

# The Influence of Patient Safety Competence on Patient Safety Activities and Nurse Performance Assessment at Mardi Waluyo Regional Hospital, Blitar City

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**Abstract.** Hospital is a health service place that provides services based on safety competency and safety activities that are evaluated using performance assessment. The purpose of this study was to determine the effect of patient safety competency on patient safety activities and nurse performance assessment. The independent variable in this study is patient safety competency, nurse performance assessment is the dependent variable while patient safety activity is the mediating variable. The study used an observational analytical design with a cross-sectional approach. Respondents in the study were some nurses at Mardi Waluyo Hospital, Blitar City who had a patient safety competency certificate totaling 159 respondents. The sampling technique used simple random sampling. The results of the regression analysis obtained a significant effect on patient safety competency on patient safety activities and nurse performance assessment with  $p$  value = 0.01. The variable that has a dominant influence is safety competency with a standardized coefficient of 0.327 compared to safety activities in patients with a standardized coefficient of 0.312. The conclusion in this study is that there is an effect of patient safety competency on patient safety activities and nurse performance assessment. The results of the study are in line with previous research and theories which show that patient safety competency has a greater influence on nurse performance assessments directly compared to the presence of patient safety activities as a mediating variable, but it is possible that other factors play a role in the differences in the effects of influence between variables. Hospital policies, safety culture, and the level of awareness of the work team in implementing daily safety practices may play a role in the difference in influencing effects between variables. However, it is also possible that there are other factors such as the attitude and motivation to work of individuals who are considered not to meet the expectations of the leadership.

**Keywords :** Patient Safety Activities, Patient Safety Competence, Nurse Performance Assessment

## 1. INTRODUCTION

Hospital is a health service institution that provides various medical services, both outpatient and inpatient, carried out by doctors, nurses, and other health workers (Damopolii *et al* ., 2019). In its service process, the Hospital has an obligation to provide health services that comply with applicable standards and meet patient needs, while still adhering to ethics and value life man. House Sick with all the complexity of the organization, must continue to strive to improve the quality of service and patient safety through various approaches, including the implementation of safety standards, use of technology, nurse competence and effective communication methods so that public trust in hospital services increases (Handayani, 2021).

Patient safety is a serious global public health issue (Siagian & Sovinic Tanjung, 2020). Reporting results in countries, Adverse Events or KTD in hospitalized patients are 3% to 16%. In New Zealand, KTD was reported to be around 12.9% of the number of hospitalized patients, in the United Kingdom, Adverse Events (KTD) were around 10.8%, in Canada, Adverse Events

(KTD) were around 7.5%. The Joint Commission International (JCI) reported that KTD was around 10% in the United Kingdom while in Australia it was 16.6% (World Health Organization, 2020). According to KKP-RS data in 2019 in various provinces in Indonesia, there were 334 incidents of patient safety incidents (KKPRS, 2020). The number of Near Misses (KNC) was 38%, Non-Injury Incidents (KTC) were 31%, and Unwanted Incidents (KTD) were 31%. The number of cases based on the results of the incidents were 171 deaths, 80 serious injuries, 372 moderate injuries, 1183 minor injuries, and 5659 no injuries (KKPRS, 2020). Medical errors can be caused by system factors and human factors. Daud's report (2020) also stated that there were 7,465 cases of patient safety incidents in Indonesia in 2019, consisting of 171 deaths, 80 serious injuries, 372 moderate injuries, 1,183 minor injuries, and 5,659 no injuries. In addition, research by Salsabila & Supriyanto (2019) showed an increase in the number of KNC incidents from 88 incidents to 168 incidents, and KTD from 4 incidents to 13 incidents in the 2017-2018 period at Hospital X Surabaya, which was caused by factors of age, patient gender and location of the incident. In a preliminary study of hospital quality data from January to June 2024 at Mardi Waluyo Regional Hospital, Blitar City, data on effective communication with other health workers was obtained with an average of 52% (standard value of 100%) confirmed by the person giving the order, compliance with fall risk prevention efforts was reported at 100% in January 2024 but 0% (standard value of 100%) in the following month.

Patient safety has become a major concern in Indonesia in recent years. As a result, a Hospital accreditation program with standards referring to the Ministry of Health's Hospital Accreditation Standards (STARKES) in 2020 has been established to ensure patient safety and the quality of services provided in Hospitals. This program emphasizes the importance of training and educating nurses to improve their ability to protect patients (Wijaya *et al* ., 2024). This program also refers to the WHO (2021) statement in the Global Patient Safety Action Plan 2021-2030 which emphasizes the importance of patient safety competencies that include non-technical skills such as teamwork and communication, in order to reduce the incidence of nurse work accidents.

Nurse performance is one of the key elements in the service system. health Which quality. Performance nurse is results Work demonstrated by implementing nurses in carrying out nursing care tasks so as to produce good results for the community, patients, and nurses themselves (Syah & Iskandar, 2022). Nurses who act as service providers and accompany patients for 24 hours who are regular interact with doctor, pharmacist, family And team other health professionals, play a

crucial role in ensuring patient safety by monitoring patient conditions to prevent incidents, detecting errors and near misses, providing health education in the process of understanding care and performing other tasks to ensure patient safety. accept maintenance quality high (Rachmawati *et al* ., 2023; Sukesu, 2015).

Although there have been many studies that measure patient safety competency and nurse performance as well as patient safety activities separately, few have integrated these three aspects into a comprehensive analytical framework. Existing studies often use different instruments, making it difficult to compare the results directly. In addition, some studies found a strong relationship, while others found a weak or insignificant relationship. This indicates the need for more comprehensive, integrative and ongoing studies to clarify the conditions and factors that influence this relationship. Therefore, the researcher is interested in studying "The Influence of Patient Safety Competence on Patient Safety Activities and Nurse Performance Assessment at Mardi Waluyo Regional Hospital, Blitar City".

## **2. LITERATURE REVIEW**

### **Basic Concepts Competence**

Competence can generally be defined as a combination of a person's knowledge, skills and personality attributes that can improve his or her performance and make a contribution. on success organization. Competence Also referring to on the individual's ability to meet job requirements in the organization, so that the organization can achieve the expected results (Purnama *et al* ., 2024).

### **Basic Concepts Performance Nurse**

Performance in general is the work results achieved by an individual or group in an organization in a certain time period, which reflects how well the individual or group fulfills the requirements of a job in an effort to achieve goals. objective organization (Dani & Thank you, 2021). According to Mogot *et al* (2019), performance is a person's overall results during a period. certain in carrying out tasks, such as work result standards, targets, or criteria targets that have been determined and agreed upon together.

### **Draft Connection Competence Safety Patient with Patient Safety Activities**

Connection between patient safety competency with Patient safety activities are an important aspect in improving the quality of health services and reducing unwanted incidents in clinical practice. Patient safety competency refers to the ability of health professionals, especially

nurses, to apply knowledge, skills, and attitudes that support the creation of a safe care environment for patients. Patient safety activities include a variety of actions and procedures designed to prevent medical errors and improve patient safety. The role of nurses in patient safety activities is preventing patient falls, preventing infections, implementing patient identification, administering blood transfusions, administering drugs that need to be watched out for, educating patients, effective communication, and fire prevention efforts (Suhonen et al., 2021). In implementing patient safety activities, nurse competencies are required, consisting of the ability of nurses to work in teams with other health professionals, communicate effectively, manage safety risks, understand human and environmental factors, recognize and respond to reduce harm to patients, and a culture of safety (Ginsburg et al., 2012).

### **3. MATERIALS AND METHODS**

Method study is a order step in do research. This section will describe the methods used in the research, including research design, framework, population, sample and sampling, variable identification, operational definition, location and time of research, data collection and collection procedures, data analysis methods, ethical issues, and research limitations (Agustianti *et al* ., 2022).

#### **Research Design**

Research design is a strategy in identifying problems before the final design of data collection (Sa'adah, 2021). This study aims to obtain a further picture of the research variables, namely patient safety competencies, patient safety activities and nurse performance assessments, then test the hypothesis regarding the effect of patient safety competencies on nurse performance assessments with patient safety activities as a mediating variable ( *intervening* )

This research uses an *Observational Analytical research method* , namely a research design used to determine causal relationships. between two variable in a way observational, Where form connection can: differences, relationships or influences are only carried out once for each research variable where are the researchers just do observation, without providing intervention on the variables to be studied (Rika & Hijrawati, 2024).

The research approach used in this study is a *cross-sectional approach* , namely research in which the independent variables and dependent variables are measured simultaneously and carried out for a moment or once (Rini & Suwandi, 2019).

**Location Study**

Study done in HOSPITAL Mardi Waluyo Blitar City

**Time Study**

Implementation study done on month July 2024

**Technique Collection Data**

Instruments are measuring tools used by researchers when conducting research using a method (Arikunto, 2010). In this study, the data Which used is type data primary. Type data primary obtained from measurement competence And activity safety patient as well as performance nurses using questionnaires and performance appraisal forms.

**4. RESULTS AND DISCUSSION****Univariate Analysis****Distribution of patient safety competency components**

The patient safety competency variable was measured using six components with a total of 23 question items with the following distribution results :

Table 1 Distribution of patient safety competency components

| <b>Dimensions of patient safety competency</b>      | <b>Mean</b> | <b>± Std Dev</b> | <b>CI 95%</b> |
|---|-------------|------------------|---------------|
| Total patient safety competency variables by nurses | 4.06        | ±0.22            | 4.03 - 4.10   |
| Work in a team with other health professionals      | 4.00        | ± 0.19           | 3.98 – 4.05   |
| Communicate effectively                             | 4.15        | ± 0.37           | 4.10 – 4.21   |
| Managing safety risks                               | 4.11        | ±0.28            | 4.07 – 4.17   |
| Understanding human and environmental factors       | 4.13        | ±0.24            | 3.94 – 4.03   |
| Recognize and respond to reduce harm                | 4.02        | ±0.25            | 4.00 – 4.07   |
| Safety culture                                      | 4.08        | ±0.22            | 4.07 – 4.15   |

*Primary data sources 2024*

Based on the distribution in table 1, it is known that working in a team with other health professionals from the mean assessment is 4.00 with a standard deviation of 0.19 . This means that the data is less varied because the standard deviation value is smaller than the mean. The 95% CI is between 3.98 - 4.05, which means the confidence interval with a 95% level with a lower limit of 3.98 and an upper limit of 4.05. The component communicates effectively with a mean value of 4.15 with a standard deviation of 0.37. This means that the data is less varied because the standard deviation value is smaller than the mean. The 95% CI is between 4.10 - 4.21, which means

the confidence interval with a 95% level with a lower limit of 4.10 and an upper limit of 4.21.

In the component of managing safety risks with a mean value of 4.11 and a standard deviation of 0.28. This means that the data is less varied because the standard deviation value is smaller than the mean. The 95% CI is between 4.07 - 4.17 which means a confidence interval with a 95% level with a lower limit of 4.07 and an upper limit of 4.17. The component of understanding human and environmental factors with a mean value of 4.13 and a standard deviation of 0.24. This means that the data is less varied because the standard deviation value is smaller than the mean. The 95% CI is between 3.94 - 4.03 which means a confidence interval with a 95% level with a lower limit of 3.94 and an upper limit of 4.03. The component of recognizing and responding to reduce hazards obtained a mean value of 4.02 with a standard deviation of 0.25. This means that the data is less varied because the standard deviation value is smaller than the mean. CI 95% between 4.00 - 4.07 which means the confidence interval with a 95% level with a lower limit of 4.00 and an upper limit of 4.07. The safety culture component obtained a mean value of 4.08 with a standard deviation of 0.22. This means that the data is less varied because the standard deviation value is smaller than the mean. CI 95% between 4.07 - 4.15 which means the confidence interval with a 95% level with a lower limit of 4.07 and an upper limit of 4.15. The mean value that is less than the total value is working in a team with other health professionals and recognizing and responding in order to reduce danger. The total result of the patient safety competency variable is in the good category.

### **patient safety activity components**

The patient safety activity variable by nurses was measured using eight components with a total of 43 question items with the following distribution results:

Table 2 Distribution of patient safety activity components

| Variable                                | Mean | ± Std Dev | CI 95%      |
|---|------|-----------|-------------|
| Total patient safety activity variables | 4.36 | ±0.26     | 4.35 - 4.43 |
| Patient documentation security          | 3.90 | ±0.45     | 3.84 - 4.00 |
| Patient identification                  | 4.57 | ±0.32     | 4.52 - 4.62 |
| Treatment                               | 4.49 | ±0.30     | 4.46 - 4.56 |
| Blood transfusion                       | 4.43 | ±0.31     | 4.42 - 4.51 |
| Management of infection                 | 4.65 | ±0.25     | 4.61 - 4.69 |
| Management of falls and injuries        | 4.28 | ±0.30     | 4.26 - 4.35 |
| Management of firefighting              | 4.36 | ± 0.26    | 4.33 - 4.42 |

*Primary data sources 2024*

Based on the distribution in table 2, it is known that the security of patient information with a mean assessment of 3.90 with a standard deviation of 0.45 . This means that the data is less varied because the standard deviation value is smaller than the mean. The 95% CI is between 3.84 - 4.00 , which means a confidence interval with a 95% level with a lower limit of 3.84 and an upper limit of 4.00. The patient identification component has a mean value of 4.57 with a standard deviation of 0.32. This means that the data is less varied because the standard deviation value is smaller than the mean. The 95% CI is between 4.52 - 4.62, which means a confidence interval with a 95% level with a lower limit of 4.52 and an upper limit of 4.62.

In the treatment component with a mean value of 4.49 and a standard deviation of 0.30. This means that the data is less varied because the standard deviation value is smaller than the mean. The 95% CI is between 4.46 - 4.56 which means the confidence interval with a 95% level with a lower limit of 4.46 and an upper limit of 4.56. The blood transfusion component with a mean value of 4.43 and a standard deviation of 0.31. This means that the data is less varied because the standard deviation value is smaller than the mean. The 95% CI is between 4.42 - 4.51 which means the confidence interval with a 95% level with a lower limit of 4.42 and an upper limit of 4.51. The infection management component obtained a mean value of 4.65 with a standard deviation of 0.25. This means that the data is less varied because the standard deviation value is smaller than the mean. CI 95% between 4.61 - 4.69 which means the confidence interval with a 95% level with a lower limit of 4.61 and an upper limit of 4.69. The fall and injury management component obtained a mean value of 4.28 with a standard deviation of 0.30. This means that the data is less varied because the standard deviation value is smaller than the mean. CI 95% between 4.26 - 4.35 which means the confidence interval with a 95% level with a lower limit of 4.26 and an upper limit of 4.35. The management component of the fire department with a mean value of 4.36 with a standard deviation of 0.26. This means that the data is less varied because the standard deviation value is smaller than the mean. CI 95% between 4.33 - 4.42 which means the confidence interval with a 95% level with a lower limit of 4.33 and an upper limit of 4.42. The total patient safety activity variable is in the good category.

**Distribution of nurse performance assessment components**

The nurse performance assessment variables were measured using three components with a total of 25 question items with the following distribution results:

Table 3 Distribution of nurse performance assessment components

| Variable                               | Mean | ± Std Dev | CI 95%      |
|--|------|-----------|-------------|
| Total performance assessment variables | 3.97 | ±0.90     | 3.97 – 3.99 |
| Performance attitude                   | 3.97 | ±0.10     | 3.96 – 3.99 |
| Service performance                    | 3.97 | ±0.91     | 3.96 – 3.99 |
| Quality of service                     | 3.99 | ±0.88     | 3.97 – 4.00 |

*Primary data sources 2024*

Based on the distribution in table 3, it is known that the performance attitude obtained a mean value of 3.97 with a standard deviation of 0.10 . This means that the data is less varied because the standard deviation value is smaller than the mean. The 95% CI is between 3.96 - 3.99, which means a confidence interval with a 95% level with a lower limit of 3.96 and an upper limit of 3.99. The service performance component obtained a mean value of 3.97 with a standard deviation of 0.91. This means that the data is less varied because the standard deviation value is smaller than the mean. The 95% CI is between 3.96 - 3.99, which means a confidence interval with a 95% level with a lower limit of 3.96 and an upper limit of 3.99. The service quality component obtained a mean value of 3.99 with a standard deviation of 0.88. This means that the data is less varied because the standard deviation value is smaller than the mean. CI 95% between 3.97 – 4.00 which means the confidence interval with a 95% level with a lower limit of 3.97 and an upper limit of 4.00. The total nurse performance assessment variables are in the good category.

## Multivariate Analysis

### Classical Assumption Test

Data analysis techniques using multiple linear regression analysis with the SPSS program, used to analyze the effect of patient safety competency (X) on patient safety activities (M) and nurse performance assessment (Y) . There are several requirements that must be met before conducting regression analysis with the classical assumption test. The classical assumption test carried out includes testing the assumptions of normality, linearity and heteroscedasticity.

### Data Normality Test

The results of the data normality test obtained residual significance values from the *one sample test. Kolmogorov-Smirnov* is 0.051 ( $p > 0.05$ ) which shows that the residual distribution is normally distributed .

Table 4 Results of data normality test



**One-Sample Kolmogorov-Smirnov Test**

|                                |                | Unstandardized Residual |
|--------------------------------|----------------|-------------------------|
| N                              |                | 159                     |
| Normal Parameters <sup>a</sup> | Mean           | .0000000                |
|                                | Std. Deviation | .06765845               |
| Most Extreme Differences       | Absolute       | .294                    |
|                                | Positive       | .288                    |
|                                | Negative       | -.294                   |
| Kolmogorov-Smirnov Z           |                | 6,600                   |
| Asymp. Sig. (2-tailed)         |                | .051                    |

*Primary data sources 2024***Heteroscedasticity Test**

Table 5 Heteroscedasticity test results

|       |                           | Coefficients <sup>a</sup>   |                           |      | t     | Sig. |
|-------|---------------------------|-----------------------------|---------------------------|------|-------|------|
| Model |                           | Unstandardized Coefficients | Standardized Coefficients |      |       |      |
|       |                           | B                           | Error status              | Beta |       |      |
| 1     | (Constant)                | -.171                       | .327                      |      | -.525 | .601 |
|       | patient_safety_competence | .086                        | .109                      | .062 | .783  | .435 |

*Primary data sources 2024*

Based on the heteroscedasticity test using the *Glejser* method , a sig value of 0.435 ( *sig* > 0.05) was obtained for the independent variable and the sig value of the independent variable in *the cut point category* ( *constant* ) was 0.601 ( *sig* > 0.05), which can be assumed that there is no heteroscedasticity.

**Linearity Test**

Table 6 Linearity Test Results

**ANOVA Table**

|                             |         | Sum of                   |         |    |             |        | Sig. |
|-----------------------------|---------|--------------------------|---------|----|-------------|--------|------|
|                             |         | Linearity                | Squares | df | Mean Square | F      |      |
| Patient Safety Competencies | Between | Linearity                | 277,575 | 1  | 277,575     | 18,272 | .004 |
| * Patient Safety Activities | Groups  | Deviation from Linearity | 271,232 | 24 | 19,374      | 1.275  | .249 |

|               |         |    |        |
|---------------|---------|----|--------|
| Within Groups | 215,676 | 30 | 31,943 |
|---------------|---------|----|--------|

*Primary data sources 2024*

**ANOVA Table**

|                             |         | Sum of         |         |             |        |       |
|-----------------------------|---------|----------------|---------|-------------|--------|-------|
|                             |         | Squares        | df      | Mean Square | F      | Sig.  |
| Patient Safety Activities * | Between | 324,376        | 1       | 281,433     | 13.257 | .057  |
| Nurse Performance           | Groups  | Deviation from | 143,701 | 24          | 25,517 | 1,483 |
| Assessment                  |         | Linearity      |         |             |        | .073  |
| Within Groups               |         | 218,221        | 30      | 33,544      |        |       |

*Primary data sources 2024*

**ANOVA Table**

|                                     |         | Sum of Squares           | df      | Mean Square | F       | Sig.       |
|-------------------------------------|---------|--------------------------|---------|-------------|---------|------------|
| Patient Safety Competencies * Nurse | Between | Linearity                | 346,195 | 1           | 277,575 | 16,975.061 |
| Performance Assessment              | Groups  | Deviation from Linearity | 121,882 | 24          | 29,475  | 1,775.564  |
| Within Groups                       |         | 287.25                   | 130     | 29,713      |         |            |

*Primary data sources 2024*

From the SPSS *output data* obtained:

- Patient Safety Competencies with Patient Safety Activities  
*Deviation of Linearity* > 0.05, which is 0.249, it is assumed that both variables are linear with a steep slope with a value < 0.05, which is 0.04
- Patient Safety Activities with Nurse Performance Assessment  
*Deviation of Linearity* > 0.05, which is 0.073, it is assumed that both variables are linear with a gentle slope with a value > 0.05, which is 0.057.
- Patient Safety Competence with Nurse Performance Assessment  
*Deviation of Linearity* > 0.05, which is 0.564, it is assumed that both variables are linear with a gentle slope with a value > 0.05, which is 0.061.

### Multiple Regression Test

The results of data processing produce the following output:

Table 7 Multiple Regression Test Results

**Coefficients<sup>a</sup>**

| Model                     | Unstandardized Coefficients |            | Standardized Coefficients | t    | Sig.     |
|---------------------------|-----------------------------|------------|---------------------------|------|----------|
|                           | B                           | Std. Error | Beta                      |      |          |
| 1 (Constant)              | .051                        | .119       |                           | .166 | .02      |
| patient safety competency | .359                        | .150       |                           | .455 | 5,041.02 |

a. Dependent Variable: patient safety activities

**Coefficients<sup>a</sup>**

| Model                       | Unstandardized Coefficients |            | Standardized Coefficients | t     | Sig. |
|-----------------------------|-----------------------------|------------|---------------------------|-------|------|
|                             | B                           | Std. Error | Beta                      |       |      |
| 1 (Constant)                | 68,915                      |            |                           |       |      |
| Patient safety competencies | 0.357                       | .120       | .327                      | 2,532 | .01  |
| Patient safety activities   | 0.448                       | .110       | .312                      | 1.242 | .01  |

a. Dependent Variable: nurse\_performance\_assessment

*Primary data sources 2024*

*the sig* value is more than 0.05, thus it is said that patient safety activities (M) and patient safety competencies (X) have a simultaneous influence and are suitable for use in predicting the influence of nurse performance assessment (Y) .

**Mediation Test**

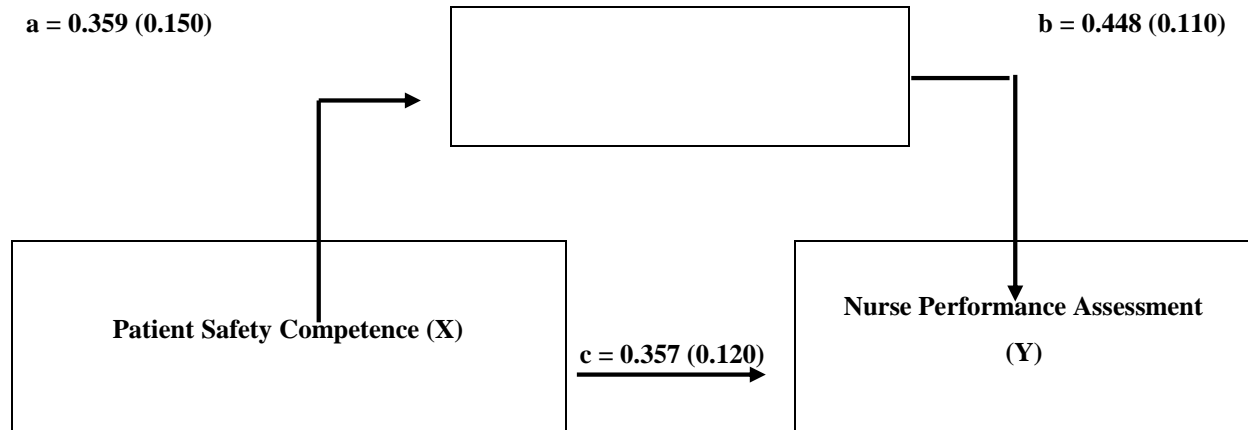
Table 8 Results of mediation test

| Patient safety competencies |       | <i>Sobel test statistic</i> | <i>One tailed probability</i> | <i>Two tailed probability</i> | Conclusion         |
|-----------------------------|-------|-----------------------------|-------------------------------|-------------------------------|--------------------|
| A                           | 0.359 | 2.06342456                  | 0.01953615                    | 0.03907231                    | There is influence |
| B                           | 0.448 |                             |                               |                               |                    |
| Sa                          | 0.150 |                             |                               |                               |                    |
| Sb                          | 0.110 |                             |                               |                               |                    |

*Primary data sources 2024*

Based on the results of the *Sobel Test* obtained  $z = 2.06342456$  ( $z > 1.96$ ) meaning, there is an indirect influence between patient safety competence and nurse performance assessment through patient safety activities at Mardi Waluyo Regional Hospital, Blitar City which is statistically significant.

|                                      |
|--------------------------------------|
| <b>Patient Safety Activities (M)</b> |
|--------------------------------------|



Picture 1. coefficient between variables

From the chart above we can see:

- The direct effect of patient safety competency on nurse performance assessment at Mardi Waluyo Regional Hospital, Blitar City is **0.357**.
- The indirect effect between patient safety competency and nurse performance assessment through patient safety activities at Mardi Waluyo Regional Hospital, Blitar City is  $= axb = 0.359 \times 0.448 = \mathbf{0.160832}$
- The total effect of patient safety on nurse performance assessment at Mardi Waluyo Regional Hospital, Blitar City is  $= 0.357 + 0.160832 = \mathbf{0.517832}$

## Discussion

### The influence of patient safety competency on performance assessment at Mardi Waluyo Regional Hospital, Blitar City

Based on the results of statistical tests,  $p \text{ value} = 0.000$  ( $p < 0.05$ ) was obtained, meaning that there is an influence between patient safety competence by nurses on performance assessment. The results of this study are in line with several previous studies which showed that patient safety competence has a greater influence on nurse performance assessment compared to patient safety activities.

Patient safety competency is the ability that must be possessed by health workers, especially nurses, to prevent and reduce the risk of injury and errors during the care process. According to the World Health Organization (WHO, 2022), this competency includes knowledge, skills, and attitudes in implementing patient safety standards. Patient safety competency can affect several aspects of health services, such as safety activities carried out by health workers and their performance assessments. Meanwhile, nurse performance assessments measure how well nurses

implement these practices and carry out their duties according to applicable standards.

A study by Lestari et al. (2021) found that patient safety competency has a significant influence on nurse performance in a hospital in Surakarta. In addition, a study by Widodo et al. (2023) in Yogyakarta also supports this finding, where safety competency influences nurse performance assessments. Hasriyani *et al* (2023) explained that nurses with knowledge Which both regarding patient safety and the implementation of the 6 patient safety targets tend to have better performance in implementing patient safety systems.

Evaluation performance nurse in general done by superior directly or head of the room and covers various aspects such as knowledge, technical skills, attitudes and abilities to implement patient safety systems. Good nurse performance is greatly influenced by their level of competence in patient safety. Nurses who have good knowledge and skills tend to have better performance in implementing patient safety systems. Nurses at Mardi Waluyo Hospital, Blitar City have good performance assessments and good safety competence.

### **The influence of patient safety competency on patient safety activities at Mardi Waluyo Regional Hospital, Blitar City**

Based on the results of the statistical test, a *p value* of 0.02 (  $p < 0.05$ ) was obtained, meaning that there is an influence between patient safety competency by nurses on patient safety activities by nurses. This is in line with previous research, the level of nursing expertise possessed by nurses will affect patient safety actions carried out by nurses (Shanty, 2017) . Safety competencies possessed by nurses consist of the nurse's ability to manage conflicts that arise during the care process, improve patient safety with effective communication, recognize situations that are at risk of incidents, convey to patients any impacts of care that arise during the care process, and implement a culture of safety (Ginsburg *et al.*, 2012) .

Wulansari (2023) in her study explained that the results of the correlation analysis showed a significant and quite strong positive relationship ( $p=0.000$ ;  $r=0.597$ ) between patient safety competencies by nurses and patient safety activities by nurses .

Nurses' competence in collaborating with other health professionals during patient care in the hospital will have an impact on the quality of services provided. Other competencies also exist when nurses communicate effectively when reporting critical values which will have an impact on errors in following doctor's recommendations. This is due to the inability of nurses to do TULBAKON (write Read Confirmation) on the SBAR form. Effective communication

competency during the patient transfer process between inpatient units can also cause errors in the management of drug administration. The ability of nurses at Mardi Waluyo Hospital, Blitar City, to apply a culture of safety to patients will also have an impact on nurses' activities while providing services to patients. To improve the competence of nurses at Mardi Waluyo Hospital, Blitar City, regular training on safety competency is needed. One of the trainings that can be provided is effective communication training and patient identification.

### **The influence of patient safety activities on performance assessment at Mardi Waluyo Regional Hospital, Blitar City**

Based on the results of the statistical test, *the p value* = 0.01 ( $p < 0.05$ ) means that there is an influence between patient safety activities and performance assessment. This study is in line with Krisnawati *et al.* (2023) that there is a relationship between nurse performance and compliance with patient safety implementation.

Patient safety activities are activities that refer to the identification, improvement, and prevention of problems that occur or can occur during the provision of nursing care in hospitals, these activities aim to improve patient safety (Lee & Oh, 2020) . Meanwhile, the assessment performance nurse is process evaluation Which systematically to measure and assess the performance achievements of individual or groups of nurses in providing nursing care, this assessment aims to ensure that nurses work in accordance with established standards, as well as to improve the quality of service health (Hasriyani, 2023).

Patient safety activities affect performance assessment due to the presence of performance assessment elements that include nursing care practices based on patient safety, both in the components of attitude, service and quality of service. Patient safety activities affect the performance assessment of nurses at Mardi Waluyo Regional Hospital, Blitar City, this is possible with objective evaluation from superiors and the existence of repeated training processes regarding patient safety activities, especially patient safety targets.

#### **5.1 The influence of patient safety competency on patient safety performance and activity assessment at Mardi Waluyo Regional Public Hospital, Blitar City**

Based on the statistical test , the *sig* value is  $0.01 < 0.05$ , thus it is said that patient safety activities and patient safety competencies have a simultaneous effect and are suitable for use in predicting the effect of nurse performance assessment . The direct effect of patient safety competency on nurse performance assessment at Mardi Waluyo Regional Hospital, Blitar City is

**0.357** . The indirect effect between patient safety competency and nurse performance assessment through patient safety activities at Mardi Waluyo Regional Hospital, Blitar City is **0.160832** . The total effect of patient safety on nurse performance assessment at Mardi Waluyo Regional Public Hospital, Blitar City is **0.517832** . The variable that has a dominant influence is safety competence with the largest standardized coefficient of **0.327** compared to patient safety activities with a standardized coefficient of **0.312** .

The results of this study are in line with previous research and theories. which shows that patient safety competency has a greater influence on nurse performance assessment directly compared to the presence of patient safety activities as a mediating variable. A study by Lestari *et al.* (2021) found that patient safety competency has a significant influence on nurse performance in a hospital in Surakarta. According to Krisnawati *et al.* (2023) that there is a relationship between nurse performance and compliance with patient safety implementation. In addition, a study by Widodo *et al.* (2023) in Yogyakarta also supports this finding, where safety competency influences nurse performance assessment .

However, Hasibuan & Efrina Sinurat (2020) explained that there are several indicators of nurse performance, namely the quality of nursing care, quantity, patient satisfaction, collaboration with the health team, professional development, compliance with nursing standards and protocols and efficiency of resource use. Gibson in Atmojo *et al.* . (2022) presented a performance theory model and analyzed various factors, such as individual, psychological, and organizational. The main factors that influence individual performance are abilities and skills, as well as background and demographics. Perception, attitude, personality, learning, and motivation are psychological variables, which are widely influenced by family, level social, And experience previous work. While organizational variables include structure, leadership, and supervision.

Hospital policies, safety culture, and the level of awareness of the work team in implementing daily safety practices are likely to play a role as factors in the differences in the effects of influence between variables . The perception of superiors or leaders in carrying out performance assessments can be assumed to contribute to the differences in these effects. Subjective leadership assessments are often found in organizations. However, it is also possible that there are other factors such as the attitude and work motivation of individuals who are considered not to be in accordance with the expectations of the leader. So if the competence is categorized as good but in the implementation of attitudes and motivation is lacking, the

assessment will also not be optimal. Although individual competence is important, the effective implementation of this competence in the form of real activities is highly dependent on a conducive work environment. Therefore, a more comprehensive intervention is needed to ensure that increased competence can be translated into better safety practices in the field and needs to be balanced with strengthening systems and policies that support safety practices in hospitals.

## **5. CONCLUSION**

Based on the results of the study and discussion, it was concluded that patient safety competency influenced patient safety activities ( $p = 0.00$ ) and nurse performance assessment ( $p = 0.02$ ), while patient safety activities also influenced nurse performance assessment ( $p = 0.01$ ). In addition, patient safety competency influenced nurse performance assessment with patient safety activities as a mediating variable ( $p = 0.01$ ). Based on these conclusions, it is recommended that Mardi Waluyo Regional Hospital, Blitar City, pay attention to other factors that can influence patient safety activities outside of nurse safety competency, such as strengthening safety culture, increasing managerial support, and implementing more comprehensive policies to encourage optimal implementation of patient safety. For nurses, it is recommended to continue to improve their understanding and application of patient safety competency in daily practice by utilizing training, workshops, and team discussions to deepen their skills and share experiences in facing patient safety challenges. Meanwhile, for Mardi Waluyo Regional Hospital, Blitar City, it is important to continue to develop training programs and develop patient safety competency for all health workers, strengthen safety culture through routine evaluation of safety practices, and provide adequate resources to improve the effectiveness of patient safety activities. With these steps, it is hoped that hospitals can create a safer working environment and provide high-quality health services to the community.

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