

Conference Paper

Nurse's Work Climate and the Application of Patient Safety Measures in Sartika Asih Hospital, Bandung

Suci Noor Hayati¹ and Siti Yuliani Rusnandar²¹Ners Program, STIKep PPNI Jabar, Bandung, Indonesia²STIKep PPNI Jabar, Bandung, Indonesia**ORCID:**Suci Noor Hayati: <https://orcid.org/0000-0001-6252-481X>**Abstract**

Patient safety is important and can be facilitated by improving the work climate for nurses. This study aims to describe the work climate of nurses and its impact on the application of patient safety at Sartika Asih Hospital, Bandung. The design of this study was descriptive with a cross-sectional approach. The population of this research is 84 nurses, and a simple random sampling technique was used to select 69 people. Data collection used the NWork Climate questionnaire by Suyanto with 36 statements. The univariate analysis used indicates that 56.5% respondents felt the work climate was not good, while 43.5% felt it was good. According to Muadi (2019) work climate is a tool of environmental characteristics. Perceived directly by employees and assumed to have the main power in influencing employee behavior, the work climate is partially created by the collaboration between the nurse and manager. The working climate of nurses in the hospital is still not good, so the hospital needs to make policies to improve this, including the scheduling of regular meetings and plans to increase the knowledge of nurses.

Keywords: working climate; patient safety; nurse

Corresponding Author:

Suci Noor Hayati

suci.noor@rocketmail.com

Published: 15 March 2021

Publishing services provided by
Knowledge E© Suci Noor Hayati and Siti
Yuliani Rusnandar. This article is
distributed under the terms of
the [Creative Commons](#)[Attribution License](#), which
permits unrestricted use and
redistribution provided that the
original author and source are
credited.Selection and Peer-review under
the responsibility of the IVCN
Conference Committee.

1. Introduction

Patient safety is a system in which the hospital makes patient care safer which includes risk assessment, identification of who manages matters related to patient risk, reporting and analysis of incidents, the ability to learn from incidents and their follow-up and implementation of solutions to minimize risks and prevent their occurrence. Injuries caused by errors resulting from carrying out an action or not taking the action that should have been taken. Patient safety in the hospital is a service system that can provide a sense of security to patients in providing nursing care and is a top priority regarding service quality and hospital image [8].

OPEN ACCESS

Medical Error is any medical action that is carried out but not in accordance with the plan or procedure is considered a medical error. There are several terms to describe actions that aim to reduce risk to patients, including adverse events and near miss events [3].

In 2000 the Institute of Medicine (IOM) in America published a report entitled "To Err is Human: Building a Safer Health System". The report presents research at hospitals in Utah and Colorado, and New York. In Utah and Colorado, 2.9% of adverse events (KTD) were found, of which 6.6% died. In New York, KTD was found at 3.7% with a mortality rate of 13.6%. The death rate due to adverse events in hospitalized patients across America amounts to 44,000-98,000 people per year. The WHO publication in 2004, collected research figures in hospitals from various countries, namely: America, England, Denmark and Australia, found KTD in the range of 3.2% -16.6%. Based on patient safety incident data published by KKPRS in 2006-2007, in Indonesia there were 145 reports, in 2008 there were 61 reports, 2009 as many as 114 reports, in 2010 there were 103 reports and in 2011 there were 34 reports. The total number of reports from 2007-first quarter of 2011 was 457 patient safety incident reports that occurred in hospitals in Indonesia [6].

Based on the KKPRS report for the first quarter of 2011, the number of patient safety incident reports was 11.23% in the nursing unit, 6.17% in the pharmacy unit, and 4.12% by doctors. This is because the treatment room in the hospital is the place that contributes the most to patient care. According to WHO in 2009, the implementation of a patient safety program is considered to be more effective in reducing the number of patient safety incidents.

The application of patient safety that is carried out properly will have a broad impact on services that prioritize optimal safety and quality. The most important thing in implementing patient safety in the hospital is to support each other and there is seriousness by the hospital management and staff in making it happen, and this includes the work climate. Where the work climate is the staff's perception of everything in the work environment as an organizational personality that can be seen and felt as an effect of staff working together in a workplace. The work climate is basically an involvement between staff and managers in the organization [12, 13]. The results of Apriningsih's (2013) research in team work in the hospital unit show the extent to which members of a division are compact and work together in a team. Also there is openness which shows the extent of openness between members and leaders.

According to Suyanto (2008) the dimensions of the work climate in nursing organizations include organizational clarity, suitability, standards, rewards, responsibilities, and cooperative relationships. These dimensions, if there is a gap between what is felt and

what is expected, will lead to an unfavorable working climate [5]. The research results of Yayah and Rr. Tutik (2015) suggests that a good work climate can support increased job satisfaction for nurses. The results of research conducted by Atmaji Luthfan (2011) also prove that job satisfaction has a positive and significant effect on nurse performance. If the nurse is satisfied in doing the job, especially in implementing nursing care, it will produce good work performance so as to reduce the number of patient safety incidents.

The results of observations made by researchers when visiting the Sartika Asih Level II Hospital in Bandung, it can be seen that the condition of the building structure at the Sartika Asih Level II Hospital in Bandung looks narrow, the placement of the building is unstructured and the floor has a lot of stairs which is very possible unexpected events. Furthermore, there is an open field full of vehicles which will complicate the evacuation process when a natural disaster occurs.

Other results obtained were that the standard operating procedures (SOP) for implementing patient safety were rarely used when the implementation of nursing services was carried out by nurses, nurses were lacking in human resources and many nurses continued nursing education between jobs which caused fatigue and the risk of nurses making mistakes or incidents. patient safety. In addition, there is still a lack of appreciation for the nurse who is recognized by nurses, especially regarding career paths.

Based on these data and phenomena, more specific information is needed that explains the working climate, so the researchers are interested in knowing how “The Description of the Work Climate of Nurses in the Application of Patient Safety in the Inpatient Room of the Bhayankara Level II Sartika Asih Hospital Bandung”.

2. Method

This research is a quantitative study used a descriptive method through with *cross-sectional* approach. The population in this study were 84 nurses at Sartika Asih Hospital. The sampling technique used was simple random sampling. The inclusion criteria in this study were nurses who were willing to be research respondents. In this study, the minimum sample size needed was 69, obtained using the Slovin formula. The work climate questionnaire in this study was developed by researchers based on dimensions in the work climate according to Suyanto (2009) which includes organizational clarity, suitability, standards, rewards, responsibilities, and cooperative relationships, with a total of 36 questions. Measuring the work climate is carried out using a Likert scale to measure the attitudes, opinions and perceptions of a person or group of people about social phenomena. The measurement scale is seen after the individual interacts

with the object being perceived, then the results of the perception can be divided into 2, namely well and not good. The statements are made in the form of positive and negative statements based on the dimensions of the work climate. The questionnaire was distributed to the nurses according to the inclusion by choosing from a list of nurses' names randomly.

3. Results

3.1. Nurse Characteristics

Characteristic description of nurses in the inpatient installation of Rumkit Bhayangkara Level II Sartika Asih Bandung based on age and working period can be seen in the following table:

TABLE 1: Distribution of Average Characteristics of Implementing Nurses based on Age and Working Period in Inpatient Installation at Rumkit Bhayangkara Level II Sartika Asih Bandung

No.	Variable	total sample	Mean	Min- Mak
1.	Age	69	29.57	23-43
2.	Years of service	69	5,51	1-18

Based on table 1 above, it can be explained that the average age of the nurses in the inpatient installation of Bhayangkara Sartika Asih Hospital Bandung is 29.57 years. The youngest was 23 years old and the oldest 43 years old. The average working period of the nurses in the inpatient installation at Bhayangkara Sartika Asih Hospital Bandung is 5.51 years with the lowest working period is 1 year and the longest is 18 years.

The description of the characteristics of nurses in the inpatient installation of Bhayangkara Sartika Asih Hospital Bandung based on education level and gender can be seen in table 2.

TABLE 2: Frequency Distribution of Implementing Nurse Characteristics based on Education and Gender in Inpatient Installation at Bhayangkara Sartika Asih Hospital Bandung

No.	Variable	Frequency	Percentage (%)
1	Gender		
	1. Male	20	29.00%
	2. Women	49	71.00%
2	Education		
	1. D3	23	33.30%
	2. S. Kep	4	5.80%
	3. S.Kep.Ners	42	60.90%

Based on table ?? above, more than half of the nurses in the inpatient installation room at Bhayangkara Sartika Asih Hospital Bandung, more than half of the respondents were female (71.0%) and more than half of the respondents had an S.Kep.Ners education (60.9 %).

3.2. Working Climate

The description of the working climate that is perceived by the nurses in the inpatient installation room at Bhayangkara Sartika Asih Hospital Bandung can be seen in table 3 below:

TABLE 3: Frequency Distribution of Working Climate in Inpatient Installation Bhayangkara Sartika Asih Hospital Bandung

Variable	Well	Not good	Total
Work climate	30 (43.5%)	39 (56.5%)	69 (100%)

The results showed that more than half of the respondents perceived a bad working climate (56.5%) while less than half of the respondents perceived a good working climate (43.5%).

The description of the work climate based on the sub-variables perceived by the nurses in the inpatient installation room at Bhayangkara Sartika Asih Hospital Bandung can be seen in table 4 below.

TABLE 4: Work Climate Frequency Distribution based on sub-variables in the Inpatient Installation of Bhayangkara Sartika Asih Hospital Bandung

No.	Sub variable	Well	Not good	Total
1.	Organization Clarity	33 (47.8%)	36 (52.2%)	69 (100%)
2.	Conformity	15 (21.7%)	54 (78.3%)	69 (100%)
3.	Standard	27 (39.1%)	42 (60.9%)	69 (100%)
4.	appreciation	23 (33.3%)	46 (66.7%)	69 (100%)
5.	Responsible	12 (17.4%)	57 (82.6%)	69 (100%)
6.	Cooperative relationship	26 (37.7%)	43 (62.3%)	69 (100%)

In all sub-variables the work climate is perceived to be less good by the nurses, namely the clarity of the organization of more than half of the respondents (52.2%), the suitability of the majority of respondents (78.3%), the standard of more than half of the respondents (60.9%), appreciation of more than half of the respondents (66.7%), responsibility of the majority of respondents (82.6%) and the cooperative relationship of more than half of the respondents (62.3%).

4. Discussion

4.1. Individual Characteristics

Individual character is a psychological process that affects individuals in obtaining, consuming and receiving goods and services as well as experiences. Individual characteristics are internal (interpersonal) factors that drive and influence individual behavior [9]. According to Thoha. M (2010) deals with individual characteristics, that individuals bring into the organizational structure, abilities, personal beliefs, expectations of needs and past experiences. These are all characteristics possessed by individuals and these characteristics will enter a new environment, namely the organization.

The results of research on the characteristics of nurses in the inpatient installation of Bhayangkara Sartika Asih Hospital Bandung include age, gender, education and years of service.

4.1.1. Age

Age is the age of the respondent from the beginning of birth until the time the research was conducted. The average age of the nurses in the inpatient installation of Bhayangkara Sartika Asih Hospital Bandung is 29.57 years, the age of nurses is relatively young and has just started a career so that they need support from others so that their need for security can be met. At this stage the nurse tries to work carefully and follows what is suggested by nurses who are more experienced than her so that she can work productively.

4.1.2. Gender

The results of this study indicate that more than half of the nurses are female, so the management needs to set up a scheduling system, especially in relation to the presence of women on maternity leave or childbirth. The division of the proportion of female nurses with male nurses in each room must also be considered by the nursing manager in the placement of nurses.

4.1.3. Education

According to Robbins (2006), the higher a person's education level will affect the mindset which will have an impact on the level of job satisfaction. Another opinion also states that the higher the level of education, the demands on aspects of job satisfaction in the workplace will increase.

The results showed that more than half of the nurses in the inapt installation at Bhayangkara Sartika Asih Hospital Bandung were S. Kep., Ners, this level of education is the level of higher education, so it has the potential to provide good nursing services. With a high level of education, the skills and knowledge of nurses will also increase.

4.1.4. Years of service

Robbins (2013) suggests that tenure and satisfaction are positively related. When age and years of service are treated separately, years of service will be a more consistent indicator of job satisfaction than chronological age. A long working period will tend to make a staff feel more at home in an organization, this is because they have adapted to their environment for a long time so that a staff will feel comfortable with their work. Another cause is also due to the existence of policies from agencies regarding life insurance in old days.

The average working period of the nurses in the inpatient installation at Bhayangkara Sartika Asih Hospital Bandung is 5.51 years with a standard deviation of 5.057 years, the lowest working period is 1 year and the longest is 18 years. The average working tenure of the implementing nurses illustrates that in general the nurses are included in the senior category (> 5 years). A long working period will provide a positive experience for the job including the work productivity which will increase.

4.2. Working Climate

The work climate in the organization is the staff's perception of everything contained in the work environment, which can be felt or accepted directly or indirectly by different people in the work environment and affect their behavior. In this matter, it relates to common attitudes, values, norms and feelings that workers have [12]. In this study, the working climate is the perception of the nurse in charge of their work environment in the application of patient safety, including organizational clarity, suitability, standards,

rewards, responsibilities and cooperative relationships in the inpatient installation room of Rumkit Bhayangkara Sartika Asih Bandung.

Based on the results of the univariate analysis, it was found that the nurse's perception of the work climate was not good and good, namely more than half of the respondents perceived it was not good (56.5%) and less than half of the respondents perceived it was good (43.5%), whereas according to Muadi (2009) work climate is a device of environmental characteristics that employees perceive directly and are assumed to have the main power in influencing employee behavior, work climate is also created because of the collaboration between the nurse executing and the manager. The work climate is basically an involvement between staff and managers in the organization [13].

An unfavorable work climate will affect the job satisfaction of nurses. When nurses are not satisfied with the performance of nurses, it will result in poor work performance so that they cannot reduce the patient's safety incidence [1].

According to Suyanto (2009) there are several dimensions of work climate in nursing organizations, namely organizational clarity, suitability, standards, rewards, responsibilities, and cooperative relationships. The creation of a work climate is needed to motivate staff in an effort to improve the work quality of nurses in implementing patient safety. In the inpatient installation at Bhayangkara Sartika Asih Hospital Bandung, the perception of the nurse in charge of the work climate in implementing patient safety was not good. This condition requires nursing managers to create a better work climate, including through the provision of explanations or socialization about the organization (vision, mission and objectives), making nursing service standards in the application of patient safety.

4.2.1. Organizational clarity

According to Suyanto (2009), organizational clarity is the clarity of the vision, mission and objectives of the organization so that staff can get clarity on the direction of the organization to be achieved through their roles and functions.

The results of the univariate analysis showed that more than half of the nurses had a poor perception of organizational clarity (52.2%). The bad perception of the executive nurse regarding organizational clarity will affect the job satisfaction of nurses. Herry Farjam (2013) states that organizational clarity has a relationship with nurse job satisfaction. If the nurse's perception of organizational clarity is not good, the nurse will feel less satisfied with their performance and will affect the application of patient safety.

The nurse's perceptions about organizational clarity at Bhayangkara Sartika Asih Hospital are still not good, this shows that there are still many nurses who still do not understand the vision, mission and goals of the organization. Organizational clarity regarding the vision, mission and goals of the organization that can be understood and understood by all staff will increase the work motivation of nurses. When the perception of the nurse in charge of organizational clarity is not good and the nurse is not satisfied with their performance, it will result in poor work performance so that it cannot reduce patient safety incidents.

Nursing managers need to continue to improve the socialization of the vision, mission and goals of the organization through explanations to all new employees or staff and every routine meeting in the room can also be done through information boards in each room.

4.2.2. Conformity

According to Suyanto (2009) Suitability is a staff feeling towards policies, regulations that must be obeyed in doing work compared to their own way which is considered appropriate. The results of univariate analysis showed that most of the nurses perceived the suitability as poor (78.3%). This unfavorable result will affect the job satisfaction of nurses. In his research Herry Farjam (2013) said that suitability has a relationship with job satisfaction of nurses. If the perception of the nurse about suitability is not good, then the nurse will feel less satisfied with their performance and will affect the application of patient safety.

The perception of the nurses about suitability in the hospital is still lacking, this shows that there are still nurses who are not obedient to policies, regulations and procedures in carrying out work in implementing patient safety. However, policies and regulations and procedures can hinder the completion of duties in implementing patient safety if they are not in accordance with the capabilities of the staff. Efforts to improve conformity can be through the dissemination of policies, regulations and procedures to all nursing staff and can also involve nurses in formulating policies, rules and procedures that will be applied in the application of patient safety.

4.2.3. Standard

Standards are the degree of feeling towards the existence of standards set in the implementation of work to achieve quality goals which lead to demands for them to do a good job [12].

The results of the univariate analysis showed that more than half of the nurses had a poor perception of standards (60.9%) and less than half of the respondents had a good perception (39.1%). This unfavorable perception will affect the job satisfaction of nurses in implementing patient safety. Muadi (2009) states in his research that there is a significant relationship between standards and job satisfaction of nurses. When nurses are not satisfied with the nurse's performance, it will result in poor work performance so that they cannot reduce patient safety incidents [1].

The implementation of nursing care standards in the application of patient safety in hospitals is still not optimal due to the lack of nursing personnel and many nurses who take patient safety implementation actions without following existing SOPs. This condition requires nursing managers in the hospital to continuously disseminate information about existing standards and evaluate their implementation. Socialization and evaluation can be done by conducting case studies or by conducting direct supervision of the nurse in charge. In addition to the head of the room, he must oversee and socialize the SOP (Standard Operating Procedure) in the application of patient safety which is already available in each room so that the implementing nurses carry out their duties in implementing patient safety in accordance with the SOP.

4.2.4. appreciation

Appreciation is the degree to which staff feels about rewards as remuneration for the work that has been and will be done. Awards can be given in positive forms such as career paths. Meanwhile, negative rewards can be given in the form of administrative punishment up to dismissal. The awards are grouped into two, namely intrinsic rewards such as compensation and extrinsic rewards / incentives such as feedback in the form of satisfaction delivered by patients and their families [12].

The results of the univariate analysis showed that more than half of the nurses had a poor perception of appreciation, namely 66.7%, while those who had a good perception were less than half of the respondents, namely 33.3%. The bad perception of the nurse in the implementation of the reward dimension will affect job satisfaction and work productivity of the nurse itself.

Currently in the hospital the awards received by nurses are still limited and there is still no appreciation for advancing a career path that is recognized directly by the executor. For this reason, nursing managers need to create standards for advancing career paths for nursing staff in hospitals. appreciation is needed to provide work motivation to nurses. A good reward has an impact on nurses to continue to do their job well because what is done can be in accordance with what is received or expected. Awards can be given not only in material form but also in non-material form such as giving praise when staff do a good job in implementing patient safety.

4.2.5. Responsible

Responsibility is a person's ability to carry out tasks which can be stated in the form of a job description. The responsibility given by the organization to the staff provides the opportunity to be able to make their own decisions in carrying out work. Thus, the opposite can happen that every work that is done must first get approval from the superior [12].

The results of the univariate analysis showed that most of the nurses on duty had a poor perception of responsibility, namely 82.6% compared to nurses who had good perceptions, namely 17.4%. According to the results of the research, it was found that there were still many nurses who still did not know about their job descriptions and authorities in implementing patient safety, so this condition had to be further improved by the manager. Clarity of job descriptions and assignment of authority or delegation in writing must be made and disseminated to all nurse administrators either through direct supervision or regular meetings held in each nursing room.

4.2.6. Cooperative relationship

Cooperation is a relationship between staff in carrying out their duties. In carrying out maintenance activities, a spirit of cooperation is needed, as well as for common views and mutual support to achieve goals, it is hoped that system support and strength synergy will occur. A sense of mutual support in nursing tasks in the inpatient room is pursued by holding meetings (nursing conferences), mutual respect and mutual trust is needed in the implementation of care activities. The cooperative relationship made by coworkers is a team work group that greatly influences the application of patient safety [12].

The results of the univariate analysis showed that more than half of the nurses had a poor perception of the cooperative relationship (62.3%). The lack of good perceptions of the nurses on cooperation can affect their satisfaction and work productivity. Herry Farjam (2013) in his research said that the relationship of cooperation has a relationship with job satisfaction of nurses. If the nurse's perception of organizational clarity is not good, the nurse will feel less satisfied with their performance and will affect the application of patient safety.

Many nurses in the hospital in this study still have the perception that there is a lack of tolerance for cooperative relationships in inpatient installations, this is because there is a lack of mutual trust, respect and support among nurses, between superiors and subordinates, and other health workers in implementing safety. patient. The current form of assignment has not yet maximized cooperation between nurse administrators, superiors and other health workers. For this reason, the effort that can be done is to create better cooperation through reviewing the main tasks and functions of each nursing level. Besides that, activities that are out door can be carried out or informal activities outside of routine activities in the room such as recreation.

5. Conclusion

Conclusion of the results of the study and discussion of "Description of the Work Climate of Nurses in the Sartika Asih Hospital Bandung", it can be concluded that the working climate of nurses in the hospital is still not good with a percentage of 56.5%. while the percentage of good working climate was 43.5%, with the following description. the working climate of nurses in the hospital is still not good, so the hospital needs to make policies in an effort to improve the work climate with its six dimensions through making rules in scheduling regular meetings and plans to increase the knowledge of implementing nurses, both formal and informal.

The results obtained in this study by measuring six dimensions of the work climate, namely that the working climate in the hospital is still not good. Researchers suggest that the hospital make policies in an effort to improve the work climate with its six dimensions through making rules in scheduling regular meetings and planning for increasing the knowledge of implementing nurses both formal and informal.

This research is expected to be a reference in the development of Nursing Management science, especially regarding the Work Climate in hospitals, especially for prospective nurses in the inpatient room so that they can prepare early on to create an positive work nuance in the inpatient room so that quality work productivity of nurses

will be created. and the absence of a blame culture. It is hoped that nurses can become at the forefront of achieving patient safety in the hospital, and become professional nursing staff.

References

- [1] Atmaji, L. (2011). The Influence of Job Stress and Job Satisfaction on Nurse Performance in Sultan Agung Islamic Hospital Semarang. (Thesis, Diponegoro University, Semarang, Pengaruh Stres Kerja Dan Kepuasan Kerja Terhadap Kinerja Perawat Studi Pada Rumah Sakit Islam Sultan Agung Semarang.
- [2] Apriningsih, D. (2013). Teamwork in Patient Safety Culture at X Hospital Qualitative Study in RSUD West Java Province. *Health Scientific Journal*, vol. 5, issue 3, pp. 1-6.
- [3] Department of Health. (2008). *National Hospital Patient Safety Guidelines*. Jakarta: Ministry of Health.
- [4] Herry, F., Amran, R. and Nurhaedar, J. (2013). *The Influence of the Dimension of Work Climate on Job Satisfaction of Nurses in the Inpatient Installation of RSUD IA Moeis Samarinda*. Universitas Hasanuddin: Fakultas Kesehatan Masyarakat, 2013
- [5] Kolb, R. and McIntyre.,J.M. (1995). *Organizational Psychology Reading on Human Behavior in Organization*. London: Prentice-Hall Inc.
- [6] Hospital Patient Safety Committee (KKPRS). (2012). *IKP Report for Quarter I*. Komite Keselamatan pasien,Jakarta.
- [7] Muadi. (2009). Relationship between Climate and Job Satisfaction with Work Productivity of Implementing Nurses in Inpatient Installation of BRSUD Waled, Cirebon Regency. (Nursing Thesis, Specificity of Nursing Leadership and Management, University of Indonesia, 2009).
- [8] Regulation of the Minister of Health of the Republic of Indonesia No.1691.
- [9] Huriyati, R. (2011). *Marketing Mix and Consumer Loyalty*. Bandung: Alfabeta Publisher.
- [10] Robbins, S. P. (2013). *Organizational Behavior*. Jakarta: PT. Index.
- [11] Robbin, S. P. (2011). *Organizational Behavior. Controversy Concept, Application*. Jakarta: PT. Prenhallindo.
- [12] Suyanto. (2009). *Getting to Know Nursing Leadership and Management in Hospitals*. Yogyakarta: Mitra Cendikia Offset.
- [13] Swansburg, R. C. (2000). *An Introduction to Nursing Leadership and Management for Clinical Nurses*. Jakarta: EGC.

- [14] Thoha, M. (2010). *Leadership in Management*. Jakarta: PT. Rajagrafindo Persada.
- [15] WHO. (2004) *World Alliance For Patient Safety, Program Format*. Januari 03, 2019.
<http://www.who.int>
- [16] Yayah, R. T. (2015). Work Climate Contributes to Nurse Job Satisfaction. *Indonesian Nursing Journal*, vol. 18, issue 2, pp. 72-80.