

INTISARI

Latar belakang: *Adverse events (AEs)* menjadi hal yang sangat substantial di rumah sakit. Salah satu rekomendasi untuk menurunkan angka *adverse events* adalah dengan mengimplementasikan budaya keselamatan pasien (*patient safety culture*). Banyak kejadian *medical error* yang diakibatkan komunikasi dan koordinasi antar tenaga kesehatan profesional yang kurang baik. Kolaborasi dokter-perawat sangat penting dalam meningkatkan kualitas pelayanan terhadap pasien, serta menurunkan angka morbiditas dan mortalitas. Budaya keselamatan pasien dan kolaborasi interprofesi antara dokter dan perawat masih menjadi permasalahan di rumah sakit. Jenis profesi, lama masa kerja, dan pengalaman kerja, memiliki dampak terhadap persepsi kerjasama interprofesi dan keselamatan pasien.

Tujuan: Menilai perbedaan persepsi kolaborasi dokter-perawat dan budaya keselamatan pasien berdasarkan profesi, masa kerja, dan antar rumah sakit serta mengukur hubungan antara persepsi kolaborasi dokter-perawat dengan budaya keselamatan pasien

Metode: Penelitian menggunakan desain *cross-sectional survei* yang dilakukan di tiga rumah sakit di Kabupaten Kudus, Jawa Tengah. Populasi penelitian adalah dokter dan perawat di rumah sakit, dengan besar sampel 281 yang diambil secara *stratified random sampling*. Instrumen menggunakan kuesioner *Jefferson Scale of Attitudes Toward Physician-Nurse Collaboration* dan *Hospital Survey on Patient Safety Culture HSOPSC 2.0* dari AHRQ versi Bahasa Indonesia. Analisis data dengan analisis univariat untuk mendeskripsikan persepsi kolaborasi interprofesi dan budaya keselamatan pasien di rumah sakit, dan analisis bivariat untuk menilai perbedaan rerata menggunakan uji *Mann Whitney* dan *Kruskal Wallis* serta menilai korelasi dengan uji *Spearman*.

Hasil Penelitian: Perawat memiliki persepsi kolaborasi interprofesi dan budaya keselamatan pasien lebih baik dibanding dokter ($p < 0,05$). Masa kerja ≥ 11 tahun juga memiliki persepsi kolaborasi interprofesi dan budaya keselamatan pasien lebih baik dibanding ≤ 11 tahun ($p < 0,05$). Pada dimensi budaya keselamatan pasien, nilai terendah dan membutuhkan perbaikan di ketiga RS terdapat pada dimensi Pengelolaan staf dan ritme kerja, Respon terhadap kesalahan yang terjadi, dan Melaporkan insiden keselamatan pasien. RS A (RS pemerintah) memiliki persepsi kolaborasi interprofesi dan budaya keselamatan pasien lebih baik dibanding RS B dan C (RS Swasta) ($p < 0,05$). Terdapat hubungan antara kolaborasi interprofesi dokter-perawat dengan budaya keselamatan pasien ($p < 0,05$).

Kesimpulan: Terdapat perbedaan persepsi kolaborasi interprofesi dan budaya keselamatan pasien menurut profesi, masa kerja dan RS. Kolaborasi interprofesi antara dokter dan perawat berdampak positif pada budaya keselamatan pasien. RS di Kabupaten Kudus perlu meningkatkan budaya keselamatan pasien, dengan dukungan manajemen rumah sakit untuk pengembangan kolaborasi interprofesi dan budaya keselamatan pasien secara berkelanjutan.

Kata kunci: Kolaborasi Interprofesional, Budaya Keselamatan Pasien, Rumah Sakit

ABSTRACT

Background: Adverse events (AEs) are very substantial in hospitals. One of the recommendations to reduce the number of adverse events is to implement patient safety culture. Many incidents of medical errors are caused by poor communication and coordination between health professionals. Doctor-nurse collaboration is very important in improving the quality of care for patients, as well as reducing morbidity and mortality. Patient safety culture and interprofessional collaboration between doctors and nurses are still a problem in hospitals. Type of profession, length of work, and work experience have an impact on perceptions of interprofessional collaboration and patient safety.

Objective: Assessing differences in perceptions of doctor-nurse collaboration and patient safety culture based on profession, length of work, and between hospitals and measure the relationship between perceptions of doctor-nurse collaboration and patient safety culture

Methods: The study used a cross-sectional survey design which was conducted in three hospitals in Kudus Regency, Central Java. The study population were doctors and nurses at the hospitals, with sample size of 281 taken by stratified random sampling. The instrument used were the Jefferson Scale of Attitudes Toward Physician-Nurse Collaboration questionnaire and the Indonesian version of Hospital Survey on Patient Safety Culture HSOPSC 2.0 from AHRQ. Data analysis was performed using univariate analysis to describe perceptions of interprofessional collaboration and patient safety culture in hospitals, and bivariate analysis was used to assess mean differences using Mann Whitney and Kruskal Wallis tests and to assess correlations with Spearman test.

Results: Nurses have a better perception of interprofessional collaboration and patient safety culture than doctors ($p < 0.05$). Working experience ≥ 11 years also had a better perception of interprofessional collaboration and patient safety culture than ≤ 11 years ($p < 0.05$). On the patient safety culture dimension, the lowest score and requiring improvement in the three hospitals is found in the dimensions of staffing and work pace, response to errors, and reporting patient safety events. Hospital A (government hospital) has better perception of interprofessional collaboration and patient safety culture than Hospitals B and C (private hospital) ($p < 0.05$). There is a relationship between doctor-nurse interprofessional collaboration and patient safety culture ($p < 0.05$).

Conclusion: There are differences in perceptions of interprofessional collaboration and patient safety culture according to the type of profession, length of work and between hospitals. Interprofessional collaboration between doctors and nurses has a positive impact on patient safety culture. Hospitals in Kudus Regency need to improve patient safety culture, with the support of hospital management for the development of interprofessional collaboration and patient safety culture sustainably.

Keywords: Interprofessional collaboration, patient safety culture, hospital