Nurse's Knowledge, Motivation and Implementation of Patient Safety Program in RSUI Orpeha Tulungagung

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ABSTRACT

Nurses spend the most time with patients than any other health care provider. They have to train about patient-safety. It's done to reduce the rate of patient-accidents. That accidents are caused by some errors including diagnosis and therapy that extends the days of treatment. Patient-safety program implementation is one of quality service indicators in Hospital. The purpose of this research is to analysis the association between nurse's knowledge, motivation and implementation of patient safety program in RSUI ORPEHA Tulungagung. This was explanatory research with survey method. Level of explanation included in correlational research, using cross sectional design techniques (cross sectional). Population study were nurses with Associate's Degree as minimum level of education. Samples were 52 nurses whose selected by Simple Random Sampling. Data was analyzed with Spearman Rho Correlation. Result shows that most of nurses has good knowledge (n=49; 94,2%) and good motivation (n=52; 100%). The implementation of patient safety program shows good criteria (n=37; 71,2%). Spearman Rho statistical test obtained P value of knowledge on the implementation of patient safety program is 0.336> α 0.05 means there is no relationship between knowledge with the implementation of patient safety program. P value of motivation toward the implementation of patient safety program is 0.991> α 0.05 means there is no relationship between motivation about patient safety with the implementation of patient safety program. Action based on good knowledge will be more lasting. The motivation of the nurse's work is the driving force to achieve organizational goals. However, other factors that may affect the results of the patient safety program are lack of facilities and infrastructure, emergency situations, lack of supervision, rewards and punishments to encourage staff compliance.

I.   INTRODUCTION

A very important global issue in health care today is patient safety. In Indonesia according to Nadzam 2009, reported 2.2 - 7% incidence of patient fell / 1000 beds per day in the acute care room per year. 29 - 48% of patients are injured, and 7.5% with serious injuries. Other data on patient safety incidents have not been measurable, but since the enactment of Law no. 8 of 1999 on Consumer Protection and Law no. 29 of 2004 on Medical Practice, has been widely reported on the incidence of medical errors in patients.

Data from the PMKP-RS Committee at RSUIT 2016 on the achievements of the KPRS program are 6 Patient Safety Goals (PPAs) to be implemented by PPA (Professional Carers), all of which have not reached the target and from 37 cases (0.075%) reported in the safety incidents the patient still finds many mistakes in serving a doctor's prescription, a mistake in writing the dosage of the drug, the mistake in preparing the drug, the wrong drug in the wrong patient, and the mistake in entering the medicine into the patient. The incident resulted in errors in the diagnosis of the disease, giving wrong treatment, extending the day of patient care, and harming patients and hospitals that the

end result is a decrease in hospital customer satisfaction. If this happens continuously and not managed properly it can end up with lawsuits and reduced customer confidence in the hospital [5].

From experience and research it turns out the behavior / actions of a person who is based on knowledge of patient safety will be more lasting than behavior that is not based on knowledge [1] Nurses as health care providers to the community with the ability possessed an important role in the prevention and safety of hospital patients. The ability of nurses can be studied from knowledge factors about patient safety program and nurse work motivation is the impetus for someone to contribute as big as possible for the success of the organization to achieve its goals. In this case the motivation to implement patient safety program [23].

The behavior of the nurse is a very important issue to be studied to improve the quality of health services. In line with the above description, it can be said that in the era of globalization, it is necessary to develop a new image of nurse profession that pay attention to safety patiens. To achieve this, programming, guidance and procedures should be developed to provide optimal health services to the community. Furthermore, the need for training / workshop patient safety, socialization of Standard Hospital Procedures, Supervision routinely on the implementation of patient safety program, involving nurses in PMKPRS committee, giving rewards and punishm and others. Based on the substance of the problems described above, it is deemed necessary to conduct research on the relationship of knowledge and motivation of nurses about patient safety with the implementation of patient safety program at ORPEHA Islamic General Hospital of Tulungagung. This research are using selecting template. This template has been tailored for output on the A4 paper size. Maintaining the integrity of the specifications. The head margin in this template measures proportionately more than is customary.

II. METHOD

This research was conducted at Tulungagung Islamic General Hospital in September until December 2017. This type of research is an explanatory research with survey research method. While according to the level of eksplanasinya is correlational research and using cross sectional design techniques (cross sectional).

The sampling technique used is random sampling. The sample size in this study should be representative for the population, because the population is less than 10,000 then the determination of the sample size using the Slovin formula[23]. Taking into account the inclusion and exclusion criteria of 106 populations, 52 respondents were assigned as samples. The instrument used is Questionnaire about knowledge measured by Guttman scale. Questionnaire on work motivation is measured by Likert scale and Check List about the implementation of patient safety program measured by Likert scale all prepared by the researchers and tested the validity of product moment pearson corelation with valid result. While the reliability test of Cronbach Alpha coefficient value in motivation questionnaire is 0.915> 0.600 means reliable, the checks of the implementation of Patient Safety Program obtained Cronbach Alpha value 0.962> 0.600 means reliable.

As the preparation stage of the study is to take care of the permission in the Department of Nursing STIKes Hutama Abdi Husada Tulungagung addressed to the General Hospital of Islam Tulungagung. After obtaining permission to collect prospective respondents, provide information about research objectives and for those who are willing to be respondents are given informed consent sheet to be signed.

Implementation stage is the next step is to give a questionnaire sheet of knowledge and motivation nurses about patient safety, provide information on charging instructions to be filled respondents. Next to the Checklist of Patient Safety Program Implementation in the observation by the head of the space of respondents by giving information instructions how to fill before.

The final stage is continued data entry, data processing using SPSS. The data analysis is done by univariate analysis to know the description of free variable and dependent variable, bivariate analysis to know the relation of free variable and dependent variable.

Univariate Analysis Is an analysis conducted to analyze each variable of research results[1]. Univariate analysis serves to summarize the data collection of measurement results The summary can be statistical measures, tables, graphs.

Univariate analysis in this research is Scoring on objective criteria[15] for questionnaire of knowledge and check of patient safety implementation that is:
a) Good, right answer 76 - 100%
b) Fairly, right answer 56 - 75%
c) Less, correct answer <56%
Scoring on objective criteria (Hidayat, 2009) for the motivation questionnaire is categorized into:
a) Strong Motivation: 67 - 100%
b) Medium Motivation: 34 - 66%
c) Weak Motivation: 0 - 33%
Bivariate Analysis
Bivariate analysis is a simultaneous analysis of two variables. Aims to describe the distribution of data, test the differences and measure the relationship between the two variables studied. Bivariate analysis in this research using Statistical Test in the form of Charles Spearman or Spearman's rho correlation test.

To know there is a relationship or can not be seen from the value of significance with the analysis of results if the value of $P \geq 0.05$ then H0 accepted means there is no relationship between the two variables and if the value of $P < 0.05$ then H0 rejected means there is a relationship between the two variables.

III. RESULTS AND DISCUSSION

The following will present description of data in table form consisting of frequency distribution of knowledge about patient safety, frequency distribution of motivation and frequency distribution of safety implementation of nurses at Orpeha Islamic General Hospital of Tulungagung.

Table 1. Distribution of Knowledge about Patient Safety

Knowledge	Good	Fairly	Less
	76 - 100%	*56 - 75%*	*< 56%*
N	49	3	0
%	94,2	5,8	0

From table 1. To describe the nurse with knowledge of criteria both about patient safety is about 49 people (94,2%).

Table 2. Distribution of Motivation about Patient Safety

Motivation	Good	Fairly	Less
	67 - 100%	*34 - 66%*	*0 - 33%*
N	52	0	0
%	100	0	0

From table 2. It is known that all nurses have good motivation to implement patient safety is 52 people (100%).

Table 3. Distribution of Program Implementation about Patient Safety

Program Implementation	Good	Fairly	Less
	76 - 100%	*56 - 75%*	*< 56%*
N	37	15	0
%	71,2	28,8	0

From table 3. Show most of the nurses implement patient safety program with good criterion that is equal to 37 people (71,2%).

Table 4. Cross Tabulation about Knowledge and Program Implementation about Patient Safety

Knowledge	Program Implementation				N	
	Good		Fairly			
	f	%	f	%	f	%
Good	36	74	13	27	49	100
Fairly	1	33	2	67	3	100

From table 4. It shows that nurses who have good patient safety knowledge and are able to carry out the patient safety program well by 36 people (73.5%).

Table 5. Cross Tabulation about Motivation and Program Implementation about Patient Safety

Motivation	Program Implementation			N		
	Good		Fairly			
	f	%	f%	f	%	
Good	37	71	1529	52	100	
Fairly	0	0	00	0	0	

From Table 5. It shows that well-motivated nurses and well patient safety programs are 37 people.

Nurse's Knowledge About Patient Safety Nurse's knowledge of Patient Safety as shown in table 1. shows that most of the nurses at Orpeha Tulungagung General Hospital have good knowledge about 49 people (94,2%) while the nurse with medium or enough knowledge only a total of 3 people (5.8%) and whose knowledge is not found.

Knowledge of patient safety program in hospital is something that is very important because the better knowledge of someone will help the formation of someone action (overt behavior)[4] But there are several factors that affect one's knowledge of education, mass media / information resources, socio-cultural and economic, environment and experience.

Education as one of the influential factors in knowledge, shows that nurse with D3 Nursing education with good knowledge is 36 people (97,3%), but S1 education with good knowledge is 13 people (86,7%). This is not relevant to the opinion of Notoatmodjo [18] that the higher the education of a nurse the easier the person will receive information about Patient Safety. This can happen because nurses with education S1 at Islamic General Hospital ORPEHA Tulungagung mostly still new work so that information about patient safety obtained is still limited. It has the potential to cause a lower level of knowledge than nursing-educated D3. The nurse factor shows that the nurse who has the knowledge of patient safety with the most good criteria is with the working period> 10 years that is 16 people (100%), with the working period of 2 - 10 years there are 28 people (96,6%) and with working period <2 years reaching 5 people (71,4%). This fact is in line with the opinion of Notoatmodjo [18] that one way to obtain the truth of knowledge is by repeating the knowledge gained.

This means that one's work period adds to the work experience and plays an important role in the formation of one's knowledge, it can be said that the longer a person works more often hear or repeat information about patient safety in daily tasks, also has often solved problems in the past so that become experienced and make understanding they are about patient safety for the better.

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In this research, it is found that all nurses at Orpeha Tulungagung Islamic General Hospital have good motivation to implement patient safety that is 52 people (100%) as shown in table 2.

According to last research in 2002, nurse work motivation is the driving force for a person to contribute as much as possible to the success of the organization to achieve its goals [22]. Some factors that affect motivation by Saydam are personal maturity, education, wishes and expectations, needs, fatigue and boredom, and job satisfaction[22].

Personal maturity indicates that well-motivated nurses are all nurses over 20 years of 52 (100%), thus this finding supports the opinion of Santrock [21] that early adulthood begins at age 20-40, is the period of maturity physical and psychological. Saydam also makes it clear that people who are selfish and casual will usually be less sensitive in accepting the motivation given so it is rather difficult to work together[13]. This means that the motivation or desire of the nurse to implement the Patient Safety program will increase with personal maturity. A nurse with age increases with increasing work time so that will understand the tasks tasks that must be done, which in his time will carry out the task is not because of orders from superiors but because of awareness or desire from himself.

Next is the educational factor that Nursing D3 education has good motivation there are 37 people (100%) S1 education for 15 people (100%). The results of this study are not relevant to Saydam's opinion stating that an employee who has a higher level of education will usually be more motivated because it already has a broader perspective than employees of lower levels of education[13]. The reason a nurse does not do his job is not always because of the level of education, but it could be because they do not understand the task, or there are other factors. As happened at the Islamic Hospital of ORPEHA Tulungagung that between D3 and S1 of Nursing all have good motivation to implement patient safety program.

Most of the studied nurses, as illustrated in table 3. were able to carry out the patient safety program with good criteria of 37 people (71.2%), while the rest with the criteria were 15 people (28.8%) and no nurses with the implementation of patient safety program with less criteria.

Performance or work performance is the result of work in quality and quantity achieved by an employee in performing their duties in accordance with the responsibilities given to him [15] . While it is influenced by three variables, namely individual variables in the form of physical and mental ability, family background, social class, experience and demography such as age and sex [5.] Organizational Variables in the form of Resources, Leadership, Communication, Awards, Job Design Structure and psychological variables such as Perception, Attitude, Personalitiy, Learning, and Motivation [7.]

A nurse's physical and mental ability is measured as nurse's knowledge then as shown in table 4 that the nurse who has patient safety knowledge with good criteria and implement patient safety program with good criteria is 36 people (74%). It supports [8] opinion and also confirmed by Notoatmodjo [18] which states that Knowledge about patient safety or cognitive is a very important domain for the formation of one's actions. From the researcher's experience it turns out the behavior / actions of a person based on knowledge of patient safety will be more lasting than behavior that is not

based on knowledge about patient safety. This condition is not in line with Taher [16] who said that the person's behavior is generally stimulated by motivation / desire to achieve goals. In general, someone is willing to do something because there is an underlying drive or motivation, that is, even if a nurse has a good knowledge of the patient safety program but if there is no motivation then it will not do it. Conversely a nurse who has high motivation and good knowledge will carry out the safety starch program well too.

Thus in accordance with the analysis of results If the value of $P \geq 0.05$ then H0 accepted rejected H1 means there is no relationship between knowledge and motivation of nurses about patient safety with the implementation of patient safety program at Islamic General Hospital ORPEHA Tulungagung in 2017. This is very interesting to do further research to know what factors that cause no relation between knowledge about patient safety with the implementation of patient safety program at Islamic General Hospital ORPEHA Tulungagung.

IV.   CONCLUSION

1. Nursing knowledge about patient safety with good criterion is about 49 people (94,2%), with criterion there are 3 people (5,8%), with less criterion not found.
2. Motivation nurse about patient safety with good criteria that is all respondents equal to 52 people (100%).
3. Implementation of patient safety program with good criteria that is equal to 37 people (71.2%), with the criterion being 15 people (28,8%), with less criterion not found.
4. Relationship Knowledge of nurses about patient safety with the implementation of patient safety program obtained statistical test results correlation of Spearman Rho with P value of knowledge on the implementation of the patient safety program is 0.336> from 0.05 means there is no relationship between knowledge of patient safety with the implementation of the patient program safety.
5. Relationship Motivation nurse about patient safety with Implementation of patient safety program obtained Results of statistical test correlation of Spearman Rho denagn P value motivation on the implementation of the patient safety program is 0.991> 0.05 means there is no relationship between motivation about patient safety with the implementation of the patient safety program

V.   ACKNOWLEDGMENT

VI.   REFERENCES

[1]   Arikunto, S. 2013. *Prosedur Penelitian dan Pendekatan Proses*. Jakarta : Rineka Cipta.

[2]   Ariyani. 2008. Analisis Pengetahuan Dan Motivasi Perawat Yang Mempengaruhi Sikap Mendukung Penerapan Program Patient Safety Di Instalasi Perawatan Intensif RSUD Dr. Moewardi Surakarta. Tesis,Magister Ilmu KesehatanMasyarakat: Universitas Diponegororo.

[3]   Budiman, Arif. 1982. Pembagian Kerja Secara Sexual. Jakarta : PT. Gramedia.

[4]   Depkes RI.   2008.   Panduan Nasional Keselamatan Pasien Rumah Sakit, Jakarta.

[5]   Farida, F. 2017. Kepemimpinan Efektif Dan Motivasi Kerja Dalam Penerapan Komunikasi Terapeutik Perawat. https://e-journal.unair.ac.id/index.php/JNERS/article/view/3963

[6]   Farida, F., & Muchlison, T. (2015). The Relationship Personality Type With Students Learning Achievement Of S1 Nursing Program Grade II Stikes Hutama Abdi Husada Tulungagung. *The 1st Joint International Conference*. Retrieved from http://proceeding.tenjic.org/index.php/1JIC/article/view/7

[7]   Gibson, JL, Ivancevich, JM, dan Donelly, Jr. 1997. Organizations Behavior Structure Processes, United States Of America : Van Hoffmann Press.

[8]   Hariandja, TE. 2002. Manajemen Sumber Daya Manusia : Pengadaan Pengembangan Pengkompensasian dan Peningkatan Pruduktivitas Pegawai Jakarta : Penerbit PT Grasindo

[9]   Hasibuan. 2010. Manajemen Sumber Daya Manusia. Jakarta : Bumi Aksara

[10]   Hidayat. 2009. Metodelogi Penelitian dan Tehnik Analisa Data. Jakarta : Salemba Raya.

[11]   Ilyas, Yasin. 2010. Kinerja, Teori Penilaian dan Penelitian. Jakarta : FKM UI

[12]   J. Winardi. 2008. Motivasi dan Pemotivasian dalam Manajemen. Jakarta : PT. Raja Grafindo Persada.

[13]   Kadarisman. 2012. Manajemen Pengembangan Sumber Daya Manusia. Jakarta: Raja Grafindo Persada

[14]   KKP – RS. 2008. Pedoman Pelaporan Insiden Keselamatan Pasien (IKP), Jakarta.

[15]   Mangkunegara, Anwar Prabu. 2012. Manajemen Sumber Daya Manusia. Bandung : PT. Remaja Rosdakarya.

[16]   M, Taher. 2013. Urgensi Taksonomi Bloom Domain Koqnitif Versi Baru Dalam Kurikulum 2013. Medan : Balai Diklat Keagamaan. E-mail   : tahermhd@yahoo.com.

[17]   Manulang. 1984. Manajemen Personalia. Ghalia Indonesia : Jakarta.

[18]   Notoatmojo, S. 2010. Pendidikan dan Perilaku Kesehatan. Jakarta : Rineka Cipta.

[19]   Nursalam. 2003. Konsep dan Penerapan Metodelogi Penelitian Ilmu Keperawatan : Pedoman Skripsi, Tesis, dan Instrumen Penelitian. Jakarta : Salemba Medika

[20]   Peraturan Menteri Kesehatan RI Nomor 1691/MENKES/PER/VIII/2011 Tentang Keselamatan Pasien Rumah Sakit.

[21]   Santrock.2007. Perkembangan Anak.Jilid 1.Jaka rta: Erlangga

[22]   Siagian, S. 2002. Kiat Meningkatkan Produktivitas Kerja, Jakarta : PT Rineka Cipta

[23]   Umar, Husein. 2004. Riset Sumber Daya Manusia Dalam Organisasi, Jakarta : Penerbit PT. Ghramedia Pustaka Utama.

[24]   Winarsunu, T. 2004. Statistik dalam Penelitian Psikologi dan Pendidikan, Malang : Penerbit Universitas Muhammadiyah Malang

Supplementary Material

Supplementary material that may be helpful in the review process should be prepared and provided as a separate electronic file. That file can then be transformed into PDF format and submitted along with the manuscript and graphic files to the appropriate editorial office.