



ANALYSIS OF THE EFFECT OF STRUCTURAL EMPOWERMENT ON MOTIVATION AND PERFORMANCE OF NURSES IN QUALITY PATIENT SAFETY

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ABSTRACT

The problem of patient safety quality is considered less than optimal in health services which is caused by inadequate organizational infrastructure, leadership effectiveness, job characteristics, and structural empowerment which includes the motivation of nurses as fundamental health workers. Therefore, this study aims to analyze the effect of structural empowerment on nurses' motivation and performance in the quality of patient safety. Method: This research used a cross-section design with 116 respondents. The sample was selected using a cluster random sampling technique. Data collection using a questionnaire includes the independent variable in the form of structural empowerment and the dependent variable in the form of work motivation and nurse performance in patient safety quality with all questionnaire a valid value of $r = 0.714-0.942$ and Cronbach alpha reliability 0.982. Data were analyzed using the logistic regression test with a p -value ≤ 0.05 . Results: The research results show that structural empowerment has a positive and unidirectional influence on work motivation (0.000) and nurse performance in patient safety quality (0.016). Conclusion: Structural empowerment provides implementing nurses with access and freedom to leaders including opportunities, information, support, resources, formal power, and informal power. Structural empowerment gives implementing nurses a feeling of comfort in their work so that they are more motivated and improve nurses' performance in terms of patient safety quality.

Keywords: nurse performance; patient safety quality; structural empowerment; work motivation

First Received 22 April 2024	Revised 28 April 2024	Accepted 30 April 2024
Final Proof Received 01 June 2024		Published 01 October 2024
How to cite (in APA style) Sukmono, R., Lestari, I., Rahmawati, I., Saudah, N., Maryam, D., & Zamroni, A. H. (2024). Analysis of the Effect of Structural Empowerment on Motivation and Performance of Nurses in Quality Patient Safety. Indonesian Journal of Global Health Research, 6(5), 2609-2616. https://doi.org/10.37287/ijghr.v6i5.3467 .		

INTRODUCTION

Nurses have an important role in the quality and safety of patients in health services (Duff, 2019). Quality and safety issues are still the main problems in health services which include the involvement of nurses as fundamental health workers who often meet directly with patients (Al-Bsheish et al., 2019). Several nurses in health services were found to be poor in implementing quality and patient safety (Jovanda and Zuhra, 2022). The quality of patient safety is felt to be less than optimal due to inadequate organizational infrastructure, leadership effectiveness, job characteristics, and structural empowerment (Farokhzadian, Dehghan Nayeri and Borhani, 2018). Structural empowerment through unit managers can use their authority to achieve organizational goals by paying attention to nursing staff members so they are motivated to work hard in providing effective and efficient health services to patients (Berek, 2018). Empowerment has a lot of influence on many aspects of achieving

organizational goals. Research by Anuraga, Sintaasih and Riana, (2017), explains that the aspects that play the most role in achieving organizational goals are employee motivation and employee performance. Supervision and monitoring by leadership regarding the implementation of quality and patient safety at RSUD Dr. Soetomo Surabaya has been held every year. However, the achievement value of the national patient safety quality report at RSUD Dr. Soetomo has not achieved the target set by the hospital. Therefore, it is necessary to analyze the relationship between structural empowerment and nurses' motivation and performance in quality and patient safety.

The low performance of nurses in quality and patient safety is proven by the high number of patient safety incidents and low patient safety incident reports in hospitals (WHO, 2018). Research in the United States in 2000 in Utah and Colorado found that KTD was 2.9% of which 6.6% of patients died. The death rate due to KTD in inpatients throughout America was 33.6 million per year, ranging from 44,000 to 98,000 patients (Beni, Nursalam and Hasinuddin, 2020). Research conducted at Arifin Achmad Hospital, Riau Province (Jovanda and Zuhra, 2022), stated that in the 2018 patient safety quality program activity report there were 4 reports in the form of 2 KTD and 2 KNC. Apart from that, the results of this study also show that 45.5% of respondent nurses implemented a patient safety culture in the sufficient category. According to research (Herlina, 2019), 73.1% of nurses' motivation and performance were in the poor category.

Nurse performance is the embodiment of nurse behavior in achieving nursing service goals (Sutrisno, Suryoputro and Fatmasari, 2017). Quality and patient safety are the elements of hospital accreditation assessment, so if quality and safety are less than optimal it will have an impact on hospital accreditation (Haryoso and Ayuningtyas, 2019). Nurses' performance in quality and patient safety is influenced by internal and external factors. Internal factors in the form of personal, professional, knowledge, skills, organizational commitment, satisfaction, and trust in nurses cause nurses to have an impact on nurse competence in the quality of patient safety (Whitehead et al., 2019). Meanwhile, external factors in the form of ineffective organizational infrastructure, leadership, and work characteristics will be felt by nurses and cause a decline in nurse performance perawat (Farokhzadian, Dehghan Nayeri and Borhani, 2018). Good leadership will increase nurses' work motivation which has an impact on employee performance in achieving organizational goals (Anuraga, Sintaasih and Riana, 2017).

Research (Beni, 2020), explains that nurses' performance in quality and patient safety is influenced by personal mastery. However, internal factors of nurses do not have a direct influence on nurse performance. This is because there are job and organizational characteristics that contribute to directing and shaping work design ((Gracia et al., 2020). One effort to improve nurse performance can be through developing an empowerment structure (Duff, 2019). Structural empowerment can use its authority to achieve organizational goals by paying attention to nursing staff members so that they are motivated to work hard in providing effective and efficient health services to patients (Berek, 2018). Empowerment will provide a working design for nurses to increase the competency and role of nurses in quality and patient safety. Structural empowerment will provide job characteristics, resulting in autonomy in carrying out work and developing nurses' competence in carrying out work. In addition, structural empowerment can reduce role stress and role conflict for nurses in organizations (Orgambidez and Almeida, 2020).

Kopelman's theory states that nurse performance is influenced by direct determining factors in the form of individual characteristics, indirect determining factors in the form of job characteristics, and organizational characteristics (Nursalam, 2020). Leadership is one type of organizational determinant that impacts individual and group performance, while other types of organizational determinants impact performance through the level of individual or group expertise. Organizational factors, the nature of individual nursing, and job specifications can all impact productivity (Zamroni, Nursalam and Wahyudi, 2021). Structural empowerment has the most effective significance in improving nurse performance in quality and patient safety (Beni, 2020). Based on the phenomena and problems above, researchers are interested in analyzing the influence of structural empowerment on nurses' motivation and performance in terms of patient safety quality.

METHOD

The design of this research is a cross-sectional study that links structural empowerment factors with nurses' work motivation and nurses' performance in quality and patient safety. The population of this study was 166 surgical inpatient nurses at Dr. Soetomo Surabaya with a sample of 116 nurses obtained from a cluster random sampling technique. Research data was collected through questionnaires from Structural empowerment is measured using the CWEQ II or Condition for Work Effectiveness-II Questionnaire instrument taken from (Arini, 2018) which has been developed based on theory (Spence Laschinger et al., 2010) with a validity value of $r = 0.0680$ and Cronbach's Alpha ≥ 0.06 . The motivation instrument uses a questionnaire taken from (Sudariani, P. W., Utomo, B., & Fitryasari, 2016) with a valid value of 0.686 and Cronbach's Alpha > 0.60 ranging from 0.933 to 0.935. Nurse performance in quality and patient safety using a questionnaire taken from (Beni, Nursalam and Hasinuddin, 2020) developed based on the Institute of Medicine Committee (2001) with a valid value of $r = 0.714-0.942$ and Cronbach alpha 0.982. Research data was processed using the description test and logistic regression test and the p-value was ≤ 0.05 . This research was approved by the Health Research Ethics Committee of RSUD Dr. Soetomo Surabaya with letter number No: 0801/X/KEPK/2023.

RESULTS

Table 1 contains information regarding the demographics of 116 respondents representing nurses at RSUD Dr. Soetomo Surabaya. Most respondents in this study were aged 31-40 years, 43 (37.1%), and were dominated by female respondents, 80 (69%). Apart from that, the marital status of the majority of respondents stated that they were married with a total of 97 (83.6%). The educational level of respondents was dominated by D3 graduates, 62 (53.4%) with the majority working for 1-7 years, 34 (29.3%). Most of the respondents had employment status as civil servants with 86 (74.1%) and 40 (34.5%) having a clinical nurse career level II. The majority of respondents came from surgical room A as many as 22 (19%) and had experience with the majority of safety quality training 1-10 as many as 102 (87.9%).

Table 1.
Demographic Characteristics of Nurses (n=116)

Demographic Respondent	Categori	f	%
Age	21-30 years	19	16,4
	31-40 years	43	37,1
	41-50 years	28	24,1
	51-60 years	26	22,4
Gender	Male	36	31
	Female	80	69
Marital Status	Married	97	83,6
	Not Married	19	16,4
Education	D3	62	53,4
	S1	49	42,2
	S2	5	4,3
Length of Work	1-7 years	34	29,3
	8-14 years	23	19,8
	15-21 years	15	12,9
	22-28 years	19	16,4
	29-35 years	25	21,6
Employment Status	Civil Servant	86	74,1
	Non Civil Servant	30	25,9
Unit Work	Surgical A	22	19
	Surgical B	8	6,9
	Surgical C	11	9,5
	Surgical D	8	6,9
	Surgical E	8	6,9
	Surgical F	9	7,8
	Surgical G	9	7,8
	Surgical H	9	7,8
	Surgical Mata	9	7,8
	Surgical Sukarja	7	6
	Surgical Rosela	7	6
	Surgical Teratai	9	7,8
Career Path	PK I	33	28,4
	PK II	40	34,5
	PK III	34	29,3
	PK IV	9	7,8
Number of Patient Safety Quality Training	1-10 time	102	87,9
	11-20 time	10	8,6
	21-29 time	4	3,4

Table 2.
Regression Test Hypothesis Analysis of the Effect of Structural Empowerment on Work Motivation and Nurse Performance in Quality and Patient Safety

Variable	Regression Coefficient (B)	S.E	Regression Wald	dF	Sig.	Exp (B)	Remarks
Motivation	1,482	0,324	20.909	1	0,000	4.402	Significant
Performance	0,719	0,297	5.847	1	0,016	2.052	Significant

Table 2 contains information on hypothesis analysis using logistic regression tests on structural empowerment variables on work motivation and nurse performance in quality and patient safety. Based on the results of the analysis, it is known that structural empowerment has a positive influence on nurses' work motivation with a significant value of $p \leq 0.05$, namely 0.000. The structural empowerment variable has a positive influence on nurse performance in quality and patient safety with a significant value of $p \leq 0.05$, namely 0.016. The results of the regression coefficient (B) of structural empowerment on motivation

(1.482) and performance (0.0719) show positive results. Based on the Wald regression results, it shows that the value of work motivation is greater than the performance of nurses in quality and patient safety ($20,909 > 5,847$), thus indicating that structural empowerment has more influence on motivation than nurse performance.

DISCUSSION

Structural empowerment influences nurses' work motivation in quality and patient safety. Many nurses have good structural empowerment with good work motivation. The influence of structural empowerment on nurses' work motivation is positive, moderate in strength, and unidirectional. Nurses with better structural empowerment, better the nurses' work motivation in terms of quality and patient safety. Motivation influences or pushes from outside a person or workgroup to want to carry out something that has been determined (Djariah, Sumiaty and Andayanie, 2020). Structural empowerment provides employees with access to social structures in the workplace that enable them to complete work in a meaningful (Fragkos, Makrykosta and Frangos, 2020). Empowerment factors are measured by indicators of authority, access to information, organizational support, and provision of resources, and information can increase employee motivation. Employee empowerment can stimulate creativity, motivation, and innovative power possessed by each employee in carrying out their duties and responsibilities. Thus, organizations through structural empowerment have an impact on nurses' work motivation.

This research is in line with (Anuraga, Sintaasih and Riana, 2017), that empowerment has a positive effect on motivation. Structural empowerment provides freedom for employees to develop creativity in completing work, the organization gives confidence to employees to develop innovative efforts in carrying out agency tasks. Nurses are given ease in obtaining work-related information through good discussions. In addition, nurses receive information according to their field of work and appreciate nurses' creativity in their work. Hospitals provide opportunities for nurses to improve their skills through internal training, hospitals provide access to information that employees need to complete the work assigned to them and hospitals provide data source support in the form of technology and work equipment that is sufficient to develop nurses' work-related creativity. In this way, nurses will be encouraged and motivated to work so that nurses feel comfortable and motivated in carrying out the work assigned by the hospital.

Structural empowerment in this study on average had a good score on the indicator of collaboration with colleagues and a fair score on the nurse innovation award resource indicator. Astutik, Lumadi and Maulidia, (2023), stated that research results showed that there was a relationship between reward and length of service on the behavior of nurses implementing RSUD. Awards will motivate nurses to work better and more productively. Nurses can work optimally if they get satisfaction while working or there is clarity regarding the work and the rewards given are by the competency and performance that has been carried out. In this way, nurses feel more appreciated and recognized for their performance. According to researchers' analysis, length of work is the period spent working in a particular place. Experience is the best teacher who gives meaning to the good and bad events that occur in life so that you can learn from these experiences. Increasing the length of time nurses work will provide more experience so they can better understand patient expectations for health services

Structural empowerment provides hospital leadership and nursing management or management and executive nurses with free access, thereby making executive nurses creative

and responsible in their work. This makes implementing nurses feel comfortable and better motivated in carrying out their duties in services, both nursing care and the quality of patient safety. Structural provision provides opportunities, access, and full support from managerial parties for nursing staff, to carry out professional self-development of nursing staff. Nurses will feel attention from management regarding their development, thereby creating work motivation. In addition, structural empowerment guides so that management always actively disseminates the latest issues related to quality and patient safety as well as the goals to be achieved by the health service organization, so that nursing staff know the directions from management so that the health services provided by nurses can provide safety to patients and improve the quality of health services. Structural empowerment influences nurse performance in quality and patient safety. The influence of structural empowerment on nurse performance is positive, moderate in strength, and unidirectional. Nurses with better structural empowerment, the better performance of nurses in quality and patient safety.

Quality and patient safety provide compatibility between health services in the form of quality and safety provided in the service process and the patient's desired needs (Huriati et al., 2022). Nurses' performance in quality and patient safety is carried out by nurses in preventing incidents that harm patients and focusing on services in hospitals (Indrayadi, Oktavia and Agustini, 2022). Nurses carry out nursing performance in quality and patient safety in the form of safe, timely, effective, efficient, fair, and patient-focused. Nurses in implementing quality and safety are influenced by age, education level, work experience, knowledge, attitudes, work culture, and motivation in implementation (Vaismoradi et al., 2020). This research shows that the average structural empowerment in collaboration with colleagues has a high value, so it influences the performance of nurses in quality and patient safety. Arini, (2018), stated that organizational structure provides knowledge about the positions and functions of each position in an organization. Organizational structural support is carried out such as formalizing work, providing training, and disseminating knowledge information within teams, and within the organizational hierarchy, which is needed to develop learning within the organization. Organizational learning, cooperation, and collaboration directly influence patient safety culture. Teamwork and a work environment that supports a collaborative atmosphere will increase the exchange of knowledge and a safe work environment to support the reporting of incidents related to quality and safety in the workplace.

Structural empowerment provides increased nurse performance through nurses' attitudes, competencies, motivation, and self-worth (Beni, 2020). Nurses' attitudes and competencies have the highest validity value in forming nurses' characteristics. Attitude is the nurse's response to the responsibilities given in the form of opinions, beliefs, and emotional reactions. Attitudes help us understand how people perceive problems and processes in care and determine what is considered important, good, relevant, and appropriate. Competency is emotional intelligence that convinces nurses of their cognitive, affective, and psychomotor abilities to improve nurse performance. Increasing the positive attitude of nurses can be done through thinking and having a positive outlook on responsibilities, carrying out responsibilities to achieve the quality indicators given, being proactive in completing the responsibilities given, being grateful for the responsibilities given to be carried out as well as possible and self-awareness to have and achieve the target. Cognitive competence is improved through seminars to gain experience learning about concepts, identifying, concluding, and evaluating quality improvement and patient safety. Affective competence is improved through simulation, namely practicing responding, receiving, and assessing the advantages and

disadvantages of implementing psychomotor quality and competence can be improved through training and simulation.

Structural empowerment provides employees with access to social structures in the workplace that enable them to complete work in a meaningful way (Arniawan, Dewi and Arso, 2023). Structural empowerment comes from information, support, resources, opportunities, and formal and informal power (Triarso, Dwiantoro and Suryawati, 2023). Structural empowerment provided by leaders to their subordinates can increase job satisfaction. Nurse job satisfaction provides a stimulus for higher work enthusiasm. So, with structural empowerment, nurses' performance in quality and patient safety will be more optimal. A nurse will feel empowered if the nurse has access to the organization, gets the information needed, and gets support to make decisions (Arini, 2018). This process influences the service process provided to patients and improves the quality of service to patients. Nurse managers need to consider carrying out structural empowerment in the work environment for implementing nurses to improve patient safety culture. Based on the statement above, it is assumed that there is a need for structural empowerment in hospital health services in terms of quality and patient safety to provide access for executive nurses and manager nurses. Access between implementing nurses and nurse managers can be through access to opportunities, access to information, access to support, and access to resources in the process of achieving organizational goals together. This can improve nurse performance and optimize service quality.

CONCLUSION

Structural empowerment gives implementing nurses access and freedom to leaders including opportunities, information, support, resources, formal power and informal power. Structural empowerment gives implementing nurses a feeling of comfort in their work, so that they are more motivated and improve nurse performance in terms of patient safety quality. Hospital leaders and nursing managers can make efforts to increase work motivation and nurse performance in quality and patient safety through structural empowerment.

REFERENCES

- Anuraga, I. P. M., Sintaasih, D. K. and Riana, I. G. (2017) 'Pengaruh Kepemimpinan Dan Pemberdayaan Terhadap Motivasi Dan Kinerja Pegawai', *E-Jurnal Ekonomi dan Bisnis Universitas Udayana*, 9, p. 3291. doi: 10.24843/eeb.2017.v06.i09.p05.
- Arini, T. (2018) 'Budaya Keselamatan Pasien Berbasis Pemberdayaan Struktural Dengan Kepuasan Kerja Perawat', *Universitas Airlangga*, pp. 83–100.
- Arniawan, Dewi, N. S. and Arso, S. P. (2023) 'Jenis Intervensi dalam Meningkatkan Kepuasan Kerja Perawat', *Journal of Tel*, 5(2), pp. 1614–1627. doi: <https://doi.org/10.31539/joting.v5i2.6216>.
- Astutik, W. P., Lumadi, S. A. and Maulidia, R. (2023) 'Hubungan Perilaku Caring Perawat Dengan Tingkat Kecemasan Pasien Kanker Yang Menjalani Kemoterapi', *Jurnal Ilmiah Kesehatan Media Husada*, 12(1), pp. 39–49. doi: 10.33475/jikmh.v12i1.317.
- Beni, K. N. (2020) Pengembangan Model Kinerja Berbasis Personal Mastery Terhadap Kinerja Perawat Dalam Mutu dan Keselamatan PAsien di RSUD Prof. DR. W. Z. Johannes Kupang, *Applied Microbiology and Biotechnology*. Universitas Airlangga. Available at: <https://doi.org/10.1016/j.solener.2019.02.027%0Ahttps://www.golder.com/insights/bloc>

k-caving-a-viable-alternative/%0A???

- Djariah, A. A., Sumiaty and Andayanie, E. (2020) 'Hubungan Pengetahuan, Sikap, Dan Motivasi Kerja Perawat Dengan Pelaksanaan Keselamatan Pasien Di Ruang Rawat Inap RSUD Kota Makassar Tahun 2020', *Window of Public Health Journal*, 1(4), pp. 317–326. doi: 10.33096/woph.v1i4.100.
- Fragkos, K. C., Makrykosta, P. and Frangos, C. C. (2020) 'Structural empowerment is a strong predictor of organizational commitment in nurses: A systematic review and meta-analysis', *Journal of Advanced Nursing*, 76(4), pp. 939–962. doi: 10.1111/jan.14289.
- Huriati, H. et al. (2022) 'Quality of Service for Patient Safety in Hospitals', *Forum Ekonomi*, 24(1), pp. 186–194. doi: <http://dx.doi.org/10.29264/jfor.v24i1.10572>.
- Indrayadi, I., Oktavia, N. A. and Agustini, M. (2022) 'Perawat dan Keselamatan Pasien: Studi Tinjauan Literatur', *Jurnal Kepemimpinan dan Manajemen Keperawatan*, 5(1), pp. 62–75. doi: 10.32584/jkmk.v5i1.1465.
- Triarso, Y., Dwiantoro, L. and Suryawati, C. (2023) 'Upaya untuk Meningkatkan Kepuasan Kerja Perawat di Rumah Sakit: Literatur Review', *Jurnal Keperawatan*, 15(4), pp. 1843–1850.
- Vaismoradi, M. et al. (2020) 'Nurses' Adherence to Patient Safety Principles: A Systematic Review', *International Journal of Environmental Research and Public Health*, 17(6), pp. 1–15. doi: 10.3390/ijerph17062028.
- Zamroni, A. H., Nursalam, N. and Wahyudi, A. S. (2021) 'The Leadership and Performance of Nurses in The Hospital', *Fundamental and Management Nursing Journal*, 4(2), p. 28. doi: 10.20473/fmnj.v4i2.27447.