



AN OVERVIEW OF ROLE TEAM WORK DIMENSION, ADEQUATE STAFF AND HEALTH WORKERS' PERCEPTION OF PATIENTS SAFETY CULTURE

Fatmawaty Mallapiang¹, Hasbi Ibrahim², Nur Fitriyani Arifuddin^{*3}, Azriful⁴, Surahmawati⁵

^{1,2,3} Department of Public Health, Occupational Safety and Health Division, Faculty of Medicine and Health Sciences, UIN Alauddin Makassar, Indonesia

⁴ Department of Public Health, Epidemiology, Faculty of Medicine and Health Sciences Division, UIN Alauddin Makassar, Indonesia

⁵ Department of Public Health, Health Administration and Policy Division, Faculty of Medicine and Health Sciences, UIN Alauddin Makassar, Indonesia

ARTICLE INFORMATION

Received : May 7th, 2021
Revised : May 31th, 2021
Available online : June 30th, 2021

CORRESPONDENCE

Phone: -
Email: fitriyaniarifuddin21@gmail.com

KEYWORDS

Team Work; Adequate Staff; Health Workers;
Patient Safety Culture

ABSTRACT

Background: Medical error is a threat to every patient who wants to take care, therefore the importance of patient safety culture is applied in every hospital to keep patients safer in terms of health care

Objective: This research describes the overview of role teamwork dimension, adequate staff and health workers' perception of patient's safety culture in the hospitalization unit of Dr. Tajuddin Chalid Hospital of Makassar

Method: It uses a descriptive quantitative approach to explain the issue. The research samples consist of 107 health workers stationed at the hospitalization unit by utilizing the purposive sampling technique

Result: The findings show that the patient safety culture falls into a moderate category (57.0%). Teamwork on moderate category 55,1%, adequate staff on moderate category (65.4%), and health workers' perception of patient's safety on moderate category (77.6%)

Conclusion: This research concludes that the safety culture in the hospitalization unit of Dr. Tajuddin Chalid Hospital of Makassar is classified moderate, signifying that the health workers have practiced the patient safety culture by the Patient Safety Standards (PSS) despite some lacking in several areas. It also encourages following the SOP by conducting training and workshops for the health workers.

INTRODUCTION

Patient safety is a system implemented in hospitals to make patient care safer (Permenkes, 2011). Patient safety is one of the dimensions in the quality of health services as described by the Institute of Medicine (2004), therefore hospitals must implement patient safety to reduce the risk of adverse events in the provision of services in the hospital.

Patient safety is now recognized as a major and growing global public health challenge. Global efforts to reduce the risk of injury to patients have not achieved major changes over the past 15 years despite efforts to ensure patient safety in several health care settings (WHO, 2018). Medical Personnel and Medical Personnel in providing quality and safe health services through efforts to build a patient safety culture (Irawan d., 2017).

A new study by the *World Health Organization* is that 64 million patients are disabled each year due to unsafe treatments worldwide. This means that patient accident occur due to the absence of a patient safety culture that causes disability to death for patients. The available evidence shows that each year 134 million unwanted events and 2.6 million deaths occur as a result of unsafe treatment occurring in low- and middle-income hospitals (WHO, 2018).

According to the *National Patients Safety Agency* (National Patient Safety

Agency) states that to improve patient safety several steps can be taken, known as "*Seven Steps Patient Safety*", namely: The first step towards patient safety which is expected to prevent KTD and KNC by building a culture. patient safety (Irawan, et al, 2017).

Based on data (Depkes, 2017), health services in hospitals are always encouraged to improve patient-focused health services with the main pillars of patient safety.

Based on the results of research at the Anna Medika Hospital, Bekasi city, in 2018 the safety culture obtained results of 71.97% (Febrianty, 2019). In this regard, the patient safety culture at the Roemani Hospital in Semarang is categorized as moderate with a presentation of 71% (Utaria, 2017).

Patient safety culture at Stella Maris Hospital Makassar in 2016 based on research on cooperation in units has an average positive response of 96.21% and an average negative response of 3.79%. The openness of communication has an average positive response of 52.27% and an average negative response of 47.73%. Management support for patient safety had an average positive response of 40.40% and an average negative response of 59.60%. Cooperation between units has an average positive response of 16.86% and an average negative response of 83.14% (Astini, 2016).

The technology that has developed rapidly nowadays, especially in the medical field, has made the health care process even

more complex. However, technological advances are also very bad if not followed by a culture of adequate service. In the health care process, the patient is truly a victim even though there is no intentional element in it. The problem of medical errors in recent years has often been published in the mass media which is one proof that health services have the potential for adverse events that can vary from mild to permanent disability or even death (Utaria, 2017).

Dr. Tajuddin Chalid Hospital is one of the special leprosy hospitals which is a supervisory hospital and at the same time a leprosy referral center in eastern Indonesia under the Decree of the Minister of Health number 270 / MENKES / SK / VI / 1985. In 2010 Dr. Tadjuddin Chalid opens public services. Although it is relatively new to open public services and the stigma regarding leprosy hospitals is still attached, based on the number of visits by polyclinic patients in the last three years, it has increased quite high.

To improve the quality of nursing services, Tajuddin Chalid Hospital has implemented various programs outlined in the hospital's strategic plan, one of which is the Patient Safety Program since 2015. The hospital has conducted outreach, training, and trials to implement this program (RSTC, 2018).

Data in 2018 obtained from Dr. Hospital. Tajuddin Chalid Makassar showed

that there was still an incidence of falling patients 0.33%, 0.33% missed administration. The existence of this incident shows that there are still events that have the potential to cause danger and even threaten patient safety (RSTC, 2018).

Based on the unexpected events that occurred and the importance of service to patient safety culture in the hospital, it is necessary to identify the efforts developed in the implementation of services, so the authors are interested in seeing the extent to which the application of patient safety culture in Dr. Tajuddin Chalid which is one of the hospitals in Makassar that has implemented patient safety.

METHODS

The research used is a type of quantitative research with a descriptive approach. This research was conducted at Dr. Tajuddin Chalid Makassar. The population in this study were health workers serving in the inpatient unit of Dr. hospital. Tajuddin Chalid. The sampling technique was carried out using *purposive sampling*, with a sample of 107 respondents. Data analysis was performed using statistical tests using computerized univariate analysis

RESULT

Characteristics of Respondents

Based on table 1, shows that the frequency distribution of Respondents'

characteristics and research variables is as follows, the male gender is 21.6% while the female is 79.4% of the total. 107 respondents, the most respondents aged 33-40 years were 43 (40.2%) and the lowest was 56-62 years old as many as 5 (4.7%). Most of the 107 respondents were married as many as 94 (87.9%). Of the 107 respondents, all of them had direct contact with patients as many as 107 (100%). The highest respondent's working period was 9-16 years as many as 53 (49.5%) and the lowest was 25-33 years as many as 12 (11.2%). Most of the respondents' last education was S1 as much as 29 (27.1%). Meanwhile, at least Senior High School is 2 (1.9%). Most of the respondent's work units were health workers who served in the Anggrek Ward unit as many as 26 (24.3%), while the least number was in the Cempaka Ward as many as 14 (13.1%).

Table 1. Distribution of Characteristics of Respondents in Inpatient Installation at Dr. Tajuddin Chalid Hospital of Makassar

Characteristics of Respondents	Total	
	n	%
Gender		
Male	22	21.6
Female	85	79.4
Age		
25-32 years	10	9.3
33-40 years	43	40.2
41-48 years	33	30.8
49-55 years	16	15
56-62 years	5	4.7
Marital status		
Married	94	87.9
Single	12	11.2
Widows	1	0.9
Contacts with Patients		
Yes	107	100
No	0	0

Length of work		
0-8 Years	18	16.8
9-16 Years	53	49.5
17-24 Years	24	22.4
25-33 Years	12	11.2
Last Education		
SLTA	2	1.9
DI	8	7.5
DIII	13	12.1
DIV	12	11.2
S1	29	27.1
Ners	16	15
Work Units		
Melati Ward	25	23.4
Bangsar Mawar	22	20.6
Bungenville WardAngrek	20	18.7
Ward	26	24.3
Cempaka Ward	14	13.1
Melati Ward	25	23.4

Source: Primary Data, 2019

Data Univariate Analysis

Based on table 2, shows that the highest inter-unit teamwork is in the medium category at 55.1% while the lowest is in the weak category at 0%. The highest adequate staff was in the medium category at 65.4% while the lowest was in the weak category at 30.8%. The highest perception of health workers was in the moderate category at 77.6% while the lowest was in the weak category at 0% (Primary data, 2019).

Table 2. Distribution of Patient Safety Culture in Inpatient Installation at Dr. Tajuddin Chalid Hospital of Makassar

Variable	Total	
	N	%
Teamwork Between Units		
Weak	0	0
Medium	59	55.1
Strong	48	44.9
Adequate Staff		
Weak	33	30.8
Medium	70	65.4
Strong	4	3.7
Perceptions of Health Workers		

Weak	0	0
Medium	83	77.6
Strong	24	22.4
Total	107	100

Source: Primary Data, 2019

DISCUSSION

Characteristics of Respondents

In terms of gender, health workers who became respondents were mostly female as many as 85 (79.4%). Gender or gender is a variable that expresses biological categories, giving rise to differences in human nature related to culture for each sex and is often considered to be the determinant of a relationship in the workplace because of differences that differentiate humans, so it has an important role in the socialization process. The connotation (thoughts) of men is closer to being ambitious and competitive so they are always looking for leadership positions, while women are more emotional so they are good listeners, so it can be said that women have basic qualities that support a good treatment process (Macionis, 1991).

Based on the results of research conducted, the average age of health workers who served in inpatient units was 43-40 years old (40.2%). The average respondent is in the stage of young adulthood, namely 33 years to 40 years, young age is the age where the peak of development in applying knowledge and skills possessed and the habit of always thinking rationally (Potter & Perry, 2005). This condition will affect

health workers in applying their knowledge and skills, including in implementing a patient safety culture. So that the health personnel in Dr. Most of the Tajuddin Chalid Makassar are of the ideal age at work.

Judging from the latest education, most of the respondents have S1 education as much as 29 (27.1%). The higher the education, the more rational, creative, and more open-minded it is to accept various reforms and the easier it will be to adapt to reforms. A person's education level is influential in responding to those who come from outside (Sabila, 2015). So that the health personnel in Dr. Tajuddin Chalid Makassar is mostly open-minded, especially on patient safety.

Judging from the work tenure, the respondents have an average working period of 9-16 years as many as 53 (49.5%). This shows that most of the respondents have long been practicing their profession as health workers in the Dr. inpatient unit. Tajuddin Chalid Makassar. The longer the nurse works, the more cases they handle so that the experience increases, conversely, the shorter the time people work, the fewer cases they handle. Work experience provides a lot of expertise and work skills (Sastrohardiwiryo, 2002). Most of the health workers in inpatient units have a lot of work experience.

Team collaboration between units

health service in the hospital is a series of activities from various units within the scope of the hospital. Teamwork between units shows the extent of cohesiveness and teamwork between units or sections in serving patients (Lany, 2016). Positive cooperation between units can be seen when a unit needs assistance, then other units will assist the unit.

Based on the results of the research that has been done, the health personnel at Dr. Tajuddin Chalid in terms of teamwork between inpatient units there were 48 respondents (44.9%) in the strong culture category, meaning that health workers felt comfortable when they had to work with staff in other units and there were 59 respondents (55.1%) who were of moderate culture, This shows that health workers work well between units but have not prioritized patient safety and there is no category of weak culture. In addition, management support in the form of governance policies and reporting structures will ensure the continuity of these efforts.

Adequate Staff The

the lowest score across all dimensions is regarding staffing. This means that almost all respondents stated that staff allocation and placement were inadequate when compared to the workload of handling patients safely, which can be seen from the unbalanced patient: employee ratio (Farkhati, 2018).

Based on the results of research on the dimensions of adequate staff in the Dr. hospital inpatient installation. Tajuddin Chalid Makassar shows that the highest frequency is moderate there are 70 respondents (65.4%) meaning that health workers prioritize patient safety, but do not have sufficient staff to handle heavy workloads. On the other hand, there are 33 respondents (30.8%) with weak culture, meaning that health workers do not understand the distribution of tasks because the number of health workers is insufficient with the workload in the inpatient unit of Dr. Hospital. Tajuddin Chalid Makassar. Meanwhile, there were 4 respondents with a strong culture (3.7%), meaning that the division of tasks was well understood and the number of health workers was sufficient.

When compared with the results of the study (Febriyanty, 2019) the patient safety culture in the dimensions of adequate staff at the Anna Medika Bekasi hospital was in a strong category as much as 40.29%. This shows that the dimensions of adequate staff at Tajuddin Chalid are lower than that of Anna Medika Hospital.

Perceptions of Health Workers

Perception is the process of interpreting sensations so that they make those sensations meaningful. Perception is the process of observing someone from the cognition component which is influenced by the factors of experience, learning process, insight, and knowledge. Factors that

influence perceptions can come from the party that shapes the perception, in the object or target that is perceived, or in the context of the situation in which the perception is made (Robbin, 2003).

Based on the results of the study, the dimensions of the perception of health workers regarding patient safety in Dr. Tajuddin Chalid Makassar, there were 83 respondents (77.6%) with moderate culture, 24 respondents (22.4%) having a strong culture and no weak culture. The overall perception of patient safety is moderate. This is because the nurses are not aware of the mistakes that have occurred. Related to this, one of the causes of errors in providing services is quite high due to the lack of awareness of health workers about the many errors and medical injuries that occur. (Cahyono, 2006)

Lack of health personnel who participate in patient safety training is one of the factors in the lack of knowledge related to patient incident reporting (Harsul, 2019)

CONCLUSION

The role of teamwork between units, adequate staff, and perceptions of health workers on patient safety culture in care installations Dr. Tajuddin Chalid Makassar are all in the medium category

RECOMMENDATIONS

Suggestions that can be given based on the results of this study are 1) Placing health workers according to SOP and self-development; 2) Carry outpatient safety training for health workers in inpatient rooms; (3) For further researchers, it is advisable to carry out further research on aspects of the dimensions of expectations and supervisory actions in promoting patient safety, organizational learning, feedback on errors, non-blame responses, submission and transfer of patients between units and frequency of incident reporting.

REFERENCES

- Astini, A, F. (2016). *Gambaran Budaya Keselamatan Pasien di RS Stella Maris Makassar*. Fakultas Keselamatan Masyarakat. Universitas Indonesia.
- Departemen Agama RI. (2013). *Al-Qur'an Dan Terjemahnya*. Jakarta: Kementrian Agama Republik Indonesia.
- Departemen Kesehatan Republik Indonesia. (2017). *Keselamatan Pasien*. Jakarta: Kementrian Kesehatan Republik Indonesia.
- Farkhati, D. (2018). Survei Budaya Keselamatan Pasien Sebagai Modal Dasar Peningkatan Mutu Dan Keselamatan Pasien Di Rsup Dr. Soeradji Tirtonegoro Klaten. *Jurnal Kesehatan Masyarakat*, 2 (2), 44- 58.
- Febriyanty Desy & Desyawati Utami. (2019). *Gambaran Budaya Keselamatan Pasien Berdasarkan Metode AHRQ Pada Pengawas RS. Anna Medika Kota Bekasi Tahun 2018*. *Jurnal Biologi Lingkungan, Industri, Kesehatan*. 5 (2), 97-105.
- Irawan, A, G, Yulia, S & Mulyadi. (2017). *Hubungan Supervisi Dengan*

- Penerapan Budaya. Jurnal IMKMI. 5* (2), 243-244.
- Haryanto, J, A, G. (2018). Pengaru Beban Kerja Dan Budaya Keselamatan Pasien Terhadap Asuhan Keperawatan Risiko Jatuh Di Ruang Rawat Inap Rumah Sakit X Tahun 2017. *Jurnal Manajemen Dan Administrasi Rumah Sakit*, 2 (4), 9-10.
- Macionis. (1991). *Sociology (3rd Ed). Englewood Cliffs, Nj. USA: Prentice-Hall.*
- Menteri Kesehatan Republik Indonesia. (1985). *SK/VI Nomor 270 Tentang Keputusan Menteri Kesehatan.*
- Menteri Kesehatan Republik Indonesia. (2018). *Peraturan Menteri Kesehatan RI Nomor 4 Tahun 2018 Tentang Kewajiban Rumah Sakit Dan Kewajiban Pasien.*
- Potter & Perry. (2005). *Buku Ajar Fundamental Keperawatan Konsep, Proses Dan Praktik. Edisi 4 Volume 1.* Jakarta: Egc.
- Profil Rumah Sakit Dr. Tajuddin Chalid. 2018.
- Setyarini, P. (2017). Pengaruh Kepribadian terhadap Kerjasama Tim Melalui Komitmen sebagai Variabel Intervening. *Jurnal Psikolog*, 4 (2), 23-24.
- Siahaan, H. (2009). *Manajemen Risiko Pada Perusahaan dan Birokrasi.* jakarta: Gramedia.
- Dora, T, U. (2017). Gambaran Budaya Keselamatan Pasien Di Rs Roemani Muhamaddiyah Semarang. *Jurnal Kesehatan Masyarakat*, 5 (1), 118-119.
- Wahyuni, A, M. (2019). The Relationship Between Nurse Self-Efficacy And The Culture Of Patient Safety Incident. *Journal Pre-Proof*, 5 (1), 8-9.
- World Health Organization. (2017). *Patient Safety: Making Health Care Safety.*
- World Health Organization. (2018). *Patient Safety: Global Action On Patient Safety.*
- Zebuah, M. (2018). *Pemasaran Produk Jasa Kesehatan.* Yogyakarta: Cv Budi Utama.