How Does Attitude Towards Behavior, Perceived Behavioral Subjective Norm And Control Program Of Work Unit In Patient Safety? Indonesia: A Descriptive Qualitative Study

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ABSTRACT

Introduction: Patient safety culture is defined as the values, attitudes, competencies, and patterns of behavior related to patient safety within hospital. Safety culture is a fundamental factor to seek quality in healthcare. Positive patient safety culture is related to higher safety performance. Patient safety is a growing concern among health care professionals and public. The purpose of this study was to explanation attitude towards subjective norm behavior and the work unit's perceived behavioral control in implementing patient safety programs. Method: The research design was a Descriptive Qualitative Study; the research population was hospital staff with sample of 107 work unit heads with quota sampling technique. Result: Attitude towards behavior (Awareness) with not good category got the highest score of 53 (49.5%), the Subjective Norm on Motivation in good category had the highest score of 42; (39.3). Commitment in good category had the highest score of 50; (46.7). In addition, Perceived Behavioral Control variable, namely Patient Safety Policy with good category, got the highest score of 45 (42.1%). Culture with bad category had the highest score of 64; (59.8), while the Standard Operating Procedure with good category had the highest score of 52; (48.6). The hospital patient safety committee with bad category had the highest score of 40 (37.4). Conclusion: Attitude towards behavior, Subjective Norms and Perceived Behavioral Control Work Units in Implementation of Patient Safety Programs contribute to the implementation of patient safety.

INTRODUCTION

Patient safety is defined as the avoidance and prevention of injuries or adverse events resulting from the processes of health care and has been recognized as a central element of healthcare organizations. Patient safety culture is defined as the values, attitudes, competencies, and patterns of behavior related to patient safety within an organization[1]. Safety culture is a fundamental factor to seek quality in healthcare. Positive patient safety culture is related to higher safety performance[2,3,4]. Patient safety is a growing concern among health care professionals and public. Studies range from critical reports about patient care and quality to calls for more empirical evidence to show increased safety[5]. However, a growing number of researchers are acknowledging that the context of health care provided is a critical perspective that lacks discussion of patient safety. Hospitals are subject to reform and ongoing change because of funding and government seek value that better from health funds and as consumer expectations rise[6]. Hospital leaders are being challenged to become more consumer-oriented, more interprofessional in their approach to care, and more focused on outcome measures and continuous quality improvement[7]. Accumulating reports have demonstrated that better safety culture in healthcare organizations contributes to a lower incidence of adverse events and improved patient outcomes[8]. To maintain a positive safety culture requires regular assessment of the healthcare providers' attitudes towards safety culture[9]. Assessing safety attitudes allows organizations to identify the strengths and weaknesses of patient safety and the aspects that are a required improvement. Nurses are more likely to recognize, intercept, and correct errors that are life-threatening than any other healthcare provider. Healthcare providers with positive safety attitudes are more likely to engage in safe-related behaviors[10]. An increasing number of studies have focused on the nurses 'attitudes towards patient safety culture to identify the areas that need to be improved, and found that age, gender, educational level, and workload were related to nurses' safety attitudes[11]. Managers are paying more attention to patient safety training, education, and management to improve patient safety and patient care. Within the paradigm of patient safety, the effectiveness of leaflets and videos in changing patients' knowledge, attitudes, and level of involvement remain to be tackled[12]. This is wide because patient involvement in this context (compared to other domains such as treatment decision taking) is still a new and emerging area of interest. However, this fact aside, considering

that an educated patient is likely to be a safer patient, there is an urgent need to examine patient attitudes towards patient involvement in safety interventions so that we can begin to understand what the most effective methods may be of imparting safety-related knowledge to the patient. In recent years in the United Kingdom, United States, and somewhere else, many interventions have been developed to encourage patients to take on an active role in their safety[13,14]. However, systematic reviews on the effectiveness of interventions designed to promote patient involvement in this area mainly center on small-scale interventions developed for specific purpose of a study and rigorous evaluation of major educational campaigns are lacking. We know from patients' preferences data for involvement in different safety-related behaviors can be vary. Patients appear to be least willing to participate in behaviors perceived as challenging the clinical abilities of health-care staff and/or those that are newer or unfamiliar to adopt[15,16]. However, the effect of safety educational materials in changing these attitudes and improving patient's comfort in participation remains largely ignored. Preliminary data from a study in the United States demonstrated significant improvements in patient's perceived comfort to participate in different behaviors after watching a video that discussed six areas of safety concern (treatment plan, medication safety, falls, surgical site identification, washing hands, and discharge planning). Alternative data from another study (also collected in the United States) examined attitudes towards leaflets designed for patients, developed by major safety and health-care organizations. Informants from key organizations actively involved in promoting patient involvement

were asked their opinions on five leading factsheets and brochures. The informants concluded that the materials were limited educational value to patients, and the authors highlighted the urgent need for research on patient's interpretations and responses to interventions currently in circulation[17,18].

METHOD

This research was descriptive and explanative design. Research data collection was carried out from May to July 2020, service units, support units, general departments, and management in work units of 4 hospitals in Indonesia. The analysis unit in this research was the work unit, while the informant of this research was the head of the work unit. The criteria for research informants were the Head of the Work Unit or the person who in charge in the unit under study. Heads of Units who have worked> 1 year, the selection of these criteria was based on the consideration that the elected head knew the implementation and understands the work unit, the variables *Attitude towards behavior* include *awareness* with a validity value (r = 0.953; Cronbach's α = 0.911), Subjective Norm includes motivation (r = 0.915; Cronbach's α = 0.858), *Commitment* (r = 0.992; Cronbach's α = 972), Perceived Behavior Control include Patient Safety Policy (r = 0.993; Cronbach's α = 0.951), Culture (r = 0.828; Cronbach's α = 0.620), Standard Operating Procedures (r = 0.993; Cronbach's α = 0.951), The existence of the Hospital patient safety committee (r = 0.956; Cronbach's α = 0.911),

RESULTS

Characteristics of Frequency distribution in Hospital

Table 1. Hospital Characteristics

Hospital Characteristics	Class of Hospital	Type of Hospital	Number of bed	Year Founded	Human resource	Bed Occupation Ratio
Hospital A	C	Government Hospital	250	1982	624	83.24
Hospital B	B	Government Hospital	238	1982	1109	74.7
Hospital C	C	Government Hospital	104	1982	71	55.8
Hospital D	C	Private Hospital	89	1982	267	57.35

Based on table 1. Showed the class of hospital mostly were in C class and one was in the B class, for the type of hospital, mostly government hospitals and one private hospital, Number of Bed; (Hospital A = 250 Bed), (Hospital B = 238 Bed), (Hospital C = 104 Bed), (Hospital A = 89 Bed). Based on Year Founded can be divided into; (Hospital A = 38 years), (Hospital B = 50 years), (Hospital C = 18 years), (Hospital D = 8 years). Meanwhile, based on Human resource can be seen

that; (Hospital A = 624 officer), (Hospital B = 1109 officer), (Hospital C = 71 officer), (Hospital D = 267 officer). And, from Bed Occupation Ratio; (Hospital A = 83,24), (Hospital B = 74,7), (Hospital C = 55,8), (Hospital D = 57,35)

Frequency distribution of Attitude Towards Behavior Variable, Subjective Norm, Perceived Behavioral Control

Table 2 Variable of Attitude Towards Behavior, Subjective Norm, Perceived Behavioral Control

Variable	Very bad N; (%)	Not good N; (%)	Good N; (%)	Very good N; (%)	Total N; (%)
Attitude Towards Behavior					

Awareness	5; (4,7)	53; (49 , 5)	34; (31,8)	15; (14,0)	107; (100)
Subjective Norm					
Motivation	0; (0,0)	40; (37,3)	42; (39,3)	25; (23 , 4)	107; (100)
Commitment	5; (4,7)	37; (34,6)	50; (46,7)	15; (14,0)	107; (100)
Perceived Behavioral Control					
Patient Safety Policy	0; (0.0)	37; (34.6)	45; (42.1)	25; (23.4)	107; (100)
Culture	0; (0.0)	64; (59.8)	32; (29 , 9)	11; (10.3)	107; (100)
Standard Operating Procedure	0; (0.0)	32; (29.9)	52; (48.6)	23; (21.5)	107; (100)
Hospital patient safety committee	0; (0,0)	40; (37,4)	35; (32,7)	32; (29,9)	107; (100)

Variable of Attitude towards Behavior, namely Awareness with Not good category got the highest score was 53 (49.5%), while the lowest was in Very Bad category of 5 (4.7%). The Subjective Norm in Motivation Dimension with Good category had the highest score of 42; (39.3). Likewise, the Commitment Dimension with Good category had the highest score of 50; (46.7). Perceived Behavioral Control variable, namely Patient Safety Policy with good category, got the highest score of 45 (42.1%). The Cultural Dimensions with Bad category had the highest score of 64; (59.8), while the Standard Operating Procedure Dimensions with Good category had the highest score of 52; (48.6). Another case was Dimension of the Hospital Patient Safety Committee with Bad category had the highest score of 40; (37,4)

DISCUSSION
Attitude towards Behavior
Attitude towards Behavior, namely Awareness with Not good category got the highest score. The above case showed Awareness of everyone present how our decisions and actions can be based on information gathered and processed by the whole team, particularly when no one was leading the process. The team did a briefing before starting any operating list which was an ideal opportunity to develop and improve the Awareness of everyone present and reduce the perceived hierarchical gradient. It was also an opportunity to discuss "what if", to identify the high-risk elements of the procedure, and assign tasks to the various members in the case occurring. The involvement of trainees when decisions are taken about patients can promote information-sharing between colleagues on different levels of experience, and help to develop the overall Awareness of both the trainee and the team[19]. It can also make the whole team improve their skills, knowledge, and expertise, and then allows consultants to identify gaps in knowledge or understanding of their trainees. Also, the awareness of hospital staff in implementing patient safety if not equipped with adequate knowledge and competence will make health workers experience psychological stress. Stress is a condition of a person's reaction both physically and emotionally when there is a change in the environment that requires a person to adjust[20,21,22,23,24,25]. Psychological stress conditions, if it occurs for a long time, will have

an impact on mental disorders until there is a decrease in self-esteem[26,27,28,29]of health workers because of the lack of awareness on health workers in hospitals about the importance of knowledge and competence in implementing patient safety. A good team briefing is essential to prepare for development of an unexpected situation or complication. Every member of the team should know in advance their role in the unlikely event of a major problem or complication. The results of other studies indicated that one of factors that influence the application of patient safety is self-awareness. Several other studies also supported this research, including other studies that said there is a relationship between self-awareness and the application of patient safety. It is reinforced by other research in providing services that need to be considered is how do maintain patient safety so that the community is sure of what the nurse provides. However, according to the observation results, there were still many nurses who have not taken action on pays attention to patient safety, such as nurses who have not washed their hands properly and almost all nurses in the room did not socialize how to wash hands properly for patients and families[30]. Systematizing awareness also requires integration into electronic systems and cultural change at the institutional level. Most important and challenging are the cultural and economic changes required to allow providers sufficient time at the bedside. Routine procedures must be restructured to become more patient-centered. Potential threats to patient safety at the bedside need to be identified, addressed, and discussed, but facilities must still balance the demands of efficiency and situational awareness[31].

Subjective Norm
Subjective Norm on Motivation Dimension with Good category had the highest score, and also in Commitment Dimension with Good category had the highest score. In determining their perceptions of workplace characteristics, working conditions, working motivation, patient safety, and exploring the relationship between these. Results suggested that perceptions of personal control over their work can affect nurses' motivation and that perceptions of work satisfaction might be relevant to patient safety improvement \twork. For the safety climate, factor analysis (the principal factor method and Promax

rotation) was performed, and factors with an eigenvalue of> or = 1 were extracted. Seven dimensions were extracted by factor analysis as follows: "Opportunities for nursing education", "Reporting, Fatigue reduction", "Superiors' attitudes", "Nursing conditions", "Communications with physicians", and "Relationships among nurses". Researcher subsequently examined the associations between dimensions of safety climate and "Nurses' motivation to prevent mistakes". Multiple linear regression analysis showed that "Nurses' motivation to prevent mistakes" was significantly associated with "Reporting", "Nursing conditions", and "Communications with physicians". It is necessary to improve the reporting system in hospitals. It is also necessary to improve on reducing improper communications with physicians. And appropriate nursing conditions must be actualized and maintained[30,31]. In addition, other studies showed theoretically, hospital safety culture communication activates a previous held patient safety goal and increases the perceived value of actions nurses can take to achieve that goal. Nurses subsequently prioritized and are motivated to perform tasks and risk assessments related to achieve patient safety. These efforts continue until nurses mitigate or ameliorate identified risks and hazards during the patient care encounter. Critically, this process requires nurses to have a previous held safety goal associated with a repertoire of appropriate actions. This theory suggests undergraduate educators should foster outcomes focus on emphasizing the connections between nursing interventions and safety outcomes, hospitals should strategically structuring patient safety primes into communicative activities, and organizations should support professional development including new skills and the latest evidence supporting nursing practice for patient safety[33]. Brokerage inherent in hospital-to-hospital partnerships can boost relationships between "evidence" and "policy" communities and move developing countries towards evidence-based patient safety policy. In particularly, we used experience of a global hospital partnership program focused on patient safety in the African Region to explore how hospital partnerships can be instrumental in advancing responsive decision-taking, and the translation of patient safety evidence into health policy and planning. A co-developed approach to evidence-policy strengthening with seven components is described, with reflections from early implementation. This rapidly expanding field of inquiry is ripe for shared learning across continents, in keeping with the principles and spirit of health systems development in a globalized world[34]

Perceived Behavioral Control

Perceived Behavioral Control Variable, namely Patient Safety Policy with good categories had the highest score. The Cultural Dimension with Not Good category had the highest score. The dimensions of Standard Operating Procedures with Good category had the highest score. The dimensions of the hospital patient safety committee with bad category had the highest score. Policy is in the middle of a paradigm shift-shifting from a conventional approach of quality assurance to a new paradigm of patient safety. The evidence obtained from this study suggested that the development of high-quality guidance documents is important to improve patient safety in the Bhutanese healthcare system[35] besides that other research results showed on a scale of one to five, the mean job autonomy was 3.37, mean perceptions of the organizational policy was 3.09, and mean safety performance was 3.75. Statistically significant positive correlations were found among job autonomy, perceptions of organizational policy, and safety performance. Multiple regression results found 44% of the variation in safety performance explained by job autonomy, length of employment, and perceptions of organizational policy[35]. Based on other research results, it is known that only 14.7% of respondents gave a positive response to the culture of patient safety in the hospital unit. When examined more closely, the culture of patient safety based on each dimension can be seen that the largest positive response (81.7%) is given to teamwork at the unit level, while the smallest positive response (10.5%) is given to the dimension of staffing defined by summing the dimensions of cooperation between units in the hospital and changes in staff or patient displacement in the hospital. Based on the research results, it was known that it gave a positive response to the patient safety culture at the hospital level. Positive response to cooperation between work units in the hospital, positive response to changes of staff, and transfer of patients between units [36]. This study was in line with other studies that showed a high patient safety culture. The culture of patient safety was overall high. This showed that the culture of patient safety in implementing patient safety contributes to maintain the continuity of the implementation of patient safety[37,38]. Based on the results of the study, there was still insufficient implementation of hospital patient safety procedures in patient safety procedures. Factors affecting implementation of hospital patient safety procedures were poor namely, knowledge, attitudes, motivation from the nurse who in charge. They have received information about the implementation of hospital patient safety procedures through training and seminars. The problem that still needs to be considered was the reality in the field that refers to the concept of patient safety which was still not optimal. This fact showed that the practice of nurses was less than perfect. Program of Patient Safety without Harm was interwoven into the organization's strategic mission and values, and key message was used purposefully for tie up many interventions being implemented back to it. These interventions were associated with improvements in patient safety outcomes[38,39].

CONCLUSION

The above case showed Awareness of everyone present how do our decisions and actions can be based on the information gathered and processed by the whole team, particularly when no one is leading the process. Determining their perceptions of

workplace characteristics, working conditions, working motivation, and patient safety, as well as exploring the relationship between these, patient safety culture in the implementation of patient safety contributes to maintaining continuity in the implementation of patient safety. Program of Patient Safety without Harm was interwoven into the organization's strategic mission and values, and key message was used purposefully for tie up many interventions being implemented back to it and contributed to the implementation of patient safety.

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