Factors influencing nurses' report compliance unexpected findings in Kediri District Hospital

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Abstract

Background: As a service provider in the health sector, a hospital is a very complex place with various kinds of drugs, tests and procedures, tools and technology, as well as various professions that provide services to patients 24 hours a day continuously. If the diversity and routine of services is not managed well, it can lead to unexpected events that threaten patient safety. At the Kediri district hospital Based on data from the recapitulation of K3 incidents by the K3 Committee for the period August 2020-July 2023, there were 14 cases of incidents/KTD from 466 health workers and 7 cases of needle stick injuries.
Purpose: To analyze factors influencing nurses' report compliance unexpected findings in Kediri District hospital.
Method: Descriptive analytical with cross-sectional design. The time and place of the research was carried out in May 2024 at the Kediri District Hospital. The sampling technique uses simple random sampling. The research population was all Kediri District Hospital nurses who had worked > 1 year totaling 355 respondents. The research sample was 189 nurses using the Slovin formula.
Results: Data was analyzed using multiple linear regression. The factors of referential power and coercion have a positive and significant influence, while the factors of information, rewards, expertise and legitimate authority have no influence on reporting undesirable events. These factors are able to explain the value of reporting undesirable events of 34.5% and the remaining 65.5% is explained by other variables not discussed in this study.
Conclusion: Of the six factors studied, the referential power and coercion factors have an influence on increasing nursing compliance in reporting unwanted events.

Keywords: Multiple Linear Regression; Nurse Compliance; Reporting; Unexpected Findings.

INTRODUCTION

Hospitals are complex, labor-intensive health service institutions with various procedures, profession-intensive and places that are most vulnerable to patient safety. Hospital services also involve various functions of health services, education, and research also include various medical actions and disciplines. Therefore, hospitals require special attention to safety and health, especially for nurses, staff and the general public (Raeissi, Omrani, Khosravizadeh, Mousavi, Kakemam, Sokhanvar, & Najafi, 2015). As a service provider in the health sector, a hospital is a very complex place with various kinds of drugs, tests and procedures, tools and technology, as well as various professions that provide services to patients 24 hours a day continuously. If the diversity and routine of services are not managed well, it can lead to unexpected events that threaten patient safety (Ministry of Health of the Republic of Indonesia, 2008).

The World Health Organization (WHO), Institute of Medicine report notes that as many as 44.000-98.000 people die per year in the United States due to medical errors. The death rate due to unexpected events in hospitalized patients in America is 33.6

million per year (Ministry of Health of the Republic of Indonesia, 2015). The National Patient Safety Agency reported that the incidence of IKP in England in 2016 was 1.879.822 incidents (England, 2015) . The National Safety Council (NSC) report shows that cases that often occur in hospitals include needle sticks, sprains, back pain, scratches/cuts, burns, infectious diseases and others (Arifuddin, Hardi, & Kalla, 2023). The Centers for Disease Control and Prevention (CDC) estimates that every year there are 385 cases of work-related accidents such as injuries caused by sharp objects contaminated with blood among health workers in the United States (Simas, Faridah, & Winarni, 2022).

In Indonesia, based on data of 943, consisting of 33% near injury events (KNC), 29% non-injury events (KTC), and 38% unexpected events with 77.62% no injuries, 12.93% minor injuries, 5.94% injuries moderate, 0.75% serious injuries, and 2.76% deaths (Ministry of Health of the Republic of Indonesia, 2020). The Patient Safety Incident Report by the KKP-RS (Hospital Patient Safety Committee) in Indonesia states that there has been an increase in patient safety problems, namely Unexpected Events from 46.2% in 2010 to 63%. In the Kediri district hospital, based on data from the recapitulation of K3 incidents by the Hospital K3 Committee for the period August 2020-July 2023, 14 cases of incidents / accidents were recorded from 466 health workers and there were 7 cases of needle stick injuries (Ministry of Health of the Republic of Indonesia, 2015).

Patient safety has now become a global and national issue for hospitals. Patient safety is the prevention of injury to patients. Injury prevention itself is defined as being free from harm that occurs unintentionally or can be prevented as a result of medical treatment. Patient safety practice is to reduce the risk of undesirable events associated with exposure to diagnostic environments or medical treatment conditions. An undesirable event is an incident that results in injury to a patient due to a medical error or non-medical error that cannot be prevented. Unexpected events / adverse events are incidents that result in injury to the patient due to carrying out an action or not taking action that should be taken, and not because of the underlying disease or condition of the patient (Hughes, 2008).

The lack of implementation of nurse communication in providing nursing care is one of the causes of patient safety incidents. The behavior of nurses who lack communication, attention, carelessness, carelessness, and not caring about maintaining patient safety causes errors that result in injury to patients, in the form of Near Misses (Nearly Injuries/KNC) or Adverse Events (Unexpected Events/KTD) (Anam, Santoso, Suryanto, Sukendar, & Prayitno, 2022). Nurses as part of the professional health workforce have roles as caregivers, educators, client advocates, counselors, change agents, leaders, managers, and case managers as well as researchers and developers of nursing practice. A nurse must be able to carry out nursing care documentation in a complete, clear and understandable manner by others. Documentation is a record that can be proven or used as evidence for all kinds of claims, which contains complete, real and recorded data, not only about the level of pain of the patient, but also the type, type and quality of health services in order to meet the patient's needs. Documentation is an activity of recording, reporting or recording events and activities carried out in the form of providing services that are considered important and valuable. Documentation of nursing care is very important because it is a valid means of proof if there is a lawsuit from any party against the provider of professional services or care (Silalahi, 2020).

RESEARCH METHOD

This research uses descriptive analytics using a cross-sectional design. The time and place of the research was carried out in May 2024 at the Kediri District Hospital. The sampling technique used was cluster random sampling with simple random sampling technique. The research population was all Kediri District Hospital nurses who had worked > 1 year totaling 355 respondents. The research sample was 189 nurses using the Slovin formula. The inclusion criteria for the research sample were nurses at the Kediri Regency Regional Hospital with a working period of >1 year, willing to be respondents and fill out a Google form and be able to access the internet during the research.

The instrument used in this research was a questionnaire via Google Form which consisted of a basic introduction to research and informed consent,

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personal data, nurses' compliance factors in reporting unexpected events and reporting unexpected events to nurses. The questionnaire is structured based on a Likert scale with five alternative answer choices, namely strongly agree, agree, unsure/neutral, disagree and strongly disagree. The research independent variables are the factors information, rewards, expertise, referent power, legitimate authority, and coercion. The dependent variable of the study is reporting of unexpected events.

Data is processed using editing, coding, data entry and tabulating steps. Research data analysis consisted of univariate analysis to see the frequency distribution of research variables and multivariate analysis to determine the influence of nurses' compliance factors in reporting unexpected events, while the statistical test used was a multiple linear regression test to predict the extent of the influence. The study was approved by the ethics committee of STRADA Institute of Health Sciences with number: 000.9/9650/418.100/2024.

RESEARCH RESULTS

Table 1. Characteristics of Respondents (N=189)

Variable	Results
Age (n/%)	
(Mean±SD) (Range) (Years)	(41.00±11.645) (20-58)
20-25 years	20/11.6
25-50 years	99/52.4
>50 years	70/37.0
Gender (n/%)	
Male	51/26.9
Female	138/73.1
Education (n/%)	
Diploma Degree	140/74.1
Bachelor Degree	49/25.9
Employee Status (n/%)	
Contract Employees	27/14.3
Permanent Employees	150/79.4
Apprenticeship	12/6.3

Table 1. shows the characteristics of respondents with mean and standard deviation of (41.00±11.645) age range (20-58) years. The majority of respondents are female, namely (73.1%), based on education, the majority of respondents have a diploma, namely (74.1%) and the majority of employee status is still (79.4%).

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Table 2. Multicollinearity Test Results

Model	Collinearity Statistics	
	Tolerance	VIF
(Constant)		
Information factor	0.592	1.691
Reward factor	0.643	1.556
Expertise factor	0.523	1.911
Reference power factor	0.453	2.207
Legitimate authority factor	0.539	1.855
Coercion factor	0.534	1.873

Table 2. shows that the VIF value for the information, reward, expertise, reference power, legal authority and coercion factor variables is <10 and the tolerance value is >0.1 so it can be concluded that there is no multicollinearity between variables.
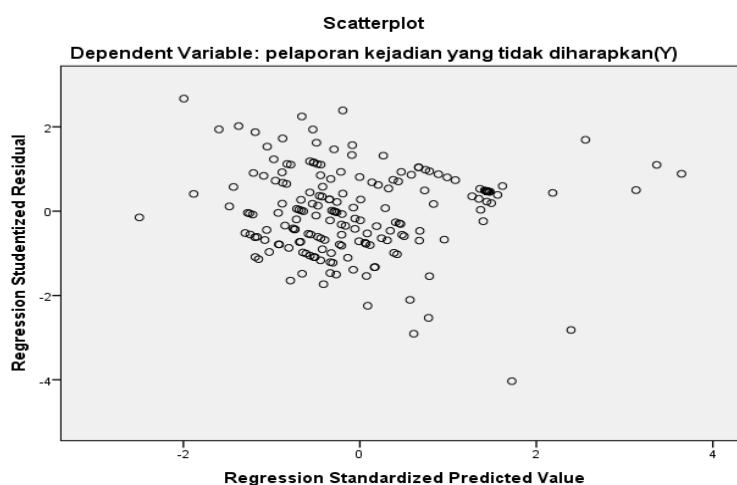
Heteroscedasticity Test

Figure 1 Scatterplot of Heteroscedasticity Test

In Figure 1. it can be seen that the points are spread out and do not form a clear pattern. So, it can be concluded that there is no heteroscedasticity in the regression model.

Table 3. Heteroscoedasticity Test Results

Variable	Sig.
Information factor	0.183
Reward factor	0.778
Expertise factor	0.326
Reference power factor	0.773
Legitimate authority factor	0.001
Coercion factor	0.927
Information factor	0.001

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This can also be strengthened by the Spearman Rho correlation test between the independent variables and the residual values. Table 3 shows the Spearman Rho correlation significance values of all independent variables > 0.05. From this it can be concluded that heteroscoedasticity does not occur.
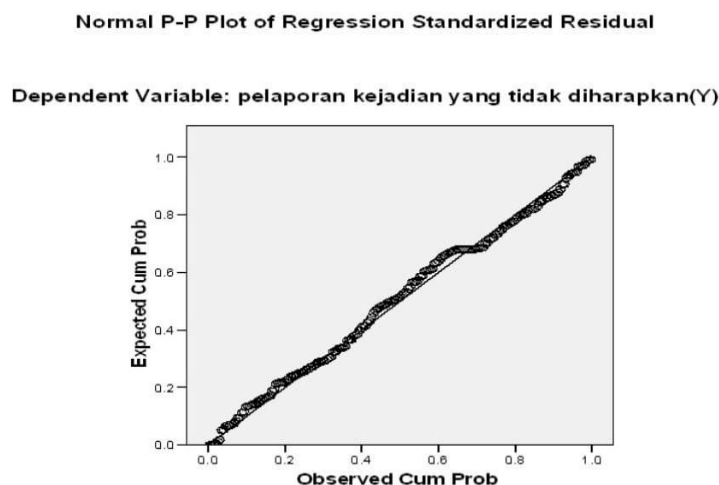

Figure 2. Normality Test with Normal Probability Plot

Figure 2. shows that the points are collected around a straight line. Furthermore, the results of the Kolmogorov Sminov test show a significance value of > 0.05 (α=5%), namely 0.439. So, it can be concluded that the residuals of the regression model are normally distributed.

Table 4. Normality Test with Kolmogorov Smirnov Test

One-Sample Kolmogorov-Smirnov	Test
	Unstandardized Residuals
N	189
Normal Parameters [a, b]	
Mean	.0000000
Std. Deviation	4.02617309
Most Extreme Differences	
Absolute	.049
Positive	.034
Negative	-.049
Kolmogorov-Smirnov Z	.676
Asymp. Sig. (2-tailed)	.750

Multiple Regression Analysis

Multiple linear regression analysis was carried out to determine the influence of the variables information factor (X1), reward factor (X2), expertise factor (X3), reference power factor (X4), legitimate authority factor (X5), and coercion factor (X6) on the reporting variable undesirable event (Y) at Kediri District Hospital. The following is a table of multiple linear regression test results:

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Table 5. Multiple Linear Regression Analysis

Model	Unstandardized Coefficients		Sig.
	B	Std. Error	
(Constant)	4,220	3,160	0.183
Information factor	0.037	0.130	0.778
Reward factor	0.112	0.114	0.326
Expertise factor	0.040	0.137	0.773
Reference power factor	0.429	0.129	0.001
Legitimate authority factor	0.011	0.124	0.927
Coercion factor	0.316	0.090	0.001

From table 5. The regression equation is obtained as follows: Y = 4.220+ 0.037

Based on the regression equation above, the following explanation can be obtained:

α = constant = 4.220

It shows that if the variable factors information, reward, expertise, referent power, legitimate authority and coercion have a constant value, then the variable reporting undesirable events will have a value of 4,220

b1 = regression coefficient for information factor (X1) = 0.037

It shows that if there is an increase in the information factor variable, it will result in the unexpected finding variable increasing by 0.037.

b2 = regression coefficient for reward factor (X2) = 0.112

Shows that if there is an increase in the reward factor variable, it will result in the unexpected finding variable increasing by 0.112.

b3 = regression coefficient for the expertise factor (X3) = 0.040

Shows that if there is an increase in the skill factor variable, it will result in the unexpected finding variable increasing by 0.040.

b4 = regression coefficient for the reference power factor (X4) = 0.429

Shows that if there is an increase in the reference power factor variable, it will result in the unexpected finding variable increasing by 0.429.

b5 = regression coefficient for the legitimate authority factor (X5) = 0.011

Shows that if there is an increase in the legal authority factor variable, it will result in the unexpected finding variable increasing by 0.011.

b6 = regression coefficient for the coercion factor (X6) = 0.316

It shows that if there is an increase in the coercion factor variable, it will result in the unexpected finding variable increase by 0.316.

ε = Other factors not studied.

Table 6. F Test Results

	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1607.459	6	267.910	16.000	.000 a
	Residual	3047.493	182	16.744		
	Total	4654.952	188			

From the F test results table below, a significance value of 0.000 or <0.005 is obtained, so it can be concluded that H0 is rejected and H1 is accepted, meaning that the independent variables (referential and coercive power) have a significant influence while the factors of information, rewards, expertise and legitimate authority do not have a significant effect on the dependent variable (reporting of undesirable events).

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Table 7. t Test Results

Variable	t table	t count	Sign.	Criteria
Information factor	1.985	2.098	0.778	H1 is rejected
Reward factor	1.985	2.432	0.326	H1 is rejected
Expertise factor	1.985	2.726	0.773	H1 is rejected
Reference power factor	1.985	2.435	0.001	H1 is accepted
Legitimate authority factor	1.985	2.733	0.927	H1 is rejected
Coercion factor	1.985	2.087	0.001	H1 is accepted
KTD reporting	1.985	2.062	0.001	H1 is accepted

Based on table 7. above, it can be seen that the variable factors of referral power and coercion have a positive and significant influence, while the factors of information, reward, expertise and legitimate authority do not have a positive and significant influence unexpected findings at the Kediri Regency Regional Hospital.

Table 8. Determination Coefficient Test Results.

Model	R	R Square	Adjusted R Square
1	0.588 a	0.345	0.324

Table 8. shows that the coefficient of determination ($R2$) is 0.345, which means that the independent variables (information, rewards, expertise, referral power, legitimate authority and coercion) are able to explain the value of the dependent variable, namely reporting undesirable events. was 34.5% and the remaining 65.5% was explained by other variables not discussed in this study.

DISCUSSION
Information factors for nurse compliance in unexpected findings
In this research, it is known that the factor of providing information to nurses in reporting undesirable events at the Kediri District Hospital does not have a positive and significant influence on reporting undesirable events. This means that nurses do not pay attention to information reporting undesirable events. The information factor variables in this research are regarding measuring the quality of information, namely accurate, relevant, complete and timely.

Compliance or obedience to authority or social norms can be formed by six factors, including Factors that influence a person's compliance, compliance or obedience to authority or social norms

are information provision factors, reward factors, and individual skill factors, efferent power factors, legitimate authority factors, and coercion factors. While factors that influence community compliance include knowledge or information, motivation, family support, personality, beliefs and environment (Rahmadani, Sulaiman, Hatta, Hermawan, & Amar, 2023).

Other research results showed that there was no relationship between risk perception and compliance (p=0.423), no relationship between barriers to implementing standard precautions (p=0.432) and workload (p=0.852) and compliance, no relationship between safety and climate (p=0.759) and availability of facilities and equipment (p=0.998) and compliance However, there was a significant relationship between knowledge (p=0.014), information and training (p=0.023) and compliance. Discussion: there needs to be an increase in information and training, socialization of policies and standard operating procedures related to standard precautions (Yotlely, 2019).

Google Scholar search using keywords obtained 368 articles, while PubMed search using keywords obtained 40 articles. From the search results, screening was carried out according to the criteria and objectives of the study, and 10 articles were

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obtained that were eligible for this literature review which concluded that the factors that influence health workers' compliance in implementing infection prevention and control programs are education, training, clarity of information, knowledge, attitude, motivation, risk perception, work climate, availability of facilities and infrastructure, organizational policies and supervision (Seilatu, & Ayubi, 2023).

Reward factors for nurse compliance in unexpected findings

In this research, it is known that the reward factor for nurses in reporting undesirable events at the Kediri District Hospital does not have a positive and significant influence on reporting undesirable events. This means that nurses do not pay attention to compliance rewards in reporting undesirable events. The reward factor variable in this research concerns the existence of rewards for work results which can be in the form of material (salary, wages and incentives) and in the form of immaterial (promotion) for nurses who report unexpected events to themselves. This is because in carrying out their functions and duties, nurses place more emphasis on service and responsibility, not just because of compensation, but it cannot be denied that nurses want their life needs to be met.

The influence of rewards is not significant in influencing nurse performance because it is related to the salary a nurse receives and the intensive care provided. If the physiological needs, in this case the rewards provided by the hospital, are appropriate and on time, it will certainly improve the performance of the nurses who work. According to Ivancevich, Compensation is the Human Resources Management function that deals with every type of reward individuals receive in exchange for performing organizational tasks. Compensation is a human resource management function related to all forms of rewards that employees are promised to receive as a reward for carrying out their duties in an effort to achieve company goals (Sudira, 2021).

The results of this research are in line based on the research results; it was concluded that there was no influence of rewards on nurse performance with a calculated P value (0.131) >P table (0.05). So, it was concluded that there was no influence of rewards on the performance of nurses in the Datu Beru Takengon Hospital inpatient room (Crystandy, Tampubolon, & Najihah, 2019).

Rewards are closely related to a person's work performance. Rewards are one of the external factors that influence a person's motivation. According to Mc Celland states that apart from rewards influencing work motivation, this motivation is also an individual's fear of failure. According to Rivai, compensation is something that employees receive in exchange for contributing their services to the company (Ridha, 2020)

Nursing expertise is a factor in unexpected findings

Based on the results of this research, it is known that the nurse's expertise factor in reporting undesirable events at the Kediri District Hospital does not have an influence on reporting undesirable events. This means that nurses pay attention to expertise in reporting undesirable events. The skill factor variable in this research concerns the skills possessed by nurses from the education and training process in certain fields in carrying out reporting of unexpected events on themselves with competent indicators including knowledge, skills and work attitudes.

According to Sutrisno, competency is an ability that is based on skills and knowledge which is supported by work attitudes and their application in carrying out tasks and work in the workplace which refers to established work requirements (Sari, Assajad, & Ansori, 2023). whereas according to Taylor, Expertise is Specialized knowledge, training, and skills can also be sources of power. Someone submits to experts and follows their advice because they believe that the authority's knowledge will help us achieve our goals (Rahmadani et al., 2023).

Nursing is a profession where the profession is a job that demands expertise or skills from the perpetrator. With the work skills that a nurse has, the work that is her responsibility can be completed effectively and efficiently. Meanwhile, work (professional) skills are a basic description of employee performance where expertise is part of skills (Istikomah, Hidayat, & Widayanto, 2014).

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Nurse's referral power factor in unexpected findings

In this research, it is known that the factor of nurse referral power in reporting undesirable events at the Kediri District Hospital has a positive and significant influence on reporting undesirable events. This means that nurses pay attention to referral power in reporting undesirable events. The reference power variable in this study concerns the behavior of nurses to obey because they want to be the same as or based on the influence of being an example or role model.

Referent power is power that is based on the attractiveness of a leader. Leaders who have referent power are easily admired by their followers because they have unique characteristics. This form of power is usually called charisma. With this charisma, leaders are able to increase enthusiasm and attract their followers to do something (Isnanto, 2024).

The results of this research are in line with the previous entitled "The Influence of Management Power and Decision Making on Nurse Performance (Case Study at Hermina Pasteur Hospital in Bandung)". Based on this research, the results obtained from management power, decision making and nurse performance are in the good category, the joint influence of management power and decision making on nurse performance has a positive effect and contributes 47.1%, the management power variable on nurse competence has a positive effect and contributes 26 .45% and decision making on nurse performance has a positive effect and contributes 20.68% (Madyaputra, 2019).

Referent power is power that arises from charisma, individual characteristics, exemplary or attractive personality. Power is often interpreted as influence or authority. In simple terms, leadership is any attempt to influence, while power can be defined as the potential influence of a leader. So power is one of the sources for a leader to gain the right to invite or influence other people. Meanwhile, authority can be formulated as a special form of power that is usually attached to the position occupied by the leader.

Power refers to the capacity possessed by superiors to influence the behavior of subordinates, so that subordinates act in accordance with the superior's wishes. This definition reflects potential that does not have to be actualized to be effective, and power-dependence relationships can exist, but are not used. Therefore, power is capacity or potential. People can have power but not enforce its use. Presumably the most important aspect of power is that power is a function of dependence. The greater the subordinate's dependence on the superior, the greater the superior's power in the relationship. Furthermore, dependence is based on the alternatives perceived by subordinates and the importance that subordinates place on alternatives controlled by superiors (Robbins, & Timothy, 2016) . Swansburg. RC defines power as "a capacity to ensure the outcome of desires and to inhibit those who have no desires." People use power to achieve goals and to strengthen their position in the organization. The use of power is legitimate if it is used fairly and in an ethical manner to achieve organizational, group and individual goals. A good leader wants power to influence the behavior of employees for the good of the organization, not for personal gain (Swansburg, 2000) .

Nurses' legitimate authority factors in unexpected findings

In this research, it is known that the factor of the nurse's legal authority in reporting undesirable events at the Kediri District Hospital has no influence on reporting undesirable events. The valid authority variable in this study concerns the behavior of complying with reporting undesirable events because nurses have the authority to do so.

Authority depends on recognition from members of society themselves. So, it is society that determines the patterns of behavior that must be followed by individuals in that society. Someone tends to obey other people if the other person has legitimate or legal authority (MCLeod, 2007). The existence of legitimate authority possessed by superiors will make subordinates obey superiors and their orders. If subordinates are aware of their leader's legitimate authority then this will make members obey existing orders and rules (Rohmah & Supriyanto, 2014) .

The results of this research are different from the previous entitled "Description of Authority Figures on Nurse Compliance in Implementing Standard Hand Hygiene Operational Procedures". Based on this research, it is known that the results of the analysis

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used the Chi Square statistical test with a p value of 0.015 (α = 0.05), thus indicating that authority figure status has a significant relationship with nurses' compliance in implementing hand hygiene SOPs before and after infusion installation (Putri, 2018). the status of authority figures influences compliance with documentation of nursing care (Ulum & Wulandari, 2013).

Legitimacy of an authority figure is related to a person's response in accepting and recognizing the authority, decisions or policies set by a leader or authority figure. A group of people tends to fulfill orders from other people if they know their authority well both morally and legally (Griggs, 2017) . The assessment of the legitimacy of the authority figure in this study is related to the nurse's perception of the head of the room who is deemed to be in accordance with the position he holds so that he is legal and has the right to regulate and give orders to the nurse.

Factors on nursing compliance in unexpected findings

In this research, it is known that the coercion factor for nurses in reporting undesirable events at the Kediri District Hospital has a positive and significant influence on reporting undesirable events. This means that nurses pay attention to coercion factors in reporting undesirable events. The coercion variable in this study concerns the behavior of nurses to obey because of orders and punishment or reprimand if the nurse does not report an undesirable incident.

The theory of coercion is that people obey the law because there is an element of coercion from the legal power of the authorities. This theory is based on the assumption that physical coercion, which is the monopoly of the authorities, is the basis for creating order as the goal of law. According to coercion theory, the element of sanctions is a factor that causes people to obey the law (Anggraini, & Waluyo, 2014).

The results of this research are in line with previous entitled "The Effect of Reward and Punishment on Employee Performance of Pt. X". The results of this research show that reward has a significant effect on employee performance partially with a significant value of 0.045 <0.05, punishment has a significant effect on employee performance

partially with a significant value of 0.00 <0.05, and reward and punishment have a significant effect on employee performance. on employee performance simultaneously with a significant value of 0.00 <0.05 (Ikhsan, Farmia, & Munambar, 2022).

CONCLUSION

Factors of information, appreciation, expertise, referral power, legitimate authority and coercion together have a significant influence on reporting of unwanted events. Factors of information, appreciation, expertise, referral power, legitimate authority and cooperation have a positive and significant influence on nursing compliance in reporting unwanted events, and the independent variables are able to explain the value of the dependent variable, namely reporting of unwanted events by 34.5% and the remaining 65.5% is explained by other variables not discussed in this study.

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