

Relationship between Effective Leadership and Decision Making on Patient Safety Culture

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Abstract

Background: Patient safety culture is the value, belief, behavior adopted by individuals in an organization regarding safety that prioritizes and supports the improvement of safety in patients in the treatment process. The application of optimal culture in order to become a habit requires discipline from the leader to fit the stated goals. Purpose - This research aims to determine the relationship of effective leadership and decision making on patient safety culture in the nursing ward.

Research Method: This research is a quantitative non-experimental descriptive research with the collection of total sampling data in the form of a questionnaire to all nurses in the nursing ward with total number of 85 respondents.

Results: The results of the analysis of respondents in the study obtained results $p = 0.931$ for effective leadership analysis of the patient safety culture., While for the analysis of decision making on patient safety culture obtained results $p = 0.026$ and the pearson moment value obtained results 0.212.

Conclusion: Firm and systematic decision making is needed in the application of patient safety culture so meet the goals of professional service planning.

Keyword: *Decision Making, Nurse, Patient Safety Culture.*

Introduction

The effort to improve service quality and patient safety in hospitals is now a necessity and a movement that is universalized by various parties. Developed countries have begun to make a paradigm shift in services that previously focused on quality towards the quality-safety paradigm. This indicates an increase not only in the service quality sector but more focused on maintaining patient safety consistently in the era of globalization^{1,2}.

The current era of globalization in the ASEAN Economic Community MEA (MEA) has created challenges for all types of industries to compete, including the industry in the health services sector, this is encouraging the rapid growth of new hospitals to meet customer needs. Such business environment conditions require hospitals to improve the quality and quality of services in order to remain successful, both at the operational, managerial and strategic levels³.

The quality and service quality of a hospital as an institution that produces health care technology products certainly depends also on the quality of medical services and nursing services provided to patients to improve the quality of health services (Nursalam, 2015). The optimal role of nurses in developing nursing service quality has developed and leads to demands for adequate competencies to support the patient safety movement (Yulia, 2010). This statement is in line with Kohn (2000)

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who establishes six dimensions in the quality of health services including those concerning patient safety^{4,5}.

Safety culture is the values, beliefs, behaviors adopted by individuals in an organization regarding safety that prioritize and support improvement in safety. The patient safety culture is the values, attitudes, perceptions, competencies and patterns of individual and group behavior that determine organizational commitment and ways of patient safety⁶.

The patient safety culture consists of several elements. Elements in the patient safety culture include an open, fair (just), reporting, learning and informed. Being open and fair means sharing information openly and freely and fair treatment of staff when an incident occurs. Reporting culture is that nurses have confidence in the incident reporting system. Learning culture is committed to safety learning, communicating with others and always remembering them. Information culture means learning from past experience, being able to identify and reduce incidents in the future because of learning from events that have occurred^{7,8}.

The patient safety culture is important. The patient safety culture will reduce adverse events (AE) so that hospital accountability in the eyes of patients and the community will increase.⁹ The patient safety culture helps organizations develop clinical governance, organizations can be more aware of mistakes that have occurred, analyze and prevent harm or mistakes that will occur, reduce patient complications, recurring errors and resources needed to resolve complaints and demands^{7,9}.

In the service room management system, it is needed a leader who has a leadership spirit and is able to deliver patient safety as a work culture in service and create a condition of patient safety culture or patient safety culture so that the quality of service and patient safety is maintained.

Research Method

Research was conducted in the Ward Room of Ulin Banjarmasin Hospital with 85 respondents who worked in the treatment room. Sampling in this research using total sampling technique.

The type of research conducted by researchers is a non-experimental quantitative data approach, through quantitative descriptive analysis of variable components. Data collection is carried out with questionnaires as

primary data and analyzed by computer programs.

Result

Characteristics of Respondents:

Table 1. Characteristic of respondent

Characteristic	Respondent (n=85)	Percentage (%)
Gender	Male	24%
	Female	76%
Education	Vocation	90%
	Bachelor	10%
Training of Patient Safety	Ever been	97%
	Never	3%
Years of work in treatment room	>6 month	78%
	<6 month	22%

Based on the age analysis of respondents in the study ranged from 22-45 years and the average age of respondents was 29 years.

Effective Leadership, Decision Making and Patient Safety Culture:

Table 2. The results of the univariate analysis of effective leadership, decision making and patient safety culture in the study.

Variable	Mean Median	SD	95% CI
Effective Leadership	82,46 80,00	8,302	80,67-84,25
Decision Making	14,12 15,00	1,601	13,77-14,47
Patient Safety Culture	100,89 102,00	7,706	99,23-102,56

Bivariate Analysis of Effective Leadership and Decision Making on Patient Safety Culture:

Table 3. Relationship between effective leadership and decision making towards patient safety culture.

Variable	Application of Patient Safety Culture		
	N	Statistic test	Pearson Product
Effective Leadership	85	P = 0.931	-
Decision Making	85	P = 0.026	0.212*

Discussion

Patient Safety Leadership and Culture: Effective leadership requires mastery of the leader in the existing

tasks and manpower, so the job satisfaction can be achieved. Based on the respondents' assessment of effective leadership in the high category, it can be said that effective leadership owned by the room supervisor from aspects of knowledge, self-awareness, communication, energy use, goal setting and action taking has been well implemented (Wardhani, 2013).

Effective leadership is the ability of leaders to influence subordinates in achieving an organizational goal. Effective leadership requires mastery of duties and professional staffing, so supervisors become roll models and job satisfaction by implementing nurses can be achieved. A leader has a clear and appropriate target so that the achievement in the field of service in the treatment room can be conditioned properly and correctly.

However, based on the analysis conducted by researchers between effective leadership variables room supervisors with the application of patient safety culture there is no meaningful relationship. This happens because the management system of patient safety is not managed directly by the room supervisor, but is managed by a special commission in the Ulin Hospital Banjarmasin. So the discussion sessions and directives from the room supervisor to the implementing nurse are not optimal, become routine or become a habit. In line with the results obtained by researchers, Wardhani (2013) also revealed that there was no significant relationship between effective leadership and the application of patient safety culture ($p = 0.406$). Although many references state that leadership is the first thing that must be considered in the development and application of patient safety culture, there are still many other variables which also have a strong influence and not become research variables¹⁰.

This is in accordance with the theory of Steven & John Jermier (1978) in Mulyadi (2005), that sometimes leadership is not something that is important in the success of a process. This is due to the factors of Leadership substitutes or neutralizer leadership, in the form of individual, occupational and organizational variables. According to Burke and Litwin, in addition to leadership factors, other factors that determine the success of implementing a patient safety culture include external environmental factors, structure and systems, individual knowledge and skills, work environment, needs and motivation¹¹.

Patient Safety Decision Making and Culture: An

effective leader is leadership that is oriented towards determining rational and appropriate actions. The leader must be able to take action based on consideration of the effective leadership components described earlier. The action taken by a supervisor must pay attention to the ability-oriented leader before committing, no need to wait, take well-planned actions, cooperate with others in acting, act professionally, be able to make decisions, be able to give ideas, use leadership techniques in acting¹⁰.

The results of the analysis in the study of the effective leadership component of the room supervisor in the form of decision making with the application of patient safety culture there is a significant relationship with the value of $p = 0.026$ ($p < 0.05$). This is in accordance with Dwi Setiowati's (2010) study which states that there is a positive and weak strength relationship with the application of patient safety culture by implementing nurses. Marpaung (2005) also stated that there was a relationship between the action of the head of the room and the work culture of the nurse nurses (p value < 0.05). However, Wardhani (2010) stated in his research the results of the test of the relationship between decision making and the application of a patient safety culture showed that there was no relationship between the actions taken by the head of the room with the application of a patient safety culture ($p = 0.359$, $p > 0.05$) in Unhas Hospital Makassar.

Decision making is part of the control function in nursing management (Dwi setiowati, 2010). Control in the patient safety culture is to provide feedback to staff, incident reporters, take actions for improvement and evaluation either post or before the event (Callahan & Ruchlin, 2003; Dwi setiowati, 2010). A leader needs to ensure that his subordinates' questions are answered with rational actions. The leader also needs to research and encourage critically and stay away from being skeptical of his staff.^{10,11}

The above theory describes things that strengthen and can also be contrary to the results of research. Decision making by a supervisor must be appropriate and rational, so that every decision can be positively meaningful in implementing the application of patient safety culture in the form of reinforcement or rewarding staff in the service process.

Conclusion

The results of the final analysis revealed that effective leadership carried out by the head of the room

or supervisor in the room service was not related to patient safety culture, this indicates that there are other factors that might influence the application of patient safety culture in the room, one of them is individual factors from medical personnel who provide services there, the availability of facilities can also be a separate consideration.

Meanwhile, decision making is significantly related to the application of patient safety culture because firmness causes individuals to comply with existing regulations so that the goal of patient safety can be achieved by discipline and skill in work.

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Ethical Clearance: This study has obtained the ethical approval from the health research ethics committee of the Ulin General Hospital of Banjarmasin, Indonesia with the certificate number of No. 001/X-Riset/RSUDU/16.

References

1. Departemen Kesehatan R.I. Panduan nasional keselamatan pasien rumah sakit (patient safety). 2006.
2. McFadden K, Stephanie C, Charles R. The patient safety chain: transformational leadership's effect on patient safety culture, initiatives and outcomes. USA: Journal of operation management. 2009; Vol. 27:390-404.
3. Anwar. Mampukah Sektor Kesehatan Indonesia Berkompetensi Dalam Ajang Masyarakat Ekonomi ASEAN. FAKHUM : Universitas Pattimura. 2016. [Cited 01 Januari 2017]. Available from: <http://fhukum.unpatti.ac.id/hkminternasional/390-mampukah-sektorkesehatan-indonesia-berkompetisidalam-ajang-masyarakat-ekonomiasean>.
4. Nursalam. Manajemen Keperawatan: Aplikasi Dalam Praktek Keperawatan Profesional. Edisi 5. Jakarta : Salemba Medika; 2015.
5. Yulia, S. Pengaruh Pelatihan Keselamatan Pasien terhadap Pemahaman Perawat Pelaksana Mengenai Penerapan Keselamatan Pasien di RS Tugu Ibu Depok. Depok: Universitas Indonesia. 2010. [Cited 18 Desember 2016]. Available from: <http://lib.ui.ac.id/file?file=digital/137266-T%20Sri%20Yulia.pdf>.
6. BowieP. Leadership and implementing a safety culture. Practice nurse. 2010; 40(10):3235.
7. National Patient Safety Agency (NPSA). Seven step to patient safety: the full reference guide. London: National patient safety agency; 2004.
8. Carthey J, Clarke J. Implementing human factor in healthcare: how to guide. London: Patient safety first; 2010.
9. Surijah, A. Pentingnya safety culture di rumah sakit upaya meminimalkan adverse events. 2008. [Cited 27 Oktober 2012]. Available from: http://managementupdate.org/index.php?act=jurnal&sm=journal_hrd.
10. Setiowati, Dwi. Hubungan Kepemimpinan Efektif Head Nurse dengan Penerapan Budaya Keselamatan Pasien oleh Perawat Pelaksana di RSUPN Dr. Cipto Mangunkusumo. Fakultas Ilmu Keperawatan, Program Magister Ilmu Keperawatan: Universitas Indonesia, 2010.
11. Nursya'baniah Warhani, N. B. Hubungan Kepemimpinan Efektif Kepala Ruangan Dengan Penerapan Budaya Keselamatan Pasien Di Instalasi Rawat Inap RS UNHAS Tahun 2013. Makassar: Fak. Kesehatan Masyarakat, Universitas Hasanudin; 2013.