THE INFLUENCE OF PATIENT SAFETY ON NURSE PERFORMANCE AT SANTA FAMILIA HOSPITAL

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Abstract

Patient Safety was a system aimed at making patient care safer. The goal of Patient Safety was to advance specific improvements in patient safety. The objective was to determine the influence of patient safety on nurse performance. The method used was quantitative with a cross-sectional design. The population size was 50 individuals, with a minimum sample of 23 nurses at Santa Familia Hospital, selected using a simple random sampling technique. The research instrument utilized a questionnaire. Data analysis techniques included descriptive statistics, validity, reliability, classical assumption tests, linear regression tests, F-tests, and determination coefficients. Results showed that out of 27 respondents, the majority were female (96%), aged between 26-35 years (44%), had a Diploma III in Nursing (92%), and had been working for 1-2 years (52%). Patient Safety at Santa Familia Hospital was categorized as high (85.2%), while nurse performance was categorized as moderate (51.9%). Statistical tests revealed no significant influence between patient safety (p-value = 0.267>0.05) and nurse performance at Santa Familia Hospital. However, results showed significant impacts of 6 patient safety targets on nurse performance at Santa Familia Hospital: target 1 (t-value = 2.623>2.060, p-value = 0.016), target 2 (p-value = 0.584), target 3 (p-value = 0.805), target 4 (t-value = (-5.606)>2.060, p-value=0.000), target 5 (p-value = 0.360), and target 6 (p-value=0.698). This research concluded that there was no significant influence of patient safety on nurse performance at Santa Familia Hospital. However, there was a positive impact of patient identification accuracy (target 1) and a negative impact of surgical site, procedure, and patient accuracy (target 4) on nurse performance at Santa Familia Hospital. Recommendations include further investigation into factors causing high patient safety but low performance.

Keywords: Patient Safety, Performance, Nurse, Patient Safety Target

INTRODUCTION

Patient Safety was a system aimed at making patient care safer, which included risk assessment, risk identification and management, and reporting and analyzing incidents. Additionally, patient safety encompassed the ability to learn from incidents and their follow-ups, implement solutions to minimize risks and prevent injuries caused by errors in carrying out or omitting necessary actions (Permenkes RI Number 11, 2017).

According to the Institute of Medicine (IOM), the incidence of medical service errors amounted to 1 in 25, with 98,000 deaths per year, meaning 268 people died in hospitals every day. This situation was equivalent to a full jumbo jet crashing every day.

Even when using lower estimates, the number of deaths due to medical errors was still greater than those due to traffic accidents, breast cancer, or AIDS (Kohn et al., 2000).

In addition to incidents resulting from errors in medical services, hospitals also faced infection risks related to healthcare services, as per target 5 of patient safety (Ministry of Health RI, 2015). Nurses played a crucial role in infection prevention, as they were exposed to patients for an average of 7-8 hours per day, with about 4 hours spent effectively in direct contact with patients. This was the main source of nosocomial infections (Situmorang & Mar'aeni, 2020).

Health Care-associated infections (HAIs) are a serious issue for all healthcare services worldwide. In Indonesia, the incidence rate of HAIs reached 15.74%, much worse than in developed countries ranging from 4.8-15.5% (Sapardi et al., 2018).

In Indonesia, obtaining incident reporting data was quite challenging because not all hospitals reported incidents. According to Patient Safety Incident (PSI) reporting data in 2019, there were 7,465 reports. The percentage of incident types was NMC: 38%, NTC: 31%, and NTD: 31%, with the number of cases based on the consequences of the incident: no injury: 75% (5659), minor injury: 16% (1183), moderate injury: 5% (372), severe injury: 1.7% (80), and death: 2.3% (171). The number of hospitals in Kalimantan that reported PSI was very small compared to the total number of hospitals in each province, namely, South Kalimantan: 12%, Central Kalimantan: 8%, West Kalimantan: 18%, and East Kalimantan: 15% (Daud, 2020).

Previous research conducted by Nurhasanah (2021) stated that there was a significant relationship between culture and patient safety behavior, meaning the better the patient safety culture, the better the patient safety behavior among nurses. Furthermore, based on research conducted by Hardy (2020), there was a significant relationship between patient safety culture and employee performance at Wangaya Regional Hospital; the stronger the patient safety culture, the higher the employee performance at Wangaya Regional Hospital, and vice versa. Further, based on Harlinasari's research (2021), there was a significant influence between patient safety culture and the quality of nursing performance at Bakti Mulia Regional Hospital.

Nurse performance is a professional force with good intellectual, technical, interpersonal, and moral abilities, responsible and authorized to provide nursing care. Additionally, nurse performance is work achievement demonstrated by practicing

nurses in carrying out nursing tasks to produce good results for clients (organizations, patients, and nurses themselves) within a certain period. Zero complaints from clients and high levels of client and nurse satisfaction are signs of good nurse performance (Suriana, 2014).

Santa Familia Hospital had never conducted performance measurements or further studies on patient safety. Therefore, researchers would conduct a study on the influence of patient safety on nurse performance at Santa Familia Hospital.

Based on the background above, the research problem formulated in this study was "whether there was an influence of patient safety on nurses' performance?"

The general objective of this research was to analyze the influence of patient safety on nurses' performance at RS Santa Familia, and its specific objective was to identify the influence of the 6 patient safety goals on nurses' performance at RS Santa Familia.

LITERATURE REVIEW

The Patient Safety goals were to advance specific improvements in patient safety. The goals considered problematic areas in healthcare and disclosed evidence as well as solutions from evidence-based consensus and scholarly research on these issues. A well-designed system is intrinsically recognized to provide safe and high-quality healthcare; generally, goals were focused as much as possible on comprehensive solutions (Susilo et al., 2021).

In the National Hospital Patient Safety Guidelines (Patient Safety) edition III by the Indonesian Ministry of Health (2015), there were six patient safety goals as follows: a) Goal I: Patient Identification Accuracy; b) Goal II: Enhanced Effective Communication; c) Goal III: Improvement in Safety of High-Alert Medications; d) Goal IV: Right-Site, Right-Procedure, Right-Patient Surgery Certainty; e) Goal V: Reduction of Healthcare-Associated Infection Risks; and f) Goal VI: Reduction of Patient Fall Risks.

Performance was an understanding that performance is a work result or work achievement. Performance has a broader meaning, not just the results of work, but also includes how the work process takes place (Wibowo, 2016). Meanwhile, according to Hasibuan (2018), performance is the work results achieved by an individual or group of people in an organization both quantitatively and qualitatively according to their authority and responsibilities, in efforts to achieve the organization's goals legally without violating the law and by morals and ethics.

Furthermore, according to Ghalem (2016), "Performance is the goal achievement of an organization rather than of individuals, with the minimum resources consumed to reach the goal." translated as performance is the goal achievement of an organization rather than individuals, with minimum resources consumed to achieve the goal. According to Edison (2016), performance indicators include:

a. Targets, which are indicators of meeting many items, tasks, or income.

b. Quality, which is the key point of the produced products, thus becoming a strength in maintaining customer loyalty.

c. Completion Time, which is timely completion ensuring certainty in job distribution and delivery. Timely completion is a capital to create customer trust.

d. Principle Compliance, is performing work in the right, transparent, and accountable manner.

Many factors affect performance, including the following factors:

a. Workload is the number of activities that must be done and completed by a unit within a specified period. Because employees only have limited time to complete all assigned tasks, while there are many tasks and responsibilities to be done, the results achieved become less than optimal (Irawati & Carollina, 2017).

b. Job satisfaction is the attitude of employees towards the given work, this is reflected through the positive attitude of employees towards the work and its environment. Conversely, employees who are not satisfied with their work will have a negative attitude towards the given work in various forms, and the company should be able to detect if there is job dissatisfaction in its company (Wiliandari, 2019).

c. Organizational culture is the hallmark of an organization that plays a vital role in the organization because a good culture provides comfort that can support the performance of its members. Conversely, a less good organizational culture will trigger a decrease in the performance of its members. (Habudin, 2020).

d. Competence is the ability to perform a job based on skills and knowledge supported by work attitudes required to complete the work (Wibowo, 2016).

e. Knowledge is the result of one's awareness of an object through the senses possessed such as sight, hearing, smell, taste, and so on. Knowledge can be

measured through interviews or questionnaires containing questions for research subjects or subjects to be measured (Notoatmodjo, 2018).

f. Communication is a process of delivering messages from one individual to another aimed at influencing or obtaining feedback on information, to the extent that roles can be exchanged between the message sender and receiver (Pertiwi et al., 2022).

g. Training is an education process with systematic and organized mechanisms and procedures so that training participants can learn about technical knowledge, work techniques, and skills for a specific purpose. Usually, the education process in training is held for a relatively short period (Tamsuri, 2022).

METHODS

This research used a quantitative research method with a cross-sectional design. The research was conducted from May 2, 2023, to June 2, 2023, at Santa Familia Hospital located at Jl. Awang Long Busur, RT. 14, Barong Tongkok, Barong Tongkok District, Kutai Barat Regency. The population in this study consisted of 50 nurses, and the sample size was 27 nurses. The sampling technique used was simple random sampling. The data processed in this study were obtained from primary data, and the data analysis used in this study were:

a. Univariate analysis involved analyzing each variable from the research results. It was used to analyze descriptively without intending to make conclusions that apply to the general population or generalizations based on both categorical and numeric data types (Notoatmodjo, 2018).

b. Bivariate analysis is an analysis conducted on two variables suspected to influence variable X and variable Y. Bivariate analysis functions to determine the relationship between two variables compared to finding relationships, influences, or differences (Jaya, 2020).

RESULTS AND DISCUSSION

Santa Familia Hospital was a Type D General Hospital. Currently, Santa Familia Hospital has 69 Patient Bed Places, and Emergency and Obstetrics Departments open 24 hours. The available facilities ranged from VIP Class, Class I, Class II, and Class III, as well as an ICU room. The medical staff consisted of 5 General Practitioners, 9

Specialists, as well as Nurses and Midwives totaling 80 people, along with other staff. Based on the characteristics of the respondents, the following results were obtained:

Table 2. Characteristics Based on Gender

No	Gender	N	%
1	Male	1	4
2	Female	26	96
	Total	27	100

Based on Table 2, it was stated that the nurses who responded were predominantly female (96%) compared to male (4%). According to Kurniawati's research (2019), there was no significant relationship between nurse characteristics and nurse performance. However, according to Falah's research (2019), there was a significant relationship between gender and hypertension incidence, which was consistent with Gurwahusada's study (2020), which stated that male employees who smoked were more likely to experience hypertension.

Table 3. Characteristics Based on Age Range

No	Age Range	N	%
1.	17-25 years old	9	33
2.	26-35 years old	12	44
3.	36-45 years old	2	7
4.	46-55 years old	2	7
5.	56-65 years old	2	7
	Total	27	100

Based on Table 3, it was indicated that the most respondents' age range was 26-35 years old with 12 people (44%), and the second most was in the age range of 17-25 years with 9 people (33%), while in the age ranges of 36-45 years, 46-55 years, and 56-65 years, there were 2 people each (7%). According to Permana's research (2020), education, age, and work experience together influenced, while only education partially affected employee productivity. This was consistent with Kumbadewi's research (2021), which stated that there was a simultaneous and partial influence of age, work experience, wages, technology, and work environment variables on productivity. Meanwhile, another study by Fadila (2020) stated that age and marital status did not affect performance.

Table 4. Characteristics Based on Last Education

No.	Education	N	%
1.	Diploma of Nursing	25	92
2.	Bachelor Degree	1	4

No.		N	%
3.	of Nursing Profession of Nursing (Ners)	1	4
	Total	**27**	**100**

Based on Table 4, it was indicated that out of 27 respondents, 92% had a last education level of D III - Nursing, 4% had a last education level of S 1 - Nursing, and 4% had a last education level of Professional Nursing. Based on Wirawan's research (2019), there was a positive influence of education level and work experience on performance, education level on work experience, education level on employee performance, and work experience on employee performance. This was in line with Isnawati's study (2020), which stated that education had a positive effect on employee productivity, training had a positive effect on employee performance, and education and training simultaneously had a positive and significant effect on employee productivity. Furthermore, based on Yusman's research (2021), education significantly influenced employee performance, training significantly influenced employee performance, experience did not significantly influence employee performance, and work discipline together significantly influenced employee performance.

Table 5. Characteristics Based on Length of Employment

No.	Length of Work	N	%
1.	1-2 years	14	52
2.	3-5 years	6	22
3.	>5 year	7	26
	Total	**27**	**100**

Based on Table 5, it was stated that the longest working period for respondents was 1-2 years (52%), followed by > 5 years (30%) and 3-5 years (19%), meaning that at RS Santa Familia, the majority of nurses were still contract employees. According to Zulkifli's research (2020), there was no relationship between length of employment and nurse compliance in implementing patient fall prevention measures. Another study by Restu (2019) stated that there was no relationship between education and the level of nurse compliance in using Personal Protective Equipment (PPE), there was a relationship between length of employment and the level of nurse compliance in using PPE, and there was a relationship between knowledge level and the level of nurse compliance in using PPE, which was consistent with Isnaeni's study (2022), stating that there was a relationship between knowledge, length of employment, and training with

nurse compliance in using PPE. Further, the distribution of variables in this study was as follows:

Table 6. Patient Safety Variables

No.	Interval	Category	Persentase
1.	67-90	High	85,2 %
2.	43-66	Medium	14,8 %
3.	18-42	Low	0 %
Total			100 %

According to Table 6, the level of patient safety at RS Santa Familia was in the High category at 85.2%, Moderate at 14.8%, and Low at 0%. Fitri's research (2020) stated that the implementation of patient safety was related to the knowledge and attitudes of nurses, where if the knowledge and attitudes of nurses were better, the implementation of patient safety would also be better. Rahmi's study (2021) stated that if the attitudes and motivations of nurses were good, then the implementation of patient safety could be carried out well. Yudi's research (2019) stated that there was a significant relationship between the physical workload of nurses and the implementation of patient safety, and there was no significant relationship between the mental workload and the implementation of patient safety.

Table 7. Performance Variables

No.	Interval	Category	Persentase
1.	38-50	High	48,1%
2.	24-37	Medium	51,9%
3.	10-23	Low	0%
Total			100%

Based on Table 7, the performance level at RS Santa Familia was in the Moderate category at 51.9%, High at 48.1%, and Low at 0%, meaning that there were other variables influencing nurse performance, resulting in a greater number of nurses' performance falling into the moderate category. According to Ahmad's research (2019), there was a significant relationship between the level of job stress and nurse performance in the Emergency Room. Basalamah's study (2021) stated that there was an influence of job stress, work motivation, and workload on nurse performance. Zainaro's research (2020) stated that there was a relationship between the performance of healthcare workers and patient satisfaction.

Table 8. Anova-F Test (Simultaneous)

	Model	Sum of Squares	df	Mean Square	F	Sig.
	Regression	27,116	1	27,116	1,292	.267[b]
1	Residual	524,884	25	20,995		
	Total	552	26			

a. Dependent Variable: Kinerja
b. Predictors: (Constant), Patient Safety

Based on Table 8, looking at the F and Sig. values, it was shown that there was no influence between the Patient Safety (X) variable on the Performance (Y) variable. This was evidenced by the statistical F test with a 95% confidence level, where the regression result was 1.292, smaller than the F_table = 4.23, and the significance value was 0.269, greater than 0.05, thus indicating that H_0 was accepted and H_1 was rejected, meaning that there was no significant influence between the Patient Safety (X) variable and the Performance (Y) variable. Nurhasanah's research (2021) stated that there was a significant relationship between culture and patient safety behavior; the better the patient safety culture, the better the patient safety behavior among nurses. Furthermore, Hutauruk's study (2021) stated that there was an influence of nurse work motivation on the implementation of patient safety and there was also an influence of nurse workload on the implementation of patient safety. Additionally, Ningsih's research (2022) stated that supervision and transformational leadership style proved that there were differences and improvements in nurse performance before and after training, and age, supervision, and leadership style became moderating variables that strengthened the influence on nurse performance.

Table 9. Anova-F Test (Simultaneous)

	Model	Sum of Squares	df	Mean Square	F	Sig.
	Regression	357,067	6	59,511	6,106	.001[b]
1	Residual	194,933	20	9,747		
	Total	552	26			

a. Dependent Variable: Kinerja
b. Predictors: (Constant), Target 6, Target 4, Target 3, Target 2, Target 1, Target 5

However, in Table 9, based on the F and Sig. values, it was shown that the 6 patient safety target variables (X) on the performance variable (Y) simultaneously obtained an F value of 6.106, greater than the F table = 4.23, and a significance value of 0.001, smaller than 0.05, thus indicating that H_0 was rejected, meaning that there was an

influence between the Sasaran 1 (X_1), Sasaran 2 (X_2), Sasaran 3 (X_3), Sasaran 4 (X_4), Sasaran 5 (X_5), and Sasaran 6 (X_6) variables on the performance (Y) variable.

Table 10. Coefficients-t Test (Partial)

Coefficients[a]					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	57,979	7,262		7,984	0
Sasaran 1	1,461	0,557	0,542	2,623	0,016
Sasaran 2	0,297	0,533	0,097	0,557	0,584
1 Sasaran 3	-0,196	0,784	-0,042	-0,25	0,805
Sasaran 4	-2,692	0,48	-0,922	-5,606	0
Sasaran 5	-0,504	0,537	-0,195	-0,938	0,36
Sasaran 6	0,19	0,483	0,066	0,394	0,698
a. Dependent Variable: Kinerja					

Furthermore, through partial testing (t-test) of the 6 patient safety targets, 2 X variables that significantly influenced the Y variable were obtained, namely Sasaran 1 (X_1) with a t value of 2.623, greater than the t_table = 2.060, and a significance value of 0.016, smaller than 0.05, and Sasaran 4 (X_4) with a t value of -5.606, greater than 2.060, and a significance value of 0.000, smaller than 0.05. Based on Hijrianti's research (2023), there was no significant influence of the level of knowledge and implementation of patient safety on the incidence of patient fall risks, and there was a significant influence of nurse attitudes on the incidence of patient fall risks. Additionally, Taqwim's study (2020) stated that there was an influence of workload, motivation, and competence on the implementation of patient safety targets, and there was an influence of workload and motivation on nurse competence. Furthermore, Sudarko's research (2022) stated that based on the literature review results from 10 articles adapted to the theme of literature review, there was a significant influence between the implementation of surgical safety checklists on surgical patient safety targets. Patient safety targets reduce adverse events related to patient lives, and the failure factors of surgical problems come from many aspects, the fatigue perception of personnel, and the lack of personnel alertness.

CONCLUSION

Based on the results obtained, it was stated that there was no significant influence of patient safety on nurse performance at Santa Familia Hospital. However, there was a

positive and significant influence between patient identification accuracy (target 1) on nurse performance at RS Santa Familia, and there was a negative and significant influence between the certainty of accurate location, accurate procedures, accurate patient operations (target 4) on nurse performance at RS Santa Familia. However, there was no significant influence between improving effective communication (target 2), improving high-alert drug safety (target 3), reducing risks of healthcare-associated infections (target 5), and reducing the risk of patient falls (target 6) on nurse performance at RS Santa Familia.

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