients who have been treated for several days.

The nurse assumes they already know and know the patient, so nurses are ignorant and feel there is no need to identify patients according to the SOP continuously; it is also possible for the patient to feel disturbed or uncomfortable if patient identification is carried out continuously. Likewise, with adherence to hand hygiene guidelines that have been socialized and generally accepted (6 steps of WHO hand washing and carrying out 5 moments of hand hygiene with hand rub according to standards), nurses have complied with SOPs related to hand hygiene, but not yet optimal in implementation, it is possible because of being busy, forgetting, feeling that hands are not dirty, there are still nurses who ignore the steps for washing hands (some steps are not taken).

The score index for the safety management commitment variable is 77.96, which is in the moderate category. It means management is committed to implementing patient safety goals but has yet to be optimal in showing exemplary behavior and encouraging participation. The scoring index for the motivational variable is 80.1 and is included in the high category, meaning that nurses are motivated to work well. For the patient safety culture variable,

the index value is 78.4. It is included in the moderate category, meaning that nurses feel that implementing patient safety culture is quite implemented but not optimal.



Figure 2. SEM-PLS Inner Model with Bootstrapping

Table 4. Results of Path Coefficient Research Hypothesis Test Direct Effect

Variable	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Safety Management Commitment (X1) → Compliance (Y)	0,312	0,321	0,105	2,967	0,002
Motivation (X2) → Compliance (Y)	0,307	0,312	0,109	2,817	0,003
Safety Management Commitment (X1) → Patient Safety Culture (Z)	0,438	0,443	0,109	4,003	0,000
Motivation (X2) → Patient Safety Culture (Z)	0,443	0,440	0,115	3,837	0,000
Patient Safety Culture (Z) → Compliance (Y)	0,330	0,316	0,102	3,243	0,001

Table 5. Hypothesis Test Results Path Coefficient Indirect Effect

Variable	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Safety Management Commitment (X1) → Patient Safety Culture (Z) → Compliance (Y)	0,145	0,145	0,066	2,193	0,014
Motivation(X2) → Patient Safety Culture (Z) → Compliance (Y)	0,146	0,134	0,047	3,123	0,001

Based on these data, the data supports the mediation analysis hypothesis; it can be concluded that "There is a significant positive effect between safety management commitment and motivation on nurse compliance in applying patient safety goals

through patient safety culture as an intervening variable at Hospital X" is accepted.

From the table above 4 (four), all the t-counts for all variables are at a significance level. Thus, the rest

of the whole hypothesis is accepted. Besides, the results of testing the indirect effect of safety management commitment (X1) on compliance through patient safety culture as an intervening variable show a significance level (table 5). There is a positive and significant influence of patient safety culture (Z) in mediating the relationship between safety management commitment (X1) and nurse compliance in implementing patient safety goals (Y).

The results of testing the indirect effect of motivation (X2) on adherence to implementing patient safety goals (Y) through patient safety culture as an intervening variable also show a significance level. It can be concluded that there is a positive and significant influence of patient safety culture (Z) in mediating the relationship between motivation (X2) and adherence to implementing patient safety goals (Y).

DISCUSSION

The Effect of Safety Management Commitment and Motivation on Compliance with Implementing Patient Safety Goals

When a hospital organization begins a process to improve patient safety, focusing on safety culture, compliance becomes the output of the ongoing culture. Culture will shape action because it is instilled continuously, so a strong culture will create a firm commitment. Suppose the culture, with strong management commitment, is accompanied by high motivation. In that case, the result is the compliance of all members, especially related to patient identification and hand hygiene.

Several studies that support the results of this study are research conducted by Masi et al. (2020), a survey of 229 nurses in Abuja, Nigeria; the results of the study indicate that management's commitment to patient safety has a positive and significant effect on nurse compliance in implementing a patient safety culture. Research by Tomasa et al. (2021) shows a relationship between management's motivation and commitment to patient safety culture in inpatient rooms. Likewise, research by Wulandari et al. (2019) shows that there is a relationship between nurse motivation and patient safety culture, as well as the relationship between the roles of management and head nurses and the implementation of patient safety culture. Research by Utari et al. (2020) shows that the main factors that play a positive role in patient safety culture are management commitment, organizational leadership, motivation, and other factors such as respect for the nursing profession.

The Impact of Commitment to Safety Management with Compliance Implementing Patient Safety Goals

The significant result of the two variables indicates that a better safety management commitment will positively impact increasing nurse adherence in implementing patient safety goals. The correlation between the commitment to safety management and adherence to implementing patient safety goals in this study is valued at 0.804, meaning that the correlation is quite good. High safety management commitment will increase nurse compliance in implementing patient safety goals.

Several studies support the results of this study. The research by Pambudi et al. (2018) showed that management and organizational support affected nurse compliance in implementing patient safety goals.

Research by Alingh et al. (2017) shows that nurses will develop a high sense of self-efficacy when management shows its commitment to making the workplace safer. This self-efficiency will enable the nurse to demonstrate desired safety behavior according to safety rules and procedures and voluntarily engage positively in safety activities.

The Effect of Motivation on Nurse Compliance Implementing Patient Safety Goals

According to Robbins and Coulter (2010), the theory of motivation gives awareness to carry out tasks properly in achieving organizational goals and targets. This study supports the theory of motivation according to Armstrong (2009) where intrinsic motivation is categorized as when nurses feel that their work is important, exciting, and challenging, gives them a reasonable level of autonomy (freedom to act), opportunities for advancement, as well as scope for using and developing their skills and abilities. The results of this study are by a study by Herlina (2019) on 104 nurses in an inpatient room at a hospital in Karawang, which showed a significant relationship between motivation and the level of adherence of nurses to carry out patient safety SOPs.

In practice, nurses do not always carry out verification procedures following the provisions, especially for actions that, according to nurses, are not at risk. It is possible in patients who have been treated for several days, and nurses assume they already know and know these patients well, so nurses do not need to identify patients according to standards continuously. It is also possible that patients feel disturbed or uncomfortable if patient identification is carried out continuously. Regarding the hand washing compliance, there are various reasons why workers do not routinely wash their

hands, including the infrastructure and hand washing equipment are not strategically located; they think that they are too busy, their hands do not look dirty, already wearing gloves, and their skin can experience irritation if washing hands too often, and takes much time. The other constraints and obstacles relate to the supervision system for the implementation of identification procedures.

Compliance arises supported by high motivation, but in this study, compliance is still in the sufficient category, so it needs to be strengthened by research on other factors that affect compliance besides motivational variables.

Effect of Safety Management Commitment on Patient Safety Culture

The positive significance value of these variables indicates that the better the support or commitment to safety management, the better the patient safety culture in the hospital will be. This finding follows Geller's opinion in Cooper (2002) regarding total safety culture, which states that three groups of factors can influence patient safety culture: personal, organizational behavior, and environmental. Management Commitment to be part of an organizational behavior group that supports establishing a safety culture in the hospital.

Policy in Indonesia has regulated the position and role of the system in the form of a patient safety committee both nationally and in hospitals (Ministry of Health, 2008). This is in accordance with research conducted by Utari et al. (2020) on 70 nurses at a hospital in Jakarta, where the study results showed that the main factors that play a positive role in patient safety culture are management commitment and leadership support. Another study conducted by Andri & Soewondo (2018), Alswat et al. (2017), Horwitz (2017), and Im & Park (2018) point out that management commitment makes a positive and significant contribution to improving patient safety culture.

The Influence of Motivation on Patient Safety Culture

There is a significant influence between motivation and patient safety culture at Hospital X. It means that the better nurses are motivated, the better the impact on improving patient safety culture. It is supported by the results of a study conducted by Padauleng et al, (2022), a study conducted on 104 nurses at class C hospitals in Bone Regency, South Sulawesi, showed that there was a significant influence between motivation and patient safety culture.

Nurse motivation about patient safety is important, good work motivation will influence a person's actions or mindset in carrying out their work responsibilities, so if the nurse's motivation about patient safety is lacking then clearly this will affect the nurse's own performance in implementing patient safety in hospital (Pratama, 2017). The results of this study are in accordance with previous studies which stated that there was a significant relationship between motivation and attitudes towards supporting the implementation of the patient safety program in the intensive care installation.

The Effect of Patient Safety Culture on Nurse Compliance in Implementing Patient Safety Goals

The patient safety culture is a positive driving factor for the growth and development of hospital quality and patient safety. Patient safety culture affects adherence to the implementation of patient safety goals, meaning that the higher the safety culture, the higher the level of patient safety, the lower the unexpected events.

When a hospital organization begins a process to improve patient safety by focusing on a safety culture in the hospital, compliance becomes the output of the already running culture. Individual conditions cannot be changed, but various changes to individual working conditions can be made to improve their performance in patient safety. Working conditions that lead to a safety culture will optimize the role, compliance, and individual performance in supporting patient safety programs (Yahya, 2008).

The findings are also similar when compared to previous research conducted by Bea, Pasinringi, & Noor (2013) An overview of patient safety culture at a hospital in Makassar, 2013 where the results of the study found that patient safety culture was classified as moderate with a percentage of 71.57%. Besides that, a research conducted by (Kim & Moon, 2021), indicated a positive and significant relationship between safety culture and nurse compliance. The study results stated that hospital staff recognized patient safety as a priority. It is guided by better patient safety policies and organizational systems and patient safety management through active communication and teamwork among members.

CONCLUSION

Based on the analysis carried out, the conclusions that can be put forward in this study are as follows: 1) safety management commitment has a positive and significant effect on adherence to implementing patient safety goals in Hospital X, the

better the safety management commitment, the more positive impact it will have on increasing nurse adherence to implementing patient safety goals; 2) motivation has a positive and significant effect on adherence to implementing patient safety goals in Hospital X, the higher the motivation, the higher the level of compliance of nurses implementing patient safety goals; 3) safety management commitment has a positive and significant effect on patient safety culture in Hospital X, the better the support and commitment of safety management in implementing patient safety goals, the better the patient safety culture will be; 4) motivation has a positive and significant effect on patient safety culture in Hospital X, the better the motivation of nurses to work, the impact on increasing patient safety culture in hospitals; 5) patient safety culture has a positive and significant effect on adherence to implementing patient safety goals in Hospital X, when the hospital organization begins a process to improve patient safety with a focus on safety culture, compliance becomes the output of an ongoing culture; 6) patient safety culture has the highest correlation value compared to the correlation between other variables. From the mediation analysis, patient safety culture is able to mediate the variables of commitment to safety management and motivation towards adherence to implementing patient safety goals in Hospital X.

RECOMMENDATION

Safety management needs to improve routine socialization and continuing education to health workers so that they are active and obedient in implementing patient safety goals, mainly related to patient identification and hand hygiene—socialization during the first orientation to work and at monthly or weekly meetings.

Safety management also needs to listen to input from nurses and involve nurses in the decision-making process related to safety efforts so that nurses feel valued and that it will encourage a sense of responsibility in efforts to increase compliance. Last but not least, the hospital director can encourage nurses to implement a culture of occupational safety and health by giving awards as ambassadors for safety culture for nurses who carry out routine work according to SOP.

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