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## **THE RELATIONSHIP OF LEADERSHIP WITH THE IMPLEMENTATION OF PATIENT SAFETY CULTURE IN HOSPITALS**

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### **ABSTRACT**

Patient safety training at Hospital X has only been attended by a few people in hospital management. Every month around 3-10 incidents are reported. In the reporting, unexpected events were found. Target: nurses in inpatient and outpatient rooms totaling 120 people. Method: analytical survey with a cross-sectional approach. The independent variable is leadership, the dependent variable is the implementation of patient safety culture. The sampling technique is total sampling. Data analysis uses univariate and bivariate analysis. Results: The characteristics of respondents are mostly 23-30 years old, with more females than males (74.2%). The highest last education is S.Kep.,Ners (38.3%) and D3 (61.7%). The longest work period is 6-10 years (48.3%). Leadership is in the good category (90%). The implementation of patient safety culture in hospitals shows good results (86.7%). The results of the Spearman Rank test obtained a P-value of 0.000, meaning that there is a relationship between leadership and the implementation of patient safety culture in hospitals. Conclusion: There is a relationship between leadership and the implementation of patient safety culture. Suggestion, it is expected that the hospital can sort out efforts to improve patient safety culture appropriately.

Keywords: hospital; leadership; patient safety culture

### **INTRODUCTION**

Hospital Safety Culture is a collaborative environment because: 1) clinical staff treat each other with respect by involving and, 2) empowering patients and families. Leadership encourages 3) clinical staff caregivers to work together in effective teams and support interprofessional collaboration in care 4) patient-focused. Patient Safety is a system that makes patient care safer, including risk assessment, identification and management of patient risk, incident reporting and analysis, the ability to learn from incidents and their follow-up, and implementation of solutions to minimize risks and prevent injuries caused by errors due to carrying out an action or not taking the action that should have been taken (Turang, 2021). Patient safety culture is an important thing to do. A patient safety culture can reduce unexpected events so that the hospital's responsibility to patients and the community will increase. Hospitals must always prioritize patient safety culture and develop systems to improve patient safety. Patient safety is one system that makes patient care safer. The clinical and non-clinical skills of health workers in implementing patient safety culture are the cause of patient safety incidents. Non-clinical skills such as communication, teamwork, leadership and followership, situational awareness, and decision making are considered responsible for 70-80% of patient safety incidents (Mulyatiningsih S & Sasyari U, 2021).

Leadership is the ability of a person to control or influence other people or different communities towards certain achievements. So, this leadership is a trait that must be possessed by a leader (Hutahaeon, 2021). Poor leadership is one of the factors that influence patient safety

incidents. Leadership is an important part of patient safety culture change that requires hospital management to take the lead in implementing a patient safety culture. The role of leadership in improving patient safety is one of the patient safety standards. Patient safety culture can be improved through strengthening leadership (Kristensen S et al., 2016). Leadership can optimize the patient safety culture movement by forming collaboration between all policy makers and hospital officials. Leadership has an important role in building a patient safety climate (Suwignjo RA, 2018). Leadership success is determined by the ability to manage a number of people in a team by providing opportunities and encouraging each team member to contribute optimally.

Unsafe health care is one of the ten leading causes of disability and death worldwide. According to the World Health Organization in 2020, it was explained that 134 million patients in hospitals in middle and low income countries each year receive unsafe services and this causes 2.6 million deaths (World Health Organization, 2020). Based on data from the Directorate General of Health Services, the number of patient safety incidents reported in Indonesia in 2019 was 10,570 cases (PMK No. 11 Tentang Keselamatan Pasien, 2017). This prompted WHO to research and develop a patient safety system. The Ministry of Health of the Republic of Indonesia supports the development of a patient safety system by compiling special guidelines regarding patient safety as stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2017 concerning Patient Safety.

The hospital X was founded in 2011 and has just begun to develop a patient safety culture or climate. The Patient Safety Committee was formed in early 2012. During its journey, many medical and non-medical officers, including those in management, did not yet know about patient safety. Several people in the hospital management took part in training regarding patient safety. Every month only about 3-10 incidents are reported. In reporting, it was found that there were unexpected events (KTD), so hospital management needs to pay attention to health services that prioritize patient safety. Hospital management leadership is still not focused on introducing and prioritizing patient safety. In every meeting, the topic of patient safety is rarely socialized by hospital management leaders to all employees. The purpose of this study is to determine the relationship between leadership and implementation of patient safety culture in hospitals

## **METHOD**

Research design is a method that will be used in conducting research that provides direction for the course of the research (Suharyanto, 2019). The design used in this research is an analytical survey method with a cross sectional study approach. The cross-sectional approach is a study that emphasizes the time of measurement or observation of independent variable data and dependent variables only once at the same time (Notoatmodjo, 2016). The independent variable in this research is leadership, while the independent variable is the implementation of a patient safety culture. The population in this study were nurses in inpatient and outpatient rooms, totaling 120 people. The sampling technique was total sampling where the entire population was used as the research sample. Data collection was carried out using a closed questionnaire that had been tested for validity (r-count is 0.83 which is greater than r-table which is 0.3) and reliability (reliability coefficient value is 0.76 which is greater than 0.6). Validity test is used to test whether the instrument used is valid. The results of the instrument are said to be valid if the data collected with the actual data occurs in the object being studied. The questionnaire is valid if the correlation value of R count > R table (Sugiyono, 2016). While the reliability test is used to test whether the instrument used is reliable. Reliable if there is data at different times. In this test it is considered reliable if the a value is greater than 0.6 Data analysis was carried out

univariately to explain the characteristics of each variable studied and bivariate analysis to analyze two variables that were thought to be related (Ghozali, 2018).

## RESULTS AND DISCUSSION

Table 1.  
Frequency Distribution of Respondents Based on Age

| Age     | f  | %    |
|---------|----|------|
| 23 – 30 | 59 | 49,2 |
| 31 – 40 | 37 | 30,8 |
| 41 – 53 | 24 | 20   |

Based on table 1, it is known that of the 120 respondents, the majority were aged 23 - 30 years, 59 people (49.2%).

Table 2.  
Frequency Distribution of Respondents Based on Gender

| Gender | f  | %    |
|--------|----|------|
| Man    | 31 | 25,8 |
| Woman  | 89 | 74,2 |

Based on table 2, it is known that of the 120 respondents, the majority were female, 89 people (74.2%).

Table 3.  
Frequency Distribution of Respondents Based on Education

| Education  | f  | %    |
|------------|----|------|
| S.Kep Ners | 46 | 38,3 |
| D III      | 74 | 61,7 |

Based on table 3, it is known that of the 120 respondents, the majority were respondents with a diploma education background (Amd.Kep) as many as 74 people (61.7%).

Table 4.  
Frequency Distribution of Respondents Based on Work Period

| Years of Service | f  | %    |
|------------------|----|------|
| 1 – 5            | 42 | 35   |
| 6 – 10           | 58 | 48,3 |
| >11              | 20 | 16,7 |

Based on table 4, it is known that the respondents who had the most work experience were 6 -10 years as many as 58 people (48.3%).

Table 5.  
Frequency Distribution of Respondents Based on Employment Status

| Employment Status | f   | %    |
|-------------------|-----|------|
| Tetap             | 109 | 90,8 |
| Kontrak           | 11  | 9,2  |

Based on table 5, it is known that the largest number of respondents were 109 people with permanent employment status (90.8%).

Table 6.  
The Relationship between Leadership and the Implementation of Patient Safety Culture in Hospitals

|  |            | Leadership              | Implementation of Patient Safety Culture |
|--|------------|-------------------------|--|
| Spearman's rho                           | Leadership | Correlation Coefficient | 1.000                                    |
|  |            | Sig. (2-tailed)         | .611**                                   |
|  |            | N                       | 120                                      |
| Implementation of Patient Safety Culture |            | Correlation Coefficient | .611**                                   |
|  |            | Sig. (2-tailed)         | 1.000                                    |
|  |            | N                       | 120                                      |

Table 6 shows the results of the Spearman Rank test which obtained a P-Value = 0.000. If P-Value  $\leq 0.05$  then  $H_0$  is rejected and  $H_a$  is accepted, then in this study there is a relationship between leadership and the implementation of patient safety culture in hospitals.

Table 7.  
Leadership \* Implementation of Patient Safety Culture Crosstabulation

|            |        | Implementation of Patient Safety Culture |     |      |      | Total |     |
|------------|--------|--|-----|------|------|-------|-----|
|            |        | Enough                                   |     | Good |      |       |     |
|            |        | F  | %   | f    | %    |       |     |
| Leadership | Enough | 7  | 5,8 | 5    | 4,2  | 12    | 10  |
|            | Good   | 4  | 3,3 | 104  | 86,7 | 108   | 90  |
| Total      |        | 11                                       | 9,1 | 109  | 90,9 | 120   | 100 |

Table 7 illustrates the crosstab results of the relationship between leadership and the implementation of patient safety culture in hospitals. Sufficient leadership with the implementation of a sufficient patient safety culture was 7 respondents (5.8%), and with the implementation of a good patient safety culture was 5 respondents (4.4%). Meanwhile, good leadership with adequate implementation of patient safety culture was 4 respondents (3.3%), and with good implementation of patient safety culture was 104 respondents (86.7%).

## DISCUSSION

The characteristics of respondents in this study consisted of age, gender, education, length of service and employment status. The research results showed that most respondents were aged 23–30 years. Davis and Newstrom (1985) in (Hubaybah et al., 2022) said that increasing a person's age will foster maturity in open thinking and psychology as well as carrying out work professionally. Age determines a person's behavior and ability to work, including how to respond to stimuli given by the individual. The varying ages of respondents can cause different responses from each individual to the leadership behavior of the room head, thus creating a perception of the room head's leadership style which is also different (Sopiah, 2009). There were more female respondents than male with 89 people (74.2%). According to Robbin in (Baker, 2007), there is no difference between men and women in solving problems in learning nursing care, analytical skills and being able to work. However, (Pittet & Boyce, 2001) states that a man has a very aggressive sense of concern for success, even though the difference is very small with women (Hernawati, 2019). Meanwhile, for educational background, it shows that the highest education data for the last time was S.Kep.,Ners, with 46 respondents (38.3%). and D3 as many as 74 (61.7%). Leadership knowledge is provided by staff in information to carry out what will be done in the work and provide assistance to staff in carrying out appropriate actions, DIII nursing education including higher education in advancing nursing skills, as well as critical, logical and systematic thinking patterns (Fitriyanti & Sri Suryati, 2016). Respondents who had the most years of work were 6–10 years with 58 people (48.3%). Someone has worked for a long time so that their skills and knowledge will develop rapidly

and to carry out work they will become more skilled so that they have opportunities for recognition and appreciation to make their work easier and given trust or authority, they feel satisfied with a commitment to daily activities (Cox, et al. (2006) in (Anwar, 2018)

The research results showed that leadership in the good category was 108 people (90%). Most respondents said that patient safety culture with indicators of Interpersonal Role, Information Role, and Decision Role in Hospitals in the good category could influence the safety services of hospital patients, workforce and especially nursing staff. Effective leaders apply certain styles in their leadership that fulfill several principles included in supportive, directive, participative and achievement-oriented leadership styles. These principles include being able to recognize the needs of subordinates, stimulating and trying to fulfill these needs, and providing rewards for successfully achieving goals. Leaders must be able to help subordinates identify the most effective path and provide a clear path for subordinates to achieve goals by providing maximum guidance and direction. Leaders must try to reduce obstacles in the process of achieving subordinate performance goals. Leaders must try to increase the opportunity for subordinates to feel personal satisfaction through effective performance achievement. Leaders who can implement these things will make it easier for subordinates to achieve their performance goals effectively (Safaria, 2004). The better the role of the leader, the better the patient safety culture provided to patients. Leaders with a strong commitment must be able to provide patient safety services. Leaders must change to implement programs based on previous research. There is a relationship between the role of leaders and patient safety culture. Leaders facilitate and ensure the implementation of safety programs within the organization implementing the 7 safety steps for inpatients. Leaders must have a commitment to supporting ongoing patient safety. Prioritize or consolidate patient safety programs at every decision. Schedule regular patient safety training, ensuring proactive programs to identify patient safety risks and programs to contain or reduce unexpected events (Herawati, 2015).

The implementation of patient safety culture in hospitals showed good results for 104 people (86.7%). Most respondents said that patient safety culture with indicators of reporting culture, fair culture, flexibility culture, and learning culture in hospitals in the good category can influence the productivity of hospital services, workforce and especially nursing staff. The better the patient safety culture, the better the productivity provided to patients. Patient safety culture is an organization's members' belief that it is intended to protect patients from errors resulting from interventions. This assumption is through a collection of norms, professional standards, policies, communication and responsibilities in patient safety. This culture then influences trust in providing services (Komite PMKP, 2021). Hospitals that adopt a culture of patient safety as a safety value mean that every individual in the hospital is responsible for providing safe services. The values or dimensions of the safety culture become the glue for every individual, communicated and taught from and to every individual to become rules that are obeyed so as to shape the behavior of every individual (Cahyono, 2008).

Based on the results of the Spearman Rank test, it shows a P-Value of 0.000, which means there is a relationship between leadership and the implementation of patient safety culture in hospitals. The better the leadership in the hospital, the better the patient safety culture implemented by nurses. This is in line with research conducted by (Nivalinda et al., 2013) which said there was a relationship between leadership and nurses complying with patient safety guidelines. A strong safety culture requires leadership that includes components through establishing and communicating a safety vision appropriately, empowering staff to achieve the vision. Other components include actively participating in improving patient safety, being a role model for subordinates, focusing on system problems rather than people's mistakes, and

carrying out system revisions. A strong safety culture requires leadership that includes components such as being able to set and clearly communicate a safety vision, valuing and empowering staff to achieve the vision. Other components include being actively involved in efforts to improve patient safety, being a role model for subordinates, focusing on system issues rather than individual errors, and continually making system improvements (Singer & Tucker, 2004). The implementation of patient safety culture mainly focuses on human resource management procedures and patient safety performance behaviors related to supervision, individual discipline and effective leadership (Agency for healthcare research & quality, 2003). This shows that building a strong safety culture requires strong leadership, motivation and individual discipline in patient safety performance and human resource management systems.

## **CONCLUSION**

Based on the results and discussion, it can be concluded that the leadership in the hospital is in the good category as many as 108 people (90%), the implementation of patient safety culture is in the good category as many as 104 people (86.7%). The results of the Spearman Rank test show that there is a relationship between leadership and the implementation of patient safety culture in hospitals with a P value of 0.000. Suggestion, by providing an overview of nurses' perceptions of leadership and patient safety culture, it is hoped that hospitals can sort out efforts to improve patient safety culture appropriately.

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