

The Relationship between the Managerial Functions of the Head of the Team in the Patient Safety Program Implementation at Rsud Cibabat Cimahi Tahun 2018

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Abstract: One of performance crucial in health care is patient safety. The research aimed to know the relationship between the functions of the head management team in the safety program implementation for patients at RSUD Cibabat Cimahi in 2018. The research employed an analytic method with a cross-sectional survey. The variables related to the functions of the team head of the management and independent variables regarding the performances of the nurses in implementing the patient safety programs. The total population of the implementing nurses in the admission ward except ICU is 119 people. The sampling method used the probability technique with proportion a test stratified random sampling with a total of 59 respondents. The univariate analysis employed a frequency distribution, while the bivariate analysis used the chi-square test with the continuity correction score of $\alpha = 0.05$, CI 95%. The results showed that 36 (66.7%) respondents considered team head management to run well, the performance of patient safety program implementation complying to the standard operating procedure (63.0%) within the 3 goals of the correct patient identification, the reduction of infection due to health treatment as well as the reduction of injury risks from falling. There is a relationship between the function of the team head management and the performance of the nurses in implementing the patient safety program with the p-value of $0.022 \leq 0.05$. The results of the study recommend the enhancement of the team head skills in controlling the team and constantly providing feedback to the nurses.

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I. Introduction

A hospital is one of the facilities for health services which functions as an essential resource to support health enhancement programs. As highlighted in the regulation from the Ministry of Health of the Republic of Indonesia number 4 in 2018 regarding the responsibilities of a hospital towards its patients, health services are important for each individual, and they play an important role in elevating the quality of such services. Fatimah (2012) states that the quality of health services in hospitals is supported by various healthcare workers, including the nurses.

They constitute the majority of the workforce in the field, and they spend the most time with patients compared to others. Thus, they have an essential role in determining the health status of their patients. (Hikmah, 2008). One of their roles is to provide professional nursing services which may be carried out in various methods, including the team method. According to Nursalam (2014), the method is the most widely implemented in hospitals. A nurse station commonly consists of three to four team members who are professionally or and vocationally certified and are expected to work together under the coordination of a head nurse. The leader of the team plays an important role in executing her managerial functions such as planning, organizing, directing, and controlling/monitoring. Suyanto (2009) considered the execution of their job descriptions by the team as a crucial aspect in providing health services in hospitals. The performance is a reflection of the attitude of the nurses towards their achievements in their profession. One of the elements of the performance as an indicator of the success of healthcare services is patient safety. In providing such services, they are often faced with situations which deviate from their original plans, including inadequate or erroneous procedures. Patient safety is an issue of priority in healthcare, and it was initiated in 2002 when the Institute of Medicine published a report titled To Err Is Human Building Safer Health System (Cahyono, 2012). A law regarding health (chapter 53 (3) number 36/2009) stipulated that health care services must prioritize the safety of the patients. Ignorance proves to have adverse effects both for the patients and the hospital. The Joint Commission International (2011) has made a policy regarding patient safety comprising correct patient identification, effective communication enhancement, special medicine safety, accurate surgical location,

correct procedures, correct procedure on the correct patient, the reduction of infection risks due to treatments, and the reduction of risks from falling.

In 2000, the Institute of Medicine (IOM) highlighted cases of patient safety cases in hospitals in Utah and Colorado amounting to 2.9% from all cases of which 6.6% resulted in death, while the cases in New York showed 3.7% and 13.6% regarding patient safety and patient-safety related mortality rate respectively. According to Depkes (2006), a 2004 WHO publication showed out of 33.6 million patients admitted in hospitals across the United States of America, patient-safety related mortality ranged between 44,000 and 98,000 people. The same report showed adverse incidents in the United States of America, England, Denmark, and Australia amounting to 3.2-16.6%.

In Indonesia, a 2010 report showed the following percentages of patient safety incidents respective to the provinces of West Java, Banten, Central Java, Special Capital Region (Jakarta), Bali, and East Java: 33.33%, 20%, 20%, 16.67%, 6.67%, and 3.33%. The specialized units with the highest number of cases are Surgical, Internal, and pediatric units compared to other units (KKP-RS, 2010).

The RumahSakitUmum Daerah (RSUD) CibabatCimahi is a B-type state-owned regional hospital which is also a referral hospital for the Cimahi region. With one of the missions to increase the trust of the people towards hospital services, the RSUD CibabatCimahi is burdened with the task to provide quality post-care service without disregarding the patient safety aspect.

It has 323 beds and 287 personnel with a diploma or bachelor's degree in nursing. It hosts 10 admission rooms supported by the following personnel distribution: 122, 4, and 36 nurses holding a three-year diploma, a four-year diploma, and bachelor's degree respectively. The method implemented is the team method.

Two pilot studies at RSUD CibabatCimahi and RSUD Al-Ihsan Bandung reported 70 incidents which occurred in 2017. They conveyed the following details: 25 (36%) Injury-potential incidents in medical administration, 25 (36%) unwanted incident due to patient falling, 13 (18%) near-injury incident involving the administration of inaccurate medication, 7 (10%) non-injury incidents due to inaccurate identification of patients needing specific treatment, and zero case of sentinel incidents at RSUD CibabatCimahi in 2017.

The results of the study conducted on 21 February 2018 through interviews, observations, and surveys on 20 respondents showed 14 of them identified patients based on the room number or the location of the patient during treatment. Five personnel did not perform the five-moment handwashing procedure. Patients fell due to the lack of the habit on the nurses to re-assess the conditions in the rooms or tagging patients who are highly prone to falling with an identifiable wristband. Based on the discussion above, the author is compelled to research on the relationship between the functions of the team head management and the performance of the nurses in implementing the patient safety at RSUD CibabatCimahi 2018.

II. Material And Methods

This research uses the analytic method with a cross-sectional survey design. The researchers distributed questionnaires and conducted observations on respondents simultaneously. The hypothesis is that alternative hypotheses are acceptable, meaning that there is a relationship between the functions of the team head with the performance of the nurses in implementing the patient safety program at RSUD CibabatCimahi in 2018 with a p-value of $0.000 < 0.05$. The independent variable is the managerial function of the team head, and the independent variable is the performance of the nurses in implementing the patient safety program.

Table 1 Operational Definitions

Variable	Conceptual Definition	Operational Definitions	Instrument	Results	Scale
Independent variable: the managerial functions of the team head	team head management is a nurse assigned by a nursing department head to be responsible for the whole nursing process in a team (Nursalam, 2014)	The team head management is the actions implemented by the team head in planning, organizing, controlling, and monitoring based on nursing perceptions.	Questionnaires	1 = unatisfactory if score ≤ 35.00 (median) 2 = satisfactory, if score > 35.00 (median)	Ordinal
The dependent variable is the performance of the nurses in implementing the patient safety program.	The performance of the nurses is the result of someone's action within a period in conducting one's duties, such as action result procedure, target or suggestions or criteria set and mutually agreed upon before the execution of the duties	Nurse performance is a nursing action by a nurse in implementing the patient safety program, including: 1. correct identification of the patient 2. Reduction of infection risks due to nursing actions. 3. reduction of injury risks due to falling	Observation sheet or checklist by using 3 SOPs of patient safety.	1 – not implemented if < 2 SOPs from the goals not met Implemented if ≥ 2 SOPs of goals met Compliant if the SOP value $\geq 80\%$ A regulation made by RSUD CibabatCimahi	Nominal

The population is the entire nurses (119 personnel) in the admitted patients ward except the ICU of RSUD CibabatCimahi. The sampling method used the probability technique with proportionate stratified random sampling. The number of samples follows the Slovin's formula.

The selection process yielded 54 people with the criteria of active nurses in the admission ward with a record of training or socialization activities related to patient safety, minimal PK 1 or clinical nurse certification, and having the willingness to be a respondent.

Table 2 Research Samples at the Admission Ward at RSUD CibabatCimahi

Room	Total	Calculation	Sample
C3	20	20/119 x54	9
C4 Nifas	1	1/119 x54	1
Perinatology	5	5/119 x54	2
C6	20	20/119 x54	9
D2	17	17/119 x54	8
D3	24	24 x54	11
E2	14	14/119 x54	6
E3	13	13/119 x54	6
E4	5	5/119 x54	2
Total			54 people

The data collection involved distributing questionnaires on the management function of the team head and the observation on the performance in implementing patient safety (with the goal of correctly identifying the patients, reducing infection risks due to care services, and reducing the risks of falling). Every respondent went the process three times by taking into consideration their working schedules. The questionnaire regarding the managerial functions of the team head introduced nine statements using the Likert scale with four options. It is valid with the result of $r \geq 0.561$ while the performance of the patient safety used the SOPs of RSUD CibabatCimahi. The univariate analysis employed a frequency distribution, while the bivariate analysis used the chi-square test with the continuity correction due to the 2x2 table with no cell yielding less than 5 and the score of $\alpha 0.05$, CI 95%

III. Result

Table 3 The distribution of the managerial functions of the team head at RSUD CibabatCimahi in 2018

The managerial functions of the team head	Frequency (F)	Percentage (%)
Unsatisfactory	18	33.3
Satisfactory	36	66.7
Total	54	100

Source: The Research Primary Data 2018

Thirty six (66.7%) out of 54 respondents stated that the managerial function of the team head is satisfactory.

Table 4 The distribution of the nurse performance in implementing the patient safety program at RSUD CibabatCimahi in 2018

Correctly identifying patients, reducing infection risks due to health nursing, reducing the injury risk due to falling.

The performance of the nurses in implementing the patient safety program.	Frequency (F)	Percentage (%)
Not implemented	20	37.0
Implemented	34	63.0
Total	54	100

Source: The Research Primary Data 2018

Thirty-four (63.0%) out of 54 respondents implement the patient safety SOPs.

Table 4 The distribution of the relationship between the managerial functions of the team head and the nurse performance in implementing the patient safety program at RSUD CibabatCimahi in 2018

The managerial functions of the team head	Nurse Performance				Total		p-value	OR CI95%
	Not implemented		Implemented		F	%		
	F	%	F	%				
Unsatisfactory	11	61.1	7	38.9	18	100	0.022	4.714 (1.404 -15.829)
Satisfactory	9	25.0	27	75.0	36	100		
Total	20	42.6	34	57.4	54	100		

Source: The Research Primary Data 2018

Eighteen respondents stated that the managerial functions based on the perception of the working nursing were unsatisfactory. Eleven (61.1%) respondents did not implement the SOPs in patient safety programs, while 36 respondents were satisfied with the functions and 27 (75.0%) respondents performed their duties by implementing SOPs in the same program. The statistical results showed a p-value of $0.22 \leq \alpha 0.05$ which leads to the conclusion that there is a relationship between the managerial functions and the nurses' work performance in the implementation of the program.

IV. Discussion

The results of the study show that the quality of team head management has still room for improvement due to several factors such as communication, development potentials, policies, wage and pay rate, and the work conditions. Generally speaking, the role of the manager could be evaluated from their ability in motivating and improving the satisfaction of their staff. Such satisfaction can be seen from the fulfillment of their physical and psychological needs, where the physical needs can be met through the way the manager addresses the situation. (Nursalam, 2002). According to Asmuji (2012), the head of the team is a leader who supports their fellow nurses under the supervision of the head of the ward in every shift. The head accepts and evaluates every client comprehensively, creates goals, plans, and executes safe nursing actions, communicates and coordinates the services provided, receives treatment plans, plans for cares, prepares communication with patients, prepares references, and makes house calls if needed (Nursalam, 2014)

It is in line with the research by Anwar (2016) which states that there is a relationship between the managerial functions of the ward head with the patient safety culture, but there is no significant relationship between the controlling function of the ward head and the implementation of the culture. For the patient safety program itself, 34 (63.0%) out of 54 respondents complied with the SOPs in implementing patient safety program while 20 respondents (37.0%) did not comply. Observations conducted justified the assumption that there are active nurses who do not provide maximum support in the program. For example, 31 (57.4%) respondents complied with the SOP regarding IPSG 1 in fulfilling their work duties while the rest did not comply. The effects of not correctly identifying patients include errors in administering medication, blood products, blood or other specimen extraction for clinical checks, or other actions (Yahya, 2007).

The IPSG 1 is usually neglected in communicating with the patients and their family on the need to correctly identifying the patients, and not performing verification procedures especially for treatments the nurse perceived as non-risky especially during their night shift. The main impediment is changing their habits in verification as patients tend to complain about being asked frequently for their identity. Some of its effects are errors in administering medicines and blood products, blood or other specimen extraction for clinical checks, or other treatments (Yahya, 2007). Some nurses admitted to not performing the IPSG part of identifying the patient correctly as mentioned in the SOP of their hospital, including communicating the objective of identifying the patients and the family and verifying their identity, especially when taking non-risky actions during their night shift.

DewiAnggraeni (2014) advocated the situation in her publication titled "The Evaluation of the Patient Identification System at the Admission Ward" by stating that the nurses' knowledge and attitude towards the patient identification procedure are satisfactory but not all the nurses complied with it. There are many causes, including their habits in verifying the patient's identification during afternoon and night shifts and providing the incorrect name on the patient's bracelet. The main obstacle to having them optimally following the identification procedure relates to an adequate supervision system on the procedure implementation such as the safety culture.

The implementation of IPSG 5 regarding the reduction of infection risks due to nursing care is hindered to the fact that the nurses on duty only carried out three out of five moments of handwashing, namely after risking contact with bodily fluid, after contact with the patient, and after contact with the patient's surrounding. On the contrary, moments before contact with the patient and before aseptic action are rarely accompanied by handwashing. Research by IgnasiaYunita Sari (2006) showed that there were nurses who washed their hands after contact with the patient only and not after or before a treatment. It was proven by the fact that a high percentage of nurses did not wash their hands after providing treatment.

The results on the implementation of IPSG 6 which is the reduction of injury risks due patient falling showed that they conduct an initial evaluation when a patient is admitted in a room, but some of them do not place a yellow sticker on the identity bracelets of patients with high risks of falling. Danu (2017) also showed the same results in his publication titled "The Evaluation of prevention implementation for patients with risks of falling at the hospital" where during observation of facilities using a checklist there were 26 unsafe beds, 3 unsafe night stand, no footwear for patients in the third-class rooms, and empty risk-indication bracelets.

The data showed that the facilities were not of maximum standards and they contributed to extrinsic risk factors that could be anticipated. The factors included insufficient lighting in the room, slippery floors, inadequate, unstable, or poor-positioned handrails, low bed or toilet, wrong toilet type (not seated), consumed

medicine, and walking aids (Suwarno, 2007). By not addressing the risks, patients have high risks of falling, which consequently will negatively affect the perception of the community on the quality of the service provided by the hospital as their knowledge on their rights for receiving a certain standard of health service, leading them to seek other options to fulfill their and their family needs (Mulyadi, 2007)

The factors that cause the nurses not to implement the patient safety program in their hospitals are namely leadership (Kuntoro, 2010), individual and culture (Jones, 2007), infrastructure, and surroundings (Hughes, 2008). The relationship of managerial functions of the team head with the work performance of the nurses in implementing the patient safety program. From 36 respondents who stated that they were satisfied with the managerial functions, 27 (75.0%) respondents followed the SOP on patient safety. However, from the 18 respondents who were not satisfied with the functions, 11 (61.1%) respondents did not perform their duties according to the procedures. The p-value of $0.022 < 0.05$ exhibited a relationship between the managerial functions of the team head and the work performance of the nurses regarding the patient safety issue at RSUD Cibabat Cimahi in 2018

The results of the research are nearly identical with previous research as that by Herdiana (2014) which demonstrated the effects of the planning and directing functions on the work performance of the nurses at RS Muhammadiyah Yogyakarta. Research by Martiani (2013) conveyed evidence of the effects of the implementation of the directing function of the team head at RSKD South Sulawesi General Hospital. Sigit (2009) in his research showed increased satisfaction of the nurses in performing their duties at RSUD Blambangan Banyuwangi General Hospital after given directions from the ward head and team head. Elin Kurnia's 2010 research titled "A description of duties and responsibilities of the head of the team in the intensive care unit" showed that four out of nine duties and responsibilities of the head of the team had been met. Research by Widya N (2016) regarding the relationship between the head of the team with the nurses performing nursing care documentation showed that a satisfactory function of the head of the team has a nineteen-fold chance to make the documentation satisfactory compared to the unsatisfactory head.

V. Conclusion and Recommendation

1. The managerial function of the team head is considered satisfactory by 36 (66.7%) respondents.
2. Regarding the implementation of patient safety programs, 34 (63.0%) respondents who complied with the Standard Operational Procedure on performed three patient safety goals, namely identifying patients correctly, reducing infection risks due to treatment, and reducing injury risks due to falling.
3. There is a relationship between the managerial functions of the team head and the nurses on duty in implementing the patient safety program at RSUD Cibabat Cimahi in 2018 (with the p-value of $0.022 < 0.05$).

It is recommended that the ability of the head of the team in controlling their members and enhancing the ability of the nurses through periodic socialization. By doing so, they are equipped to provide safe and quality health services. The head of the team can be a role model in accommodating and providing feedback for their members.

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