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### RESEARCH ARTICLE

#### THE RELATIONSHIP BETWEEN CLINICAL LEADERSHIP OF NURSE AND THE IMPLEMENTATION OF PATIENT SAFETY CULTURE AT NURUL HASANAH HOSPITAL

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#### Abstract

The quality of health services is the main focus in health service facilities, especially hospitals. A patient safety culture can improve quality and patient safety. Nurse clinical leadership was identified as one of the supporting factors for the successful application of a patient safety culture. This study aims to analyze the relationship between clinical leadership of nurses and the application of a patient safety culture at Nurul Hasanah Hospital. This type of research is descriptive correlational analytic with cross sectional approach. The population in this study were all nurses at Nurul Hasanah Hospital with a total sampling technique of 62 nurses. The results showed that most of the respondents with good clinical leadership (53.2%), most of the application of a good patient safety culture (66.1%) and there was a significant relationship between the clinical leadership of nurses and the application of a patient safety culture ( $p$ -value = 0.043). So it can be concluded that the application of a good patient safety culture can be realized by the optimal clinical leadership abilities of nurses. Therefore, the support of the hospital managerial is very important to support the clinical leadership competence of nurses in realizing the achievement of a patient safety culture through both formal and non-formal education.

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#### Introduction:-

The quality of health services is the main focus in health service facilities, especially hospitals. Wu et al., (2013) stated that patient safety culture is the most important component to improve patient quality and safety.

According to Okuyama, Galvao, & Silva, (2018), recording and reporting unexpected events (KTD) is a priority in implementing a patient safety culture. The study of Cheikh et al. (2016) identified that the frequency and reporting of KTD was still low (32.7%). Kumbi, Hussen, Lette, Nuriye, & Morka, (2020), the level of application of a patient safety culture has not been maximal (44%) with reporting of adverse events.

Garuma, Woldie, & Kebene (2020), the optimal application of a patient safety culture is related to the ability of health workers including nurses. According to El-Jardali, Dimassi, Jamal, Jaafar, & Hemadeh (2011), the clinical leadership of nurses was identified as one of the factors supporting the successful implementation of a patient safety culture.

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Zwart et al. (2011), the clinical leadership ability of nurses can improve patient safety, maintain a balance between nurse resources and performance demands to create a culture of patient safety in nursing services. Kristensen et al. (2016), clinical leadership is a significant catalyst for enhancing a patient safety culture.

Based on a preliminary study at Nurul Hasanah Hospital, it was found that so far there had not been any reports of unwanted incidents. The detailed number of the number of events the author does not get permission to display data. Incidence data are often not identified and have to be continuously asked for new nurses to make reports. However, the existing reporting shows that there is no data on the number of unwanted incidents, resulting in no learning of existing events and these incidents are repeated continuously. The Head of the Nursing Division said that the clinical leadership of the implementing nurses had been studied and found that most of the nurses with good clinical leadership, where the nurses with good self-quality were 64.5%, the nurses were able to cooperate well 54.8%, the nurses did the nursing care management well 66.1%, the nurses it is good in developing nursing services 51.6% and nurses have good change agent abilities 54.8%.

### Methods:-

This research is descriptive correlational analytic with cross sectional approach.

This research was conducted from 15 January to 20 June 2020 at Nurul Hasanah Hospital. The study population was all nurses at Nurul Hasanah Hospital with the sampling technique was total sampling, which means that the entire population was used as the research sample and met the inclusion criteria, namely 62 nurses.

The research instrument used was the Clinical Leadership Competency Framework developed by the NHS (National Health Service) (2013) for clinical leadership variables. While the instrument for patient safety cultural variables was adopted from AHRQ (Agency For Healthcare Research and Quality) (2016).

The data that had been collected were analyzed univariately and bivariately. Univariate analysis to see the frequency and percentage of each variable and bivariate aims, while bivariate analysis identifies the relationship between variables.

### Results:-

The results of the research conducted at the Nurul Hasanah Hospital are described as follows:

**Table 1:-** Frequency Distribution Respondent Characteristics.

Respondent Characteristics	Frequency	Percentage (%)
Age		
20 – 29 years	61	98.4
30 – 39 years	1	1.6
Gender		
Male	18	29.0
Female	44	71.0
Education		
Diploma in nursing	35	56.5
Nurse Profession	27	43.5
Total	62	100

Table 1 above shows that almost all respondents were 20-29 years old, most of the respondents were women and most of the respondents had a nursing diploma degree.

**Table 2:-** Frequency Distribution of Nurse Clinical Leadership.

Nurse Clinical Leadership	Frequency	Percentage (%)
Good	33	53.2
Less	29	46.8
Total	62	100.

Table 2 above shows that most of the respondents with good clinical leadership.

**Table 3:-** Frequency Distribution Patient Safety Culture.

Patient Safety Culture	Frequency	Percentage (%)
Good	41	66.1
Less	21	33.9
Total	62	100

Table 3 shows that most of the implementation of a patient safety culture is good at Nurul Hasanah Hospital.

**Table 4:-** Nurse's Clinical Leadership Relationship and Implementation Patient Safety Culture.

Patient Safety Culture	Nurse Clinical Leadership				Total		P-value
	Good		Less				
	f	%	f	%	f	%	
Good	25	61.0	16	39.0	41	100	0.043
Less	8	38.1	13	61.9	21	100	

Table 4 shows that there is a significant relationship between the clinical leadership of nurses and the application of a patient safety culture at Nurul Hasanah Hospital

### Discussion:-

The results showed that there was a relationship between the clinical leadership of nurses and the application of a patient safety culture at Nurul Hasanah Hospital. The study of Kessler (2014) shows a relationship between clinical leadership and patient safety culture and patient safety outcomes.

According to the researcher's analysis, nurses who have good clinical leadership can manage nursing services by paying attention to 6 patient safety targets, which consist of accurate identification of patients, increased effective communication, increased drug safety that needs to be watched out for, certainty of the right location, the right procedure and the right operation.,reducing the risk of infection related to health care and reducing the risk of falling patients.

The application of a patient safety culture has an impact on improving the quality of health services. Therefore, the support of the hospital managerial is very important in realizing the achievement of a patient safety culture through both formal and non-formal education.

### Conclusion:-

The results of the study concluded that there was a significant relationship between the clinical leadership of nurses and the application of a patient safety culture at Nurul Hasanah Kutacane Hospital.

Researchers suggest to the Nurul Hasanah Hospital to support the improvement of nurses' clinical leadership abilities through training and giving awards to nurses who are committed to implementing a patient safety culture.

### References:-

1. Cheikh, A. Ben, Bouafia, N., Mahjoub, M., Ezzi, O., Noura, A., & Njah, M. (2016). Patient's safety culture among Tunisian healthcare workers: Results of a cross sectional study in university hospital. Pan African Medical Journal, 24, 1–9. <https://doi.org/10.11604/pamj.2016.24.299.8466>
2. El-Jardali, F., Dimassi, H., Jamal, D., Jaafar, M., & Hemadeh, N. (2011). Predictors and outcomes of patient safety culture in hospitals. BMC Health Services Research, 11(1), 45. <https://doi.org/10.1186/1472-6963-11-45>
3. Garuma, M., Woldie, M., & Kebene, F. G. (2020). Areas of potential improvement for hospitals' patient-safety culture in western Ethiopia. Drug, Healthcare and Patient Safety, 12, 113–123. <https://doi.org/10.2147/DHPS.S254949>
4. Kessler, O. (2014). Leadership, safety culture and patient safety in hospitals: in search of evidence. BMC Health Services Research, 14(S2), P64. <https://doi.org/10.1186/1472-6963-14-s2-p64>

5. Kristensen, S., Christensen, K. B., Jaquet, A., Beck, C. M., Sabroe, S., Bartels, P., & Mainz, J. (2016). Strengthening leadership as a catalyst for enhanced patient safety culture: A repeated cross-sectional experimental study. *BMJ Open*, 6(5), 1–17. <https://doi.org/10.1136/bmjopen-2015-010180>
6. Kumbi, M., Hussen, A., Lette, A., Nuriye, S., & Morka, G. (2020). Patient safety culture and associated factors among health care providers in bale zone hospitals, southeast ethiopia: An institutional based cross-sectional study. *Drug, Healthcare and Patient Safety*, 12, 1–14. <https://doi.org/10.2147/DHPS.S198146>
7. Okuyama, J. H. H., Galvao, T. F., & Silva, M. T. (2018). Healthcare professional's perception of patient safety measured by the hospital survey on patient safety culture: A systematic review and meta-analysis. *Scientific World Journal*, 2018. <https://doi.org/10.1155/2018/9156301>
8. Wu, Y., Fujita, S., Seto, K., Ito, S., Matsumoto, K., Huang, C. C., & Hasegawa, T. (2013). The impact of nurse working hours on patient safety culture: A cross-national survey including Japan, the United States and Chinese Taiwan using the Hospital Survey on Patient Safety Culture. *BMC Health Services Research*, 13(1), 1. <https://doi.org/10.1186/1472-6963-13-394>
9. Zwart, D. L., Langelaan, M., van de Vooren, R. C., Kuyvenhoven, M. M., Kalkman, C. J., Verheij, T. J., & Wagner, C. (2011). Patient safety culture measurement in general practice. Clinimetric properties of "SCOPE." *BMC Family Practice*, 12(1), 117. <https://doi.org/10.1186/1471-2296-12-117>.