



## Quality Of Work Life and Clinical Competence Towards Patient Safety Culture With Work Motivation Intervening

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**Abstract.** This study is based on the results of initial observations that inform that there will be an increase in patient safety incidents in 2023 compared to 2022. The purpose of this study is to empirically reveal the influence of quality of work life and clinical competence on patient safety culture with work motivation as an intervening variable. The type of research is included in the quantitative with a cross sectional study design. The population used is nurses on duty in inpatient installations. The sampling technique used a total sampling that made all inpatient installation nurses totaling 77 as respondents. The data collection technique uses a questionnaire, and the analysis method uses the three box method and PLS-SEM analysis with the help of the Smart-PLS program. The results of the analysis prove that work motivation is able to positively intervene in the influence of work life quality and clinical competence on patient safety culture, so that with the role of work motivation intervention, the quality of work life and clinical competence have a greater influence in improving patient safety culture. The quality of work life and clinical competence have a positive and significant effect on work motivation and patient safety culture, and work motivation has a positive and significant effect on patient safety culture.

**Keywords:** Quality of work life, Clinical competence, Motivation, Patient safety culture, Nurses

**Abstrak.** Penelitian ini didasarkan pada hasil observasi awal yang menginformasikan bahwa akan terjadi peningkatan insiden keselamatan pasien pada tahun 2023 dibandingkan tahun 2022. Tujuan penelitian ini adalah untuk mengungkap secara empiris pengaruh kualitas kehidupan kerja dan kompetensi klinis terhadap keselamatan pasien. budaya dengan motivasi kerja sebagai variabel intervening. Jenis penelitian termasuk kuantitatif dengan desain cross sectional study. Populasi yang digunakan adalah perawat yang bertugas di instalasi rawat inap. Teknik pengambilan sampel menggunakan total sampling yang menjadikan seluruh perawat instalasi rawat inap yang berjumlah 77 orang sebagai responden. Teknik pengumpulan data menggunakan kuesioner, dan metode analisis menggunakan metode three box dan analisis PLS-SEM dengan bantuan program Smart-PLS. Hasil analisis membuktikan bahwa motivasi kerja mampu mengintervensi secara positif pengaruh kualitas kehidupan kerja dan kompetensi klinis terhadap budaya keselamatan pasien, sehingga dengan adanya peran intervensi motivasi kerja maka kualitas kehidupan kerja dan kompetensi klinis mempunyai pengaruh yang lebih besar. berpengaruh dalam meningkatkan budaya keselamatan pasien. Kualitas kehidupan kerja dan kompetensi klinis berpengaruh positif dan signifikan terhadap motivasi kerja dan budaya keselamatan pasien, serta motivasi kerja berpengaruh positif dan signifikan terhadap budaya keselamatan pasien.

**Kata Kunci:** Kualitas kehidupan kerja, Kompetensi klinis, Motivasi, Budaya keselamatan pasien, Perawat

### 1. INTRODUCTION

Patient safety culture is a basic principle that must be used as a work guideline for health workers so that health services avoid patient safety incidents which are a form of substandard service (Mohammed et al., 2021), the workload owned by nurses can also determine the consistency of nurses to comply with the principles of patient safety culture (Indrawati et al., 2022), a patient safety culture directs nurses to professionally deliver quality services (Khoshakhlagh et al., 2019), a patient safety culture shapes nurses to be able to determine the

right actions to avoid patient safety risks (Beyene Shashamo et al., 2023), patient safety culture prevents patient safety incidents from occurring (Granel-Giménez et al., 2022), and the principle is used to protect nurses from misconduct, as well as to protect patients from substandard health care (Alsulami et al., 2022), because the patient safety culture based on (AHRQ, 2021) consists of aspects of communication about errors, openness of communication, information exchange, management support, continuous improvement, reporting culture, response to errors, work speed, leadership support, teamwork.

One of the ways organizations motivate their members to react to the demands of the organization is by realizing a good quality of work life (Tri et al., 2021), a quality of work life will motivate nurses to produce quality nursing services (Slemm & Zakaria, 2022), and it is important to pay attention to the quality of work life, because it will affect work motivation (Shankar, 2022). The quality of work life includes activities in the organization that are carried out as an effort to improve a working life condition that can arouse work morale in preventing patient safety incidents (Wang et al., 2020), Improving the quality of work life is needed to form consistency for nurses to make patient safety culture a work principle (Schwartz et al., 2019), with the creation of a good quality of work life, will form a nurse discipline to always adhere to the culture of patient safety (Kang et al., 2024). The quality of work life is also related to aspects of communication, problem solving, career development, employee engagement, and a sense of pride in the organization, balanced compensation, safety of the work environment, a sense of security, and the facilities obtained (Cascio, 2003).

Clinical competence in nursing services is the basic capital that nurses must have in order to be able to carry out their role as nursing care providers, competencies are obtained by nurses through formal education, while competency development is provided by organizations through a training system and also provides experience through a practice-based training system (Anggela et al., 2023), clinical competence is a measure of nurses' work discipline to make patient safety culture a basic principle of professional nursing care (Zaitoun et al., 2023), with qualified clinical competence, directing nurses to behave in a disciplined manner towards their work by striving to uphold the culture of patient safety (Han et al., 2020), clinical competence motivates nurses to deliver quality services (Abadi & Norawati, 2022), the level of clinical competence determines the effectiveness of safe nursing services, where nurses are motivated to establish collaborative relationships and effective communication with the nursing team so that quality services can be delivered to patients (De Miguel et al., 2023), clinical competence determines the level of work motivation of nurses to deliver safe services to patients where the patient safety culture is used as the foundation of work (Chang &

Manojlovich, 2023), and clinical competencies related to aspects of professional practice, nurturing, and developing personal and professional qualities (Potter et al., 2016).

To build consistency among nurses in making patient safety culture a working principle, management needs to pay attention to the work motivation that underlies nurses to react to their duties and responsibilities (Padauleng et al., 2020), and work motivation can be present from the side of the individual himself and also from the side of the organization that demands the role of its members to react (Alrawahi et al., 2020). Work motivation is the main foundation that encourages nurses to be willing to carry out their duties and responsibilities professionally, thus avoiding incidents in nursing services (Rizkia et al., 2022), work motivation drives nurses to stick to a patient safety culture (Seo & Lee, 2022), and with work motivation will make nurses always consistent in carrying out safe nursing services, where the culture of patient safety is used as a working principle (Yong et al., 2021), because work motivation consists of two factors, namely intrinsic factors and extrinsic factors (Herzberg, 1959).

RS X is a class C private hospital that runs inpatient nursing services, and is inseparable from mishandling patients. Based on information from the nursing quality section, there have been several patient safety incidents in 2023 such as unexpected incidents in the form of 14 cases of patients falling, 5 cases of near-injury, 4 cases of non-injury, and 7 cases of potential injury. Meanwhile, in 2022, there were only 3 cases of patient falls, 2 cases of almost injury, 1 case of non-injury and only 1 case of potential injury. Referring to the information, it can be seen that the incident is contrary to the purpose of implementing Permenkes No. 11 of 2017 concerning patient safety, which should be able to deliver nursing care safely to patients, and the significant increase in the incidence of patient falls and several other patient safety incidents indicates a problem of patient safety culture that should be used as a basic principle that will keep nurses at risk handling of patients who cause potential injury.

Based on the description above, it can be seen that many factors affect patient safety culture to be able to provide safe and quality nursing services, and it is proven by several relevant studies, that patient safety culture can be influenced by quality of work life, clinical competence and work motivation, but it can be seen that none of these studies have united these four variables in one complete study. So that this research has a novelty that unites the variables of quality of work life, clinical competence and work motivation in influencing patient safety culture. And based on the problem of increasing the number of patients falling and several patient safety incidents in 2023, compared to 2022, and also the results of a preliminary survey describing the problems in each research variable, it became an idea to conduct further research

with the aim of empirically revealing the influence of work-life quality and clinical competence on patient safety culture with work motivation as an intervening variable.

### Conceptual Framework

According to the results concluded by previous studies and the research objectives that have been set, several research hypotheses are formulated as initial assumptions that must be revealed through the results of the analysis:

**H1:** Quality of work life and clinical competence affect patient safety culture with work motivation as an intervening variable.

**H2:** The quality of work life affects the work motivation of nurses.

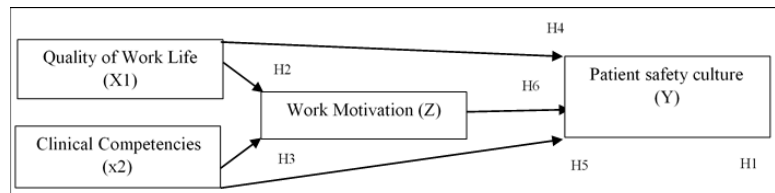
**H3:** Clinical competence affects nurses' work motivation.

**H4:** The quality of work life affects the patient safety culture.

**H5:** Clinical competence affects patient safety culture.

**H6:** Work motivation affects the patient safety culture.

In accordance with the hypothesis that has been formulated, the following is described as a conceptual framework as a research paradigm that connects the relationship between research variables:



**Figure 1. Research Model**

## 2. METHOD

### Research Design

This research is included in the quantitative type with a causality design that aims to analyze the possibility of a causal relationship between variables, so that it can prove the classification of each variable.

### Participants and Data Collection Techniques

The research was conducted in one of the privately owned hospitals located in Bekasi. The population in this study is nurses on duty in outpatient installations, with a total population of 77. The sample determination technique uses total sampling so that the number of samples is determined as many as 77 respondents. The data source was obtained from primary data by

collecting data using a survey method through a questionnaire developed by ourselves based on the dimensions adopted from the theory on each variable, using a Likert point scale of 4 -1 consisting of a score of 4 strongly agree (SA). Score 3 agree (A), score 2 disagree (DA), score 1 strongly disagree (SDA). The middle score is not used to avoid answers that describe the respondent's doubts to answer, so a score of 4 – 1 is used.

## **Instruments**

The measurement of patient safety culture instruments is aimed at measuring the level of nurse discipline to make patient safety culture a working principle to avoid patient safety incidents, with the dimensions of communication about errors, communication openness, information exchange, management support, continuous improvement, reporting culture, response to errors, work speed, leadership support, teamwork (AHRQ, 2021) and consists of 20 items of. Work-life quality instruments are intended to measure Nurses' Commitment to Hospital Management's Efforts in Meeting All Needs Related to Patient Safety In an inpatient installation, with dimensions of communication, problem solving, career development, employee engagement, and a sense of pride in the organization, balanced compensation, work environment safety, a sense of security, and the facilities obtained (Cascio, 2003), and consists of 18 statements. The clinical competency instrument is intended to measure the knowledge and skills of nurses in providing quality services for patients in inpatient installations, with the dimensions of professional practice, caregiving, and developing personal and professional qualities (Potter et al., 2016), and consists of 12 items of statements. The work motivation instrument is aimed at measuring nurses' perception of the motivation that underlies their work behavior to realize quality services, with the dimension referring to the two-factor theory of (Herzberg, 1959) which consists of the dimensions of intrinsic factors and extrinsic factors, and consists of 10 statements. The pretest was carried out on 30 respondents outside the research sample using the product moment correlation technique and the reliability test using the *Cronbach's Alpha*. The results of the validity test concluded that in all research variables, all instruments had a calculation value of  $> 0.361$  so that all statement instruments in the research variables were used in their entirety, and the reliability test showed that all instruments had a reliability value of  $> 0.60$ , so that all instruments could be relied on in follow-up surveys.

## Data Analysis Techniques

Descriptive statistical analysis is used to describe the actual state of each research variable with the approach *Three Box Method* referring to opinions (Ferdinand, 2014) which divides the interval scale is divided into three size ranges consisting of 19.25 – 38.5 low category (L), 38.6 – 57.75 medium category (H) and 57.76 – 77 high category (M). Hypothesis testing using PLS-SEM with the help of a program *Smart-PLS* which consists of (1) Test *Outer Model* (a) Assess the charge factor assuming that the charge factor value  $> 0.70$  is declared valid (Hair et al., 2019). (b) The validity of the construct that refers to the VE value if  $> 0.50$  then it is declared valid (Hair et al., 2019). (c) The reliability test of the construct refers to the value of *Cronbach's Alpha* and CR if  $> 0.70$  is declared reliable (Hair et al., 2019). (d) The structural model fit test refers to the SMRM value if  $< 0.1$  then the model is declared fit (Hair et al., 2019). (2) Test *inner model* which consists of (a) Assessing the determination coefficient referring to the value of  $R^2$  assuming that the value of  $R^2$  0.67 (strong influence), 0.33 (moderate influence) and 0.19 (weak influence), (2) Analysis of direct influence coefficients and interactions. (c) Hypothesis test with a significance level of 5% so that if the tcal value  $> 1.96$  hypotheses are accepted (Hair et al., 2019).

## 3. RESULTS AND DISCUSSION

### Respondent Profile

Based on the results of the analysis of 77 respondents surveyed, in the gender category, the highest respondents were female as many as 67 respondents (87%). In respondents based on age category, the highest was in the age range of  $> 35$  years as many as 34 respondents (44%). In the respondents based on the last education, the highest with the last education of Nurses was 46 respondents (60%). In respondents based on working period, the highest range was 6-10 years as many as 44 respondents (57%).

### Description of Research Instruments

**Table 1. Results of Analysis of Research Instruments**

| Variable                | Index |   |   | Behaviour  |
|-------------------------|-------|---|---|------------|
|                         | L     | M | H |            |
| Quality of working life |       | * |   | Satisfied  |
| Clinical Competencies   |       |   | * | Skilled    |
| Work motivation         |       |   | * | Compelled  |
| Patient safety culture  |       | * |   | Commitment |

Source: Primary data processing, 2024

Based on the table above, it can be explained that the behavior of the respondents is in accordance with the applicable index and theory, as follows: The variable quality of work life is at a moderate level, with the highest index in the communication dimension, this situation shows the behavior of nurses who are satisfied with the quality of their work, so that they are committed to carrying out safe nursing services for patients. The clinical competency variable is at a high level, with the highest index in the professional practice dimension, this situation shows the behavior of nurses who are skilled in using their expertise, so that they are committed to carrying out nursing services that are safe for patients. The variable of work motivation is at a high level, with the highest index in the intrinsic factor dimension, this situation shows the behavior of nurses who are encouraged to carry out safe nursing services, so that they are always committed to complying with the patient safety culture. The variable of patient safety culture is at a moderate level, with the highest index in the dimension of communication openness, this situation shows the behavior of nurses who are active in speaking up when they see the potential that will cause risks to patients, as a form of their commitment to patient safety culture.

### Factor Charge Analysis

Based on the results of the analysis, in the variable indicators of patient safety culture, there are 5 indicators that are invalid because they have a load value of  $< \text{factor } 0.70$ , namely in the indicators BKP5, BKP7, BKP10, BKP18, BKP19. In the variable of quality of work life, there are 2 indicators that are invalid in KK3 and KK18. In the clinical competency variable, there is 1 invalid indicator, namely KL6, and in the work motivation variable, there is 1 invalid indicator, namely MK10. So that all indicators with a value of  $< 0.70$  are eliminated, because they cannot describe the relationship between indicators and their latent variable constructs. As for all valid indicators, they are used in further research

### Construct Validity and Reliability Test

**Table 2. Construct Validity and Reliability Test**

| Variable | Cronbach's Alpha | Composite Reliability | Average Extracted Variance (AVE) |
|----------|------------------|-----------------------|----------------------------------|
| X1       | 0.950            | 0.972                 | 0.729                            |
| X2       | 0.941            | 0.949                 | 0.607                            |
| Z        | 0.962            | 0.933                 | 0.622                            |
| Y        | 0.932            | 0.971                 | 0.593                            |

Source: *Smart-PLS Output*, 2024

Based on the table above, it can be seen that all AVE values are  $> 0.50$ , according to the assumption of decision-making, then all indicators in each variable are homogeneous from each research variable. Based on table 4.14, it is known that *Cronbach's Alpha* value and CR value are  $> 0.70$ , so it is concluded that all reliable research variables and indicators of all research variables used are good constructs in forming a latent variable

## Model Fit Test

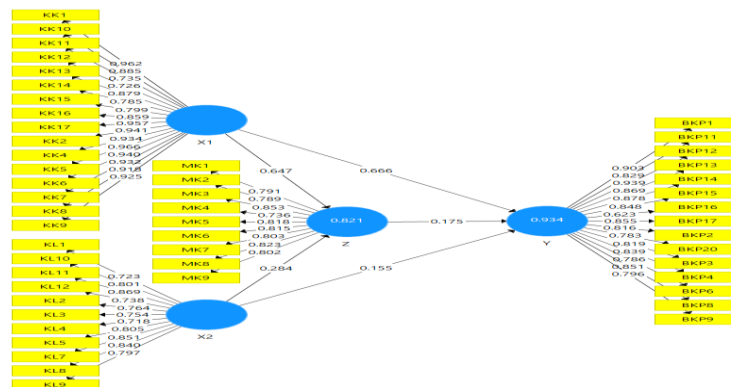
**Table 3. Model Fit Test**

|      | Saturated Model | Estimated Model |
|------|-----------------|-----------------|
| SRMR | 0.081           | 0.011           |

Source: *Smart-PLS Output*, 2024

Based on the table above, the SRMR value shows a  $<$  value of 0.1 so that the results explain that the research model can be said to be *Fit* to measure the relationship between the latent variable and the observed variable (Hair et al., 2019).

## Inner Model Analysis



**Figure 2. Coefficient Model Path Diagram**

Source: *Smart-PLS Output*, 2024

Based on the figure, the results of the analysis of direct and indirect influences are concluded and will form a total influence, with the following summary:

**Table 4. Results of Direct Impact Analysis**

| Structure   | Influence | Coefficient | R2    |
|-------------|-----------|-------------|-------|
| Structure 1 | X1→Z      | 0,647       | 0,821 |
|             | X2→Z      | 0,284       |       |
| Structure 2 | X1→Y      | 0,666       | 0,934 |
|             | X2→Y      | 0,155       |       |
|             | Z→Y       | 0,175       |       |

Source: Researcher's preparation, 2024



In the analysis of substructure 1, the function of the direct influence equation  $Z = 0.647(X1) + 0.284(X2)$  and the value of the determination coefficient showed a value of 0.821. The results explain that the quality of work life and clinical competence have a positive effect on work motivation, so that when the quality of work life and clinical competence are improved by one unit, work motivation will increase by 64.7% through the quality of work life and 28.4% through clinical competence, and these two variables contribute by 82.1% in creating work motivation, and this percentage explains that simultaneously the quality of work work-life and clinical competence have a strong contribution to creating work motivation (Hair et al., 2019).

In the analysis of substructure 2, the function of the direct influence equation  $Y = 0.666(X1) + 0.155(X2) + 0.175(Z)$  and the determination coefficient showed a value of 0.936. The results explain that the quality of work life, clinical competence and work motivation have a positive effect on the patient safety culture, so that when the quality of work life, clinical competence and work motivation are improved by one unit, the patient safety culture will increase by 66.6% through the quality of work life, 15.5% through clinical competence, and 17.5% through work motivation, and these three variables contribute 93.4%% in creating a patient safety culture, and this percentage explains that simultaneously the quality of work life, clinical competence and work motivation, quality of work life, clinical competence and work motivation have a strong contribution in creating a patient safety culture (Hair et al., 2019).

**Table 5. Results of Indirect and Total Impact Analysis**

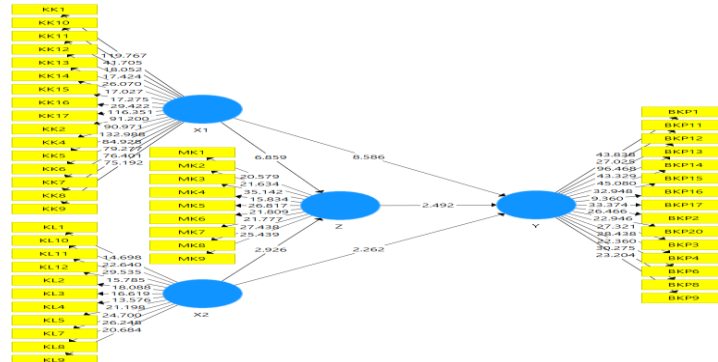
| Influence                        | Indirect Influence | Total Influence |
|----------------------------------|--------------------|-----------------|
| $X1 \rightarrow Z \rightarrow Y$ | 0,113              | 0,779           |
| $X2 \rightarrow Z \rightarrow Y$ | 0,050              | 0,205           |

Source: Researcher's preparation, 2024

In the analysis of indirect influences, it was found that the path equation  $0.113(X1) + 0.050(X2)$  of the equation explained that work motivation positively intervened in the influence of quality of work life by 11.3% and clinical competence by 5% on patient safety culture. The results of the total influence analysis found a pathway equation of  $0.779(X1) + 0.205(X2)$  which means that if there is work motivation, then the quality of work life and clinical competence will be higher to improve the patient safety culture compared to the absence of the intervention role of work motivation, where the patient safety culture will increase by 77.9% through the quality of work life and 20.5% through clinical competence. The results explain that with work motivation, the quality of work life and clinical competence will have a greater influence in improving the patient safety culture, because the total influence

produced by the quality of work life is 77.9% > the direct influence is 66.6% and the total influence produced by clinical competence is 20.5% > direct influence is 15.5%.

## Hypothesis Test



**Figure 3. Significance Test Path Diagram**

Source: *Smart-PLS Output*, 2024

**Table 6. Summary of Hypothesis Test**

| Total Influence   | TValue | Conclusion  |
|---|--------|-------------|
| Quality of work life→Work motivation→Patient safety culture | 13,815 | H1 Accepted |
| Clinical competence→Work motivation→Patient safety culture  | 3,291  |             |
| Direct Influence  | TValue | Conclusion  |
| Quality of work life→Work motivation                        | 6,859  | H2 Accepted |
| Clinical competence→Work motivation                         | 2,926  | H3 Accepted |
| Quality of work life→Patient safety culture                 | 8,586  | H4 Accepted |
| Clinical competence→Patient safety culture                  | 2,262  | H5 Accepted |
| Work motivation→Patient safety culture                      | 2,492  | H6 Accepted |

Source: Researcher's preparation, 2024

## The Influence of Work-Life Quality and Clinical Competence on Patient Safety Culture with Work Motivation as an Intervening Variable

The results of the analysis concluded that the quality of work life and clinical competence have an effect on patient safety culture with work motivation as an intervening variable, and means that work motivation is able to intervene in the influence of work life

quality and clinical competence on patient safety culture, so that with the intervention role of work motivation, the quality of work life and clinical competence can greatly improve patient safety culture. The situation shows that with work motivation, the quality of work life felt by nurses and the clinical competence possessed by nurses, has a greater influence in shaping the consistency of nurses to comply with the patient safety culture as a work principle that keeps away from substandard nursing services. This proves that work motivation is the desire to do a job to achieve its goals (Herzberg, 1959), work motivation can be present from the side of the individual itself and also from the side of the organization that demands the role of its members to react (Alrawahi et al., 2020), work motivation is the main foundation that encourages nurses to be willing to carry out their duties and responsibilities professionally, so as to avoid incidents in nursing services (Rizkia et al., 2022), and with work motivation will make nurses always consistent in carrying out safe nursing services, where the culture of patient safety is used as a working principle (Yong et al., 2021).

### **The Effect of Quality of Work Life on Work Motivation**

The results of the analysis concluded that the quality of work life affects work motivation, which means that, with the improvement of the quality of work life, the work motivation of nurses will increase, and it can be seen that the quality of work life dominates its influence in increasing work motivation compared to clinical competence. The situation shows that the facilities obtained dominate their satisfaction with the quality of their working life, where they are satisfied with the management's concern in providing complete facilities to improve patient safety, and care about paying attention to the comfort of the workspace to discuss effective nursing services, so that they are encouraged to be responsive in providing quality services for patients as a form of work professional. and correcting errors in nursing services as a learning. This result is in line with the opinion that the quality of work life is the perception of employees that they want a sense of security, satisfaction and opportunity as human beings, which will encourage them to take responsibility for their work in the organization (Cascio, 2003), for this reason, hospital management needs to create a good quality of work life so that nurses are motivated to produce optimal nursing services (Al-Dossary, 2022) because Quality of work life will motivate nurses to produce quality nursing services (Slemm & Zakaria, 2022), and it is very important to pay attention to the quality of work life, because it will affect work motivation (Shankar, 2022).

### **The Effect of Clinical Competence on Work Motivation**

The results of the analysis concluded that clinical competence has an effect on work motivation, which means that, with the increase in clinical competence, the work motivation of nurses will increase, and it can be seen that clinical competence has a lower effect than the quality of work life in increasing the work motivation of nurses. The situation shows that professional practice dominates the competence of nurses where they know how to apply the principles of nursing ethics professionally, facilitate the need for oxygen quickly, facilitate the need for electrolytes and fluids quickly, and how to administer medication safely and correctly, so that they are encouraged to be responsive in providing quality services for patients as a form of work professional, and correct errors in services nursing as a learning, so that they are encouraged to be responsive in providing quality services for patients as a form of work professional, and correcting errors in nursing services as a learning. These results are in line with the theory that clinical competence is a competency that must be possessed by nurses to provide professional nursing care (Potter et al., 2016), because clinical competence will motivate nurses to deliver quality services (Abadi & Norawati, 2022), and clinical competence determines the level of motivation of nurses to deliver safe services to patients where the patient safety culture is used as the foundation of work (Chang & Manojlovich, 2023), as well as the level of clinical competence determines the effectiveness of safe nursing services, where nurses are motivated to establish collaborative relationships and effective communication with the nursing team so that quality services can be delivered to patients (De Miguel et al., 2023).

### **The Influence of Quality of Work Life on Patient Safety Culture**

The results of the analysis concluded that the quality of work life affects the patient safety culture, which means that by improving the quality of work life, it will increase the commitment of nurses to adhere to the patient safety culture, and it can be seen that the quality of work life dominates its influence in improving patient safety culture compared to clinical competence and work motivation. The situation shows that the facilities obtained dominate the satisfaction of nurses with the quality of their working life, where they are satisfied with the concern of the management in providing complete facilities to improve patient safety, and care about paying attention to the comfort of the workspace to discuss effective nursing services, thus forming a nurse's commitment to always speak up when seeing something that has a negative impact on patient care. and speak up when there is more authority to do something that is not safe for patients. This is in line with the opinion that quality of work life is the process by which an organization responds to the needs of employees by developing a

mechanism to allow employees to give full input and participate in decision-making and managing their work life in an organization, and this situation can satisfy the personal needs of employees (Robbins & Judge, 2017), because the quality of work life is needed to form consistency for nurses to make patient safety culture a working principle (Schwartz et al., 2019), with the creation of a good quality of work life, will form a nurse discipline to always adhere to the culture of patient safety (Kang et al., 2024).

### **The Effect of Clinical Competence on Patient Safety Culture**

The results of the analysis concluded that clinical competence has an effect on patient safety culture, which means that with the improvement of clinical competence, it will increase the commitment of nurses to adhere to the patient's patient safety culture, and it can be seen that clinical competence is the weakest variable that is able to improve patient safety culture compared to the quality of work life and work motivation. The situation shows that professional practice dominates the competence of nurses where they know how to apply the principles of nursing ethics professionally, facilitate the need for oxygen quickly, facilitate the need for electrolytes and fluids quickly, and how to administer medication safely and correctly, thus forming a commitment of nurses to always speak up when they see something that has a negative impact on patient care, and to speak up when there is more authority doing something that is not safe for the patient. These results are in line with the theory that clinical competence is a competency that must be possessed by nurses to provide professional nursing care (Potter et al., 2016), because clinical competence is a measure of nurses' work discipline to make patient safety culture a basic principle of professional nursing care (Zaitoun et al., 2023), and with qualified clinical competence, directing nurses to behave disciplined towards their work by striving to uphold the culture of patient safety (Han et al., 2020).

### **The Effect of Work Motivation on Patient Safety Culture**

The results of the analysis concluded that work motivation has an effect on patient safety culture, which means that with an increase in work motivation, it will increase the commitment of nurses to adhere to the patient safety culture, and it can be seen that work motivation has a lower effect than the quality of work life in improving patient safety culture, although it is greater than clinical competence. The situation shows that intrinsic factors dominate the work motivation of nurses where they are encouraged to be responsive in realizing patient safety in nursing services and serving patient needs quickly as a form of responsibility, as well as providing quality services for patients as a form of work professionalism, preventing

potential injuries to patients to maintain the trust of patients' families, and correcting mistakes in nursing services as a learning. Thus forming a commitment of nurses to always speak up when they see something that has a negative impact on patient care, and speak up when there is more authority to do something that is not safe for patients. This result is in line with the theory that work motivation is the desire to do something to achieve its goals (Herzberg, 1959), and work motivation is a set of forces, both from within and from outside the individual, that encourage him to behave (McClelland, 1987), because work motivation is the main foundation that encourages nurses to be willing to carry out their duties and responsibilities professionally, so as to avoid incidents in nursing services (Rizkia et al., 2022), work motivation drives nurses to stick to a patient safety culture (Seo & Lee, 2022), and with work motivation will make nurses always consistent in carrying out safe nursing services, where the culture of patient safety is used as a working principle, (Yong et al., 2021).

#### **4. CONCLUSION**

Work motivation is able to positively intervene in the influence of work-life quality and clinical competence on patient safety culture, so that with the role of work-motivation intervention, the quality of work-life and clinical competence have a greater influence in improving patient safety culture. The quality of work life and clinical competence have a positive and significant effect on work motivation and patient safety culture, and work motivation has a positive and significant effect on patient safety culture. The quality of work life is the dominant variable that is able to improve the patient safety culture. The managerial implications of this study are the improvement of the marketing system, the improvement of the professional nursing practice method system, by running the team method to form effective nursing teamwork so that nurses are committed to effective teamwork and helping each other in busy times. This study is limited in analyzing the patient safety culture from the perspective of nurses, and does not include an assessment from the head of the room or management as a *user*, so it is hoped that the next research will conduct an assessment of the patient safety culture from the perspective of the head of the room or management based on the performance produced between nurses, so that the results of the research are not biased, and in accordance with the work performance of each nurse.

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