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Cultural Perceptions of Patient Safety Dentists, Young Dentists, Medical Staff in Dental and Oral Hospital

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INDEXING

Keywords:
Cultural Perceptions;
Dental and Oral Hospital;
Dentist;
Hospital Administration;
Patient Safety.

ABSTRACT

Patient safety culture is a major aspect of a good Dental and Oral Hospital services. The purpose of this study was to determine the perception of patient safety in dentist, young dentists, medical staff in dental and oral hospital. This type of quantitative descriptive research with cross-sectional approach. Research site in the dental and oral hospital of the University of Muhammadiyah Semarang. Sample of 65 respondents consisting of dentists, young dentists, and medical staff used simple random sampling techniques. Data analysis using univariate is presented in the frequency distribution table. Patient safety culture instruments were taken from the AHRQ. Data analysis using univariate which is presented in the frequency distribution table. The results are Perception of Dentists, Young Dentists and Medical staff, the assessment of internal cooperation, poor (50.8%), Perception the assessment of managers, good (64.4%). Perception communication appraisal of work unit, good (50.8%), Perception frequency reports of wrong actions or events is not expected, good (53.8%). The perception of the assessment of the patient safety level, good (55.4%). The perception of hospital management overall assessment, poor (58.5%). The conclusion is culture of patient safety in Dental and Oral Hospital from the perception of Dentists and Medical Staff are good.

Kata kunci:
Persepsi Budaya;
Rumah Sakit Gigi Dan Mulut;
Dokter Gigi;
Administrasi Rumah Sakit;
Keselamatan Pasien.

Budaya keselamatan pasien merupakan aspek utama dalam pelayanan Rumah Sakit Gigi dan Mulut secara baik. Tujuan penelitian ini untuk mengetahui persepsi keselamatan pasien pada dokter gigi, dokter gigi muda, staf medis di rumah sakit gigi dan mulut. Jenis penelitian ini deskriptif kuantitatif dengan pendekatan *Cross-Sectional.* Lokasi penelitian dilakukan di Rumah Sakit Gigi dan Mulut Universitas Muhammadiyah Semarang. Sampel penelitian sebanyak 65 responden, terdiri dari, dokter gigi, dokter gigi muda, dan staf medis, dengan menggunakan teknik simple random sampling. Instrument budaya keselamatan pasien diambil dari AHRQ. Analisis data menggunakan univariat yang disajikan dalam tabel distribusi frekuensi. Berikut hasil penilaian instumen AHRQ menurut persepsi dokter gigi, persepsi dokter gigi muda, dan staf medis terhadap penilaian. Kerjasama internal kurang baik (49,2%), persepsi manajer terhadap penilaian baik (64,4%), persepsi penilaian komunikasi di unit kerja baik (50,8%), persepsi frekuensi pelaporan kejadian yang tidak diharapkan baik (53,6%), persepsi penilaian tingkat keselamatan pasien baik (55,4%), persepsi keseluruhan manajemen rumah sakit kurang baik (58,2%). Kesimpulan bahwa budaya keselamatan pasien di Rumah Sakit Gigi dan Mulut dari persepsi dokter gigi, dokter gigi muda, dan staf medis sudah baik.

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INTRODUCTION

Efforts to anticipate falling patient with or without injury are urgently needed in the hospital, in pediatric patient it is inseparable from the incidence of falls from the dental unit so that the risk management of falling patients can be carried out from the time the patient registers until the patient goes home or is finished being treated in the hospital(Budiono dkk, 2014).

Patient safety is a problem that exists in all countries, both developed and developing countries. The application of a patient safety culture can minimize the dangers that occur from the non-treatment process or other treatments which will become unexpected events in the hospital (WHO, 2020).

Hospital patients experienced an unexpected incidence of approximately 10%, with half of them manageable but 14% of patients uncontrolled and developing disability or death (de Vries, E. N, 2008). The number of incidents reported by The National Reporting and Learning System (NRLS) for the UK continues to increase, with 488,242 incidents reported from July to September 2018 representing a 4.1% increase from the number reported from July to September 2017 (485,156) (National Health Service, 2019). The number of hospitalized patients in China reaches 230 million annually (National Health and Family, 2011). Even assuming an incidence rate of at least 2% (Kalra J, 2013), 4.6 million hospitalized patients each year will experience adverse events (Xiaoli J, 2014). In Indonesia, there were only 132 incidents reported in 2013 (Dhamanti I, 2015) although it increased to 688 in 2016 (Gusman Y, 2017). Incidence data is difficult to find annually because incident reporting or patient safety that is shared with the public is not available to the public (Iskandar H, 2014; Dhamanti I, 2019).

The World Health Organization (WHO) and The Agency for Healthcare Research and Quality (AHRQ) have made Patient Safety Culture (PSC) as one of the indicators for evaluating the performance of health services such as hospitals (Kingston M. J, 2004; Mardon R.E, 2010; Clancy C. M, 2011; Famolaro T, 2016). Patient safety culture is built by various factors (dimensions), according to the NHS (20100) dimensions of patient safety culture include: leadership, teamwork, communication, workload and security systems. Research studies that good leadership has a significant relationship with work safety behavior and patient safety in hospital. Good leadership can improve compliance in safety and reduce the number of accidents. Teamwork is fundamental in improving the quality of care and patient safety culture. The hospital leadership needs to ensure the effectiveness and conductivity of teamwork in the hospital to create good interactions. Excessive workload can cause stress, without realizing it, the stress that occurs in medical personnel at work has an effect on hospital services, stress can cause a decrease in patient safety rates, less optimal nursing care, and frequent errors. Supervision and security systems in hospital are basic things that must be carried out well, this is very important to do to prevent unexpected happening in the hospital. This instrument is designed to measure patient safety culture in the health care sector from a management and staff perspective. This instrument has been used effectively to evaluate safety culture among physicians, administrative staff, inpatient and outpatient services, hospitals, and clinics (Famolaro T, 2016; Armellino D, 2010; Boan D. M, 2012).

The existence of a leadership policy that has been socialized, the quality of the leadership, the professionalism of skilled medical and non-medical personnel and the communication of patients and their families in care are needed to ensure a continuous improvement in the application of patient safety culture in hospitals (Vincent C, 2010; Davis R. E, 2012; Papanicolas I , 2019; Shojania K. G, 2013; Burlison J, 2020; Ginsburg L, 2005; Timmel J, 2010; Weaver S. J, 2013). Evaluation of patient safety culture among young dentists, staff, and management at 7 United States dental school clinics found that 7 dental schools outperformed 20 hospitals in overall perceptions of safety, management support for patient safety, and teamwork across units (Pérez B. P, 2011; Ramoni R. B, 2012; Thusu S, 2012; Ramoni R. B, 2014; Leong P, 2008). The idea that medical staff can provide information about patient safety is important. Perceptions of patient safety culture can be used to provide information about unexpected events in hospitals related to patient safety

where it must be immediately realized and evaluated, patient safety incidents based on PMK RI No.1691 of 2011 are any accidental events and conditions that are resulting in or has the potential to result in preventable injury to the patient, including adverse events, near misses, non-injury event, and potential injury event (Budi, Setya R, 2017). Patient safety in Indonesia itself is described in SNARS Edition 1 of 2018 (national Standards for Hospital Accreditation), including explaining: Identifying patients correctly, improving effective communication, increasing the safety of medicines that must be watched out for ensuring the correct location for surgery, correct procedure, surgery on the right patient, reduce the risk of infection related to health services, reduce the risk of injury to patients due to falls (Sutoto, dkk, 2018).

This is because so far, to determine the application of patient safety, it is more assessed from the perspective of medical personnel, both young dentists and dentists. The aim of this study is to determine culture perceptions of patient safety among dentists, young dentists and medical staff in dental and oral hospitals.

RESEARCH METHOD

This research was conducted in June-July 2020 with a descriptive quantitative research type and a cross-sectional approach. The research site is the Dental and Oral Hospital of the Muhammadiyah University of Semarang, Indonesia. The research subjects were 65 respondents with 10 dentists, 48 young dentists, and 7 medical staff using a simple random sampling technique. The data were obtained based on the AHRQ questionnaire which had tested the validity and reliability to determine the validity of the questionnaire as an assessment of patient safety, which used the Pearson validity test and the Cronbach alpha reliability test the following results were obtained;

Table.1 The Validity Test

DIMENSION	R	RESULT
Dimension 1	0, 579	Valid
Dimension 2	0,770	Valid
Dimension 3	0,465	Valid
Dimension 4	0,661	Valid
Dimension 5	0,618	Valid
Dimension 6	0,689	Valid
Dimension 7	0,704	Valid
Dimension 8	0,612	Valid
Dimension 9	0,585	Valid
Dimension 10	0,648	Valid
Dimension 11	0,692	Valid

Based on table.1, there are 11 statements regarding patient safety according to AHRQ with the calculated r value greater than r table (> 0.5529) and the Cronbach alpha reliability value is 0.789. it can be said that the data obtained is valid and reliable. The questionnaire to be reliable if the Cronbach Alpha value is greater than r table and the answers to the questionnaire used are consistent or stable over time.

According to the Law on Medical Practice Medical Staff are doctors, dentists, specialist doctors, specialist dentist, and sub-specialist doctors according to the needs of the hospital. According to the Decree of the Minister of Health Number 631/MENKES/SK/IV/2005, medical staff are independent personnel, because every doctor has the professional freedom

to make any clinical decisions on patients. The purpose of medical staff in this study is a group of staff who work together to help a chairman (doctor/dentists) in managing something.

The variables of this study were the perception of occupational safety culture and types of work, namely dentists, young dentists, and medical staff. Patient safety culture data was collected using the AHRQ questionnaire (AHRQ, 2015; AHRQ, 2016) The AHRQ questionnaire is reliable and valid because the development of the survey was used carefully and thoroughly, is comprehensive and specific and provides detailed information that can help identify patient safety, and is easy to use (Diena, S , 2014) with 6 dimensions, namely assessment of internal cooperation (within work units), assessment of managers / supervisors, assessment of communication in work units, frequency of reports of unexpected actions/events. , assessment of the level of patient safety, and assessment of the overall hospital management. Meanwhile, the data on the types of workers used secondary data from hospital management. This study has received permission from the management of the Dental and Oral Hospital, Universitas Muhammadiyah Semarang, Indonesia. Data analysis used univariate analysis which is presented in the frequency distribution table.

RESULT AND DISCUSSION

Dental health services, be it clinics, hospitals, or dental and oral hospitals, have begun to realize the importance of prioritizing patient safety, this is due to injury problems to patients, medical personnel and resulting in decreased quality of service to patients (Obadan-Udoh E, 2015; Maramaldi P, 2016; Ulrich B, 2014; Dicuccio M. H, 2015). The technical services provided for dental care have a susceptible impact on the patient's injury. Improving the quality of service is needed to avoid these incidents by one of which is the implementation of a good patient safety culture (Thusu S, 2012; Ramoni R. B, 2014). In this study, it was suggested that dentists already had a good perception of patient safety culture so that the application in dental and oral hospitals was good.

Table.2 The Dimension Patient Safety

NO	DIMENSIONS AHRQ	TYPE OF WORK						TOTAL	
		Dentist		Young Dentist		Medical Staff			
		Good	Poor	Good	Poor	Good	Poor	Good	Poor
1	Patient safety culture	6	4	20	28	5	2	31	34
		60.0%	40.0%	41.7%	58.3%	71.4%	28.6%	47.7%	52.3%
2	Internal corporation assessment (Dimension 1)	7	3	21	27	4	3	32	33
		70.0%	30.0%	43.8%	56.2%	57.1%	42.9%	49.2%	50.8%
3	Assessment of managers/ supervisor (Dimensions 2)	7	3	28	20	7	0	42	23
		70.0%	30.0%	58.3%	41.7%	100.0%		64.6%	35.4%
4	Assessment of communication in the work unit (Dimension 3)	5	5	23	25	5	2	33	32
		50.0%	50.0%	57.9%	52.1%	71.4%	28.6%	50.8%	49.2%
5	Frequency of action error report/ unexpected events (Dimensions 4)	4	6	26	22	5	2	35	30
		40.0%	60.0%	54.2%	45.8%	71.4%	28.6%	53.8%	46.2%

Table.2 (continued) The Dimension Pasien Safety

NO	DIMENSIONS AHRQ	TYPE OF WORK						TOTAL	
		Dentist		Young Dentist		Medical Staff			
		Good	Poor	Good	Poor	Good	Poor	Good	Poor
6	Assessment of patient safety (Dimensions 5)	2	8	32	16	2	5	36	29
		20.0%	80.0%	66.7%	33.3%	28.6%	71.4%	55.4%	44.6%
7	Assessment of hospital management overall (Dimensions 6)	5	5	17	31	5	2	27	38
		50.0%	50.0%	35.4%	64.6%	71.4%	28.6%	41.5%	58.5%

Source: *processed from dental and oral hospital data*

Based on the data above, the presentation of patient safety culture based on AHRQ can be said to be good with the presentation of several dimensions above 50%, which means that it supports patient safety, some dimensions still have less supportive perceptions, therefore improving patient safety culture can be improved again. Dimensions that have a presentation below 50% in dimension 1 of the internal work unit(49,2%) in this dimension majority of medical carry out work in accordance with the SOP without compromising patient safety and are aware that errors that occur can have a negative impact on patients and hospital, in this dimension what should be considered is the number human resources that are still lacking according to medical staff, and the treatment time carried out by young dentist is longer than it should be, and to the concerns of young dentists about misconduct that will be noted, dimension 6 also having a presentation below 50% of the overall assessment of hospital management (41,5%) in this dimension has worked well and created a patient oriented work climate but coordination between work units is still lacking and must be improved again.

Another dimension the AHRQ questionnaire has a percentage above 50%, including 2nd dimension Manager/ Supervisor assessment (64,6%) leadership attitude is good by giving appreciation to medical personnel who work well and support patient safety culture in the hospital. Dimension 3 is the assessment of communication in the work units (50,8%) in this case there is feedback and discussing step to prevent mistakes from happening again and conducting evaluations, which must be corrected for young dentist who are still afraid to ask questions when something is not right. Dimension 4 frequency of action errors event (53,6%) in this case the reporting of errors in action when an error occurs, it is reported and corrected immediately, but reporting of misconduct either intentionally or accidentally is reported only to those that are potentially not harmful potential harm has not been reported, this should be considered again. Dimension 5 assessment the level of patient safety (41,5%) medical personnel have prioritized patient safety.

Internal cooperation between units in the hospital regarding coordination and mutual support between staff or medical personnel in providing services to patients. If there is an error that is done either on purpose or accidentally it is better to report it because it will bring positive changes for medical personnel or staff not to repeat it (Aprilia L, 2015). The workload with tight time causes the low quality of supervision, an unhealthy work climate so it is very important and requires good cooperation between medical personnel and health staff (Rahayu S. B, 2017). Cooperation within units shows the extent to which a division is

cohesive in working together to achieve the goal of improving patient safety (Rosyada S. D, 2015).

Patient safety culture must be agreed upon by all parties in health services so that it focuses on a series of phenomena that have occurred so far so that they do not occur again (such as incident reporting systems, communication between employees, and improvement of human resources) (Mearns K, 2013). Management commitment, the degree to which employees believe it is safe to report patient safety incidents, whether the staff is informed about patient safety-related issues, the availability of resources and information for patient safety management is very important in improving patient safety (Mearns K, 2013; Reader T. W, 2020). The implementation of a patient safety culture cannot be separated from the active role of superiors, in this case, the management and superiors at the same level in promoting policies on patient safety. Giving rewards to employees who follow patient safety procedures at work, and the attitude of not neglecting patient safety can increase employee motivation in implementing a patient safety culture in the hospital (Pujilestari A, 2013).

Communication and information regarding patient progress in the hospital are a fundamental part of patient care. Transfer or sharing of information when changing the shift in care is called a handover. Which includes information about the patient's clinical condition, patient needs, patient personal circumstances, and patient social factors. the purpose of the handover is to convey information from each shift change and ensure safety in the care and actions to be given to patients (Faisal F, 2019). Good interaction between seniors and juniors and superiors and subordinates can affect the perception of patient safety culture. Mistakes made by superiors or seniors can be communicated so that subordinates or juniors can learn to do work professionally (Reason J, 2016; Reader T. , 2015). Patient safety incidents can occur due to medical or non-medical personnel who are unable to meet the workload due to a lack of human resources. This statement is supported by the opinion of medical staff in dimension 1 (cooperation in work units) that there is still a lack of human resources.

Patient safety incidents occur due to the number of medical and non-medical staff who cannot meet the workload, lack of human resources, experience stress, and fatigue that can trigger patient safety incidents in the hospital. The application of a patient safety culture is said to be successful if all medical members in the hospital apply a patient safety culture in doing their daily work. Mistakes made at work cannot be avoided, an incident can occur anytime and anywhere. A patient safety system should be built within a culture that does not blame reporting, but rather solves problems for correction and introspection to avoid the occurrence of the same error (Rochmah T. N, 2019).

Patient safety and leadership culture show the priority of the organization's management in predicting employee safety performance (ie, safety compliance and participation to avoid employee injury, and error-free and high-quality care to avoid patient injury) and occupational or medical accidents (Agnew C, 2013; Clarke, S, 2013; Griffin M. A, 2013). The knowledge, skills, and motivation of staff to behave safely determine the relationship between safety culture and unsafe behavior, with contextual factors such as policy also playing a major role (Leroy H, 2012; Wakefield J. G, 2010).

Their expertise, institutional roles, and proximity to safety management, members of this organization can provide insight into unsafe behavior, the reasons why such behavior occurs, and its consequences (Xia N, 2018). Safe patient care is also determined by the knowledge, skills, and motivation of employees, these factors are likely to be associated with clinical practice (Singer S. J, 2009; Vincent C, 2010), with behaviors important for avoiding patient harm that differ from safety adherence and safety participation behavior important to avoid accidents at work (Griffin M. A, 2000). Patient safety is an integral part of health care in

the hospital which is very important to be applied and also carried out by all parties in the hospital so that the risk of negligence or death due to errors in patient safety can be minimized (Reader T. W, 2013).

CONCLUSION

Based on data above, the presentation of patient safety culture based on AHRQ the assessment of internal cooperation within the work unit has supported patient safety (49,2%), in this case the implementation of actions taken by young dentist should be improved. The assessment of manager has supported patient safety (64,6%). The leadership attitude is good. The medical staff gives a very maximum assessment. Assessment of communication in the work units support patient safety (50,8%). The frequency of reports of misconduct has supported patient safety (53,6%) reports of misconduct either intentionally or unintentionally have been reported but only to those that have the potential not to harm the patient. Patient safety has supported patient safety (55,4%) and (41,5%) medical personnel have prioritized patient safety.

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