THE INFLUENCE OF THE LEADERSHIP STYLE OF THE HEAD OF THE ROOM, WORKLOAD AND EFFECTIVE COMMUNICATION ON PATIENT SAFETY CULTURE IN NURSES AT THE HERMINA HOSPITAL MAKASSAR

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Abstract

Patient safety incidents from several levels in the organizational environment, all play an important role starting from the individual, group and organizational levels with the expected outcome being patient safety. This study aims to analyses the influence of the leadership style of the head of the room, workload and effective communication on patient safety culture where analysis is carried out on nurses at Hermina Hospital Makassar. The type of research is quantitative research using observational study with cross sectional study method. The population in this study were nurses who worked at Hermina Hospital Makassar. The sample size in the study was all nurses who served patients (functional) at Hermina Hospital Makassar, namely 115 nurses. The Patient Safety Culture variable at Hermina Makassar Hospital is good at 60.9% with the most influential variable, namely Leadership Style on Patient Safety Culture, at 0.001 <0.05 with a value of 43.2%, and the most influential dimension on Patient Safety Culture is the Recommendation Dimension at 0.001 <0.05 with a value of -62.1%. Conclusion. The variable leadership style of the head of the room, workload and effective communication has a significant effect on patient safety culture.

Keywords: Leadership Style, Workload, Effective Communication, Patient Safety Culture.

INTRODUCTION

Patient safety culture is also the values that hospital employees hold about what is important, employee beliefs about how things operate within the hospital, interactions with work units and organisational structures and systems, which together produce norms of behaviour within the hospital that promote safety [1]. The dimensions of patient safety culture according to Sammer et al 2010 are leadership culture, teamwork culture, culture of evidence-based practice, communication culture, learning culture, just culture and patient-centred culture [2].

According to the Institute of Medicine (IOM), an estimated 98,000 cases are due to medical errors and are increasing year by year [3]. The Institute of Canada (IOC) study says 1 in 18 hospitalised patient injuries could have been avoided. About 42.7 million out of 421 million incidents occur annually in the world [4]. There are 134 million adverse events each year due to care errors, 2.6 million of which cause death [5]. According to WHO, 4 out of 10 outpatients experience losses that could have been avoided [6]. Whereas in the United States in the last 3 years there were around 31,817 safety problems, there were 85.9% (27,315) incidents [7]. The mortality rate due to staff error in the United States is around 2.8% each year, [8]. The incidents that

occurred in England and Wales were about 2,191, dangerous occurrence 30% (n=658), death 12, severe damage 41 [9]. In Indonesia, based on data from the Indonesian Ministry of Health, in the last 5 years (2016-2020), the number of IKP reports has increased. In 2016 there were 289 reports, in 2017 there were 668 reports, in 2018 there were 1,489 reports, in 2019 there were 1,647 reports and in 2020 there were 7,465 reports. Hermina Makassar Hospital is a class C hospital located at JI. Toddopuli Raya Timur No. 07, RT.004, RW.001, Kel. Borong, Kec. Manggala, Makassar City, South Sulawesi. Hermina Makassar Hospital has a motto that prioritises service quality and patient safety. Based on data from the Patient Health Incident (IKP) report, there are several cases that have occurred at Hermina Makassar Hospital with the STARKES standard for KTD and Sentinel is zero cases. There have been several cases that have occurred at Hermina Makassar Hospital over the past three years with a fluctuating trend. In 2021 there were 27 cases, in 2022 there were 6 cases and in 2023 there were 6 cases.

From the results of the evaluation of Patient Safety Incidents that occurred at Hermina Hospital Makassar in 2021-2023, most of them were related to nurses. Nurses are hospital staff who provide 24-hour service to patients. Therefore, it is important to build a culture of patient safety in nurses. Several studies have also mentioned that building a patient safety culture that enables the entire team to support and improve patient safety is influenced by strong leadership.

The results of field surveys that have been conducted, that Hermina Makassar Hospital adheres to the Transactional leadership style. Transactional leadership style consists of three dimensions, namely Contigent Reward, Active Management by Exception and Passive Management by Exception.

Based on this description, the researcher is then interested in looking at the influence of the leadership style of the head of the room, workload and effective communication on the implementation of a patient safety culture, which will be analysed on nurses at Hermina Hospital Makassar.

MATERIALS AND METHODS

Location and research design

This study was conducted at Hermina Hospital Makassar in August 2023 - February 2024. The type of research used was analytical observational with cross sectional design.

Population and sample

The population in this study were nurses who worked at Hermina Hospital Makassar in 2023, namely 139 employees. The sample size in the study was all nurses who served patients (functional) at Hermina Hospital Makassar, namely 115 nurses. The following are details of the number of nurses who serve patients at Hermina Hospital Makassar.

Data collection method

The instrument used in data collection is a questionnaire that has been tested for validity and reliability, the independent variables are Leadership Style, Workload and Effective Communication and the dependent variable is Patient Safety Culture.

Data Analysis

Univariate analysis was conducted to obtain an overview of the research problem by describing each variable used in the study and the characteristics of the respondents. Univariate analysis consisted of descriptive analysis of respondent characteristics, descriptive analysis of research variables and crosstabulation analysis between dependent and independent variables. Bivariate analysis was conducted to see the relationship between two variables, namely between the independent variable and the dependent variable with the statistical test used was the Chi Square test. Multivariate analysis is multiple logistic regression with the enter method.

RESULT

Table 1 shows that most of the respondents were at the age level of 26-30 years, namely 66 respondents (55.7%). Judging from the gender, most of them are female, namely 89 respondents (77.4%). Based on the latest education, most respondents have Ners education, namely 72 respondents (62.6%). Judging from the length of service, most have a working period of <1 year, namely 65 respondents (56.5%). Based on employment status, most have permanent employee status of 98 (82.5%)

Characteristics	Research	Sample				
Characteristics	N	%				
Age						
21-25 years	27	23.5				
26-30 years	64	55.7				
31-35 years	17	14.8				
>36 years	7	6.1				
Total	115	100.0				
Gender						
Male	26	22.6				
Female	89	77.4				
Total	115	100.0				
Last Education						
DIII	35	30.4				
S.Kep	8	7.0				
Ners	72	62.6				
Total	115	100.0				
Period of Service						
< 1 years	65	56.5				
1-5 years	24	20.9				
6-10 years	25	21.7				
>10 years	1	.9				
Total	115	100.0				
Employment Status						
Contract	17	14.8				
Stay	98	85.2				
Total	115	100.0				

Table 1: Distribution of Respondents Based on Characteristics of Respondents in nurses at Hermina Hospital Makassar Year 2024

Source: Primary Data, 2024

Table 2 shows that based on the leadership style variable, most respondents stated that it was good at 76 (66.1%) and less good at 39 (33.9%). The Workload variable most respondents stated that it was good at 69 (60.0%) and less good at 46 (40.0%).

Effective Communication variable stated good by 74 (64.3%) and less good by 41 (35.7%). The Patient Safety Culture variable most respondents stated that it was good at 70 (60.9%) and poor at 45 (39.1%). The cut of point for determining good and bad criteria for the leadership style variable is good \geq 39 and less good < 39, the Workload variable is good \geq 32.5 and less good < 32.5, the Effective Communication variable is good \geq 52.5 and less good < 52.5 and the Patient Safety Culture is good. \geq 47.5 and less good < 47.5.

Hospital Makassar Year 2024					
Verieblee Good Not good					
Variables	Ν	%	Ν	%	
_eadership Style	76	66.1	39	33.9	

69

74

70

60.0

64.3

60.9

46

41

45

40.0

35.7

39.1

Table 2: Frequency Distribution of Research Variables in nurses at Hermina
Hospital Makassar Year 2024

Source: Prima	ry Data, 2024
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Workload

Effective Communication

Patient Safety Culture

Tables 3, 4 and 5 show the relationship between the independent variables and the dependent variable. Based on the results of the analysis, it can be seen the relationship between the variables of Leadership Style, Workload and Effective Communication on Patient Safety Culture at Hermina Hospital Makassar. The results of bivariate analysis with Pearson correlation test show that there is a variable relationship of Leadership Style to Patient Safety Culture with a p value = 0.001, Workload to Patient Safety Culture with a p value = 0.001 and Effective Communication to Patient Safety Culture with a p value = 0.001.

Table 3: Influence of Leadership Style Variables on Patient Safety Culture atHermina Hospital Makassar Year 2024

Laadarahin	F	Patient Safety Culture Total			D		
Leadership	Good		Good Not Good				Ρ
Style	n	%	n	%	Ν	%	
Good	65	85.5%	11	14.5%	76	100.0	0.001
Not Good	5	12.8%	34	87.2%	39	100.0	0.001
Total	70	60.9%	45	39.1%	115	100.0	

Table 4: Influence of Workload Variables on Patient Safety Culture at HerminaHospital Makassar Year 2024

	P	atient Sa	fety Cu	Тс	P		
Workload	Good		В	ad		Ρ	
	n	%	n	%	Ν	%	
Good	59	85.5%	10	14.5%	69	100.0	0.001
Not Good	11	23.9%	35	76.1%	46	100.0	0.001
Total	70	60.9%	45	39.1%	115	100.0	

Table 5: Influence of Workload Variables on Patient Safety Culture at HerminaHospital Makassar Year 2024

Effective	Patient Safety Culture				Total		P
Communication	Good		Good Bad		Total		F
Communication	n	%	n	%	Ν	%	
Good	63	85.1%	11	14.9%	74	100.0	0.001
Not Good	7	17.1%	34	82.9%	41	100.0	0.001
Total	70	60.9%	45	39.1%	115	100.0	

Table 6 shows that the influence of the variables of Leadership Style, Workload and Effective Communication based on the dimension that has the most influence on Patient Safety Culture is the Recomendation dimension on Patient Safety Culture at 0.001 <0.05 with a sig value of -62.1%. It is important to understand that the negative sign in front of the number does not mean the value is below 0. It is the direction of influence. So the calculated T value is taken as the absolute value, which is 3.212. So still T count> T Table and Significance <0.05 so it can be concluded that Recommendation on Safety Culture has a significant effect on safety culture.

Table 6: The influence of the dimensions of Contigent Reward, ActiveManagement by Exception and Passive Management by Exception, Working
Conditions, Use of Working Time, Targets to be Achieved Situation,Background, and Assessment on Patient Safety Culture in Nurses at Hermina
Hospital Makassar in 2024

Variable Dimensions	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	В	Std. Error	Beta		-
(Constant)	158	.102		-1.556	.123
Contigent	.236	.077	.240	3.048	.003
Active	.180	.086	.182	2.107	.038
Passive	.163	.058	.158	2.828	.006
Working Conditions	.170	.081	.173	2.096	.039
Time use	.245	.097	.249	2.537	.013
Target	205	.094	210	-2.181	.031
Situasion	.266	.077	.261	3.440	.001
Bacground	.423	.145	.412	2.913	.004
Assesment	.262	.117	.264	2.237	.027
Recomendation	629	.150	621	-4.182	.001

Table 7 shows that based on the most influential variable on Patient Safety Culture, the Leadership Style variable is 0.001 <0.05 with a sig value of 43.2% so it can be concluded that Leadership Style on Patient Safety Culture has a significant effect.

Table 7: Influence of Leadership Style Variables, Workload and EffectiveCommunication on Patient Safety Culture in Nurses at Hermina HospitalMakassar Year 2024

Variables		ndardized fficients	Standardized Coefficients	t	Sig.			
	В	Std. Error	Beta		_			
(Constant)	.075	.098		.764	.446			
Leadership style	.446	.074	.432	6.027	.001			
Workload	.162	.076	.162	2.135	.035			
Effective communication	.364	.073	.357	4.976	.001			
a. Dependent Variable: patient safety culture								

DISCUSSION

Research hypothesis 1 (H1) based on bivariate analysis stated the Contigent Reward dimension on Safety Culture in nurses at Hermina Hospital Makassar. Based on the statistical analysis carried out, it is known that the Contigent Reward dimension on Safety Culture in nurses at Hermina Hospital Makassar is indicated by a significance value of 0.001, so in this case the alternative hypothesis (H1) is accepted, meaning

that the first hypothesis "There is an effect of the Contigent Reward dimension on Safety Culture in nurses at Hermina Hospital Makassar".

Research hypothesis 2 (H2) based on bivariate analysis stated the Active Management by Exception dimension on Safety Culture in nurses at Hermina Hospital Makassar. Based on the statistical analysis carried out, it is known that Active Management by Exception on Safety Culture in nurses at Hermina Hospital Makassar is indicated by a significance value of 0.001 so that in this case the alternative hypothesis (H2) is accepted, meaning that the first hypothesis "There is an effect of the Active Management by Exception dimension on Safety Culture in nurses at Hermina Hospital Makassar".

Research hypothesis 3 (H3) based on bivariate analysis stated the Passive Management by Exception dimension on Safety Culture in nurses at Hermina Hospital Makassar. Based on the statistical analysis carried out, it is known that Passive Management by Exception on Safety Culture in nurses at Hermina Hospital Makassar is indicated by a significance value of 0.001 so that in this case the alternative hypothesis (H3) is accepted, meaning that the first hypothesis "There is an effect of the Passive Management by Exception dimension on Safety Culture in nurses at Hermina Hospital Makassar".

Research hypothesis 4 (H4) based on bivariate analysis stated the dimension of Working Conditions on Safety Culture in nurses at Herminan Hospital Makassar. Based on the statistical analysis carried out, it is known that Working Conditions on Safety Culture in nurses at Herminan Hospital Makassar are indicated by a significance value of 0.001 so that in this case the alternative hypothesis (H4) is accepted, meaning that the first hypothesis "There is an effect of Working Conditions on Safety Culture in nurses at Hermina Hospital Makassar".

Research hypothesis 5 (H5) based on bivariate analysis stated the dimension of the Use of Working Time on Safety Culture in nurses at Hermina Hospital Makassar. Based on the statistical analysis carried out, it is known that the Use of Working Time on Safety Culture in nurses at Hermina Hospital Makassar is indicated by a significance value of 0.001 so that in this case the alternative hypothesis (H5) is accepted, meaning that the first hypothesis "There is an effect of the Use of Working Time on Safety Culture in nurses at Hermina Hospital Makassar".

Research hypothesis 6 (H6) based on bivariate analysis stated the dimension of Targets to be Achieved on Safety Culture in nurses at Hermina Hospital Makassar. Based on the statistical analysis carried out, it is known that the Target to be Achieved on Safety Culture in nurses at the Makassar Herminan Hospital is indicated by a significance value of 0.001 so that in this case the alternative hypothesis (H6) is accepted, meaning that the first hypothesis "There is an influence of the Target to be Achieved on Safety Culture in nurses at Hermina Hospital Makassar".

Research hypothesis 7 (H7) based on bivariate analysis stated the Situation dimension on Safety Culture in nurses at Hermina Hospital Makassar. Based on the statistical analysis carried out, it is known that Situation on Safety Culture in nurses at Hermina Hospital Makassar is indicated by a significance value of 0.001 so that in this case the alternative hypothesis (H7) is accepted, meaning that the first hypothesis "There is an influence of Situation on Safety Culture in nurses at Hermina Hospital Makassar".

Research hypothesis 8 (H8) based on bivariate analysis stated the Background dimension on Safety Culture in nurses at Hermina Hospital Makassar. Based on the statistical analysis carried out, it is known that Background on Safety Culture in nurses at Hermina Hospital Makassar is indicated by a significance value of 0.001 so that in this case the alternative hypothesis (H8) is accepted, meaning that the first hypothesis "There is an influence of Background on Safety Culture in nurses at Hermina Hospital Makassar".

Research hypothesis 9 (H9) based on bivariate analysis stated the Assesment dimension on Safety Culture in nurses at Hermina Hospital Makassar. Based on the statistical analysis carried out, it is known that Assesment on Safety Culture in nurses at Hermina Hospital Makassar is indicated by a significance value of 0.001 so that in this case the alternative hypothesis (H9) is accepted, meaning that the first hypothesis "There is an effect of Assesment on Safety Culture in nurses at Hermina Hospital Makassar".

Research hypothesis 10 (H10) based on bivariate analysis stated the Recommendation dimension on Safety Culture in nurses at Hermina Hospital Makassar. Based on the statistical analysis carried out, it is known that Recommendation on Safety Culture in nurses at Hermina Hospital Makassar is indicated by a significance value of 0.001 so that in this case the alternative hypothesis (H10) is accepted, meaning that the first hypothesis "There is an effect of Recommendation on Safety Culture in nurses at Hermina Hospital Makassar".

Research hypothesis 11 (H11) stated that it is known that the significance value for the influence of the Leadership Style variable based on the most influential dimension on Patient Safety Culture in Nurses is the most influential dimension of each variable, namely the Recomendation dimension on Patient Safety Culture of 0.001 <0.05 with a sig value of -62.1%. It is important to understand that the negative sign in front of the number does not mean the value is below 0. It is the direction of influence. So the calculated T value is taken as the absolute value, which is 3.212. So still T count> T Table and Significance <0.05 so it can be concluded that Recommendation on Safety Culture has a significant effect. Meanwhile, based on the most influential variable on Patient Safety Culture, the Leadership Style variable is 0.001 <0.05 with a sig value of 43.2% so it can be concluded that Leadership Style on Patient Safety Culture has a significant effect.

CONCLUSIONS AND SUGGESTIONS

The results showed that Leadership Style, Workload and Effective Communication had a significant effect on Patient Safety Culture. In the Leadership Style variable, the most influential dimension is the Contigent Reward dimension, the most influential Workload dimension is the Use of Work Time dimension and the most influential Effective Communication variable is Recommendation. Patient Safety Culture needs to be improved because the variables of Leadership Style, Workload and Effective Communication based on each dimension are still low. The Active dimension of the Leadership Style variable is because the leader does not supervise the nurse's SPO at work so that the leader needs to emphasise SPO to nurses in order to avoid mistakes in providing services. Workload Variables, namely the Working Conditions dimension, there are several nurses who have abilities and knowledge that are unable to keep up with the demands of the job so that there are nurses who do not observe

patients. Effective Communication Variable there are nurses who do not convey the results of abnormal assessment and elimination during the change of service passes. The implementation of Patient Safety Culture is very important because hospitals must serve patients to be healthy and safe. Suggestions for hospital management to pay attention to variables and dimensions that affect Patient Safety Culture.

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