Personal Mastery Nursing Models to Improve Quality and Patient Safety Performance

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Abstract--- The nurses' performance in terms of quality and patient safety in the health services is still low. The low performance of the nurses is an indicator of the nurses' low personal mastery. The aim of this study was to develop personal mastery models to improve the nursing performance in the domains of quality and patient safety. This study used an explanatory design with 126 respondents. The sample was selected using the cluster sampling technique. The data was collected using a questionnaire that had been tested for validity and reliability. The variables included organizational characteristics, job characteristics, individual characteristics, personal mastery and the nurse's performance in terms of quality and patient safety. The data was analyzed using partial least square. A focus group discussion was conducted with nurses, chief nurses and the hospital management to identify the strategic issues present and to compile recommendations. The results showed that the organization factor influenced the nurse's characteristics (t=3.631) and that job characteristics influenced the nurse's characteristics (t=2.028). The nurse's characteristics influenced personal mastery (t=15.703), the organization factor influenced personal mastery (t=3,764) and personal mastery influenced nursing performance in relation to quality and patient safety (t=3.225). The nurse's characteristics did not influenced the nursing performance in terms of quality and patient safety (t=0.919). The personal mastery models improved the nurse's performance by 36.98 %. The personal mastery model was developed through organizational support, the clarity of their job description and increasing the capacity of individual nurses. Further studies must be conducted to analyze the effects of personal mastery, nursing performance and patient satisfaction.

Keywords--- Personal Mastery; Nurses'; Performance in Quality and Safety

I. INTRODUCTION

The nurses' performance in terms of quality and patient safety in the health services is still low. The low performance of the nurses is due to the low personal mastery of the nurses. Nurses who have low personal mastery will have a low personal vision, poor creativity, low commitment, low sense of self-awareness and poor self-regulation when it comes to carrying out quality and patient safety [1]. The implementation of quality and patient safety is one of the nurses' personal responsibilities that is carried out on an ongoing basis. It involves the personal vision, creativity, awareness, competence

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and self-regulation of the nurses. The research found that only 16% of nurses were dedicated to improving the quality and safety of patients in hospitals [2]. The low performance of the nurses in relation to quality and patient safety has an impact on the patients, namely as their safety is threatened and the right to get quality health services is not achieved.

The Institute of Medicine (IOM) reported on the results of its research in the United States in 2000 in Utah and Colorado. It found that adverse events made up 2.9% in which 6.6% of them died. In New York, 3.7% died with a mortality rate of 13.6%. Mortality due to adverse events inpatients across America, amounting to 33.6 million per year, ranges from 44,000 to 98.000 patients [3]. According to the Hospital Patient Safety Commission (KKP-RS) regarding the number of Patient Safety Incidents (IKP) in hospitals for the period 2017-2019, there were 97 cases of IKP with 12 (12.37%) adverse events and 2 (2.06%) sentinel events. This data shows that the implementation of quality and patient safety in the hospitals by nurses in recent decades is experiencing a crisis [4]. The nurses still have a negative perception and level of dedication to the quality improvement and patient safety program in the hospital [5].

The nurses' performance in terms of quality and patient safety is built on the theory of productivity in organizations [6] as well as on the factors that can improve performance through personal mastery [1] developed by Bui [7]. The productivity determinants consist of the direct determinants of individual characteristics (motivation, attitudes, competencies and personal values) and the indirect determinants of job characteristics (job feedback, variations in job assignments and job design) and organizational characteristics (leadership, development and training). Individual characteristics such as competence, motivation and personal values and organizational characteristics such as leadership, training and development contribute to the influence on personal mastery [7].

The implementation of quality and patient safety as a goal has not yet been reached. This standard is due to the organizational factors and individual nurse factors. The organizational factors include the lack of leadership role when socializing the hospital policies related to the culture of patient safety in hospitals. The aim is to improve the quality and safety of the patients in hospitals. The individual factors of the nurses include a lack of awareness, attitude, motivation and the intention of the nurses to improve the implementation of better quality and patient safety in hospitals [8]. Individual nurses who have a high level of personal mastery are very necessary when it comes to achieving the goals of the hospital, namely quality health services and focusing on patient safety. Research shows that *personal mastery* has a positive and significant relationship with quality and productivity improvements [9]. The attributes of individual nurses are an important collective factor in the development of personal mastery to improve performance [10]. Personal mastery is an individual's ability to grow and learn continuously in order to deepen their personal vision, to focus on creativity, to see reality more objectively and to increase self-awareness and self-regulation in improving organizational performance [1]. Ang (2016) asserts that personal mastery refers to the extent to which an individual's feelings control their life and how they adapt to unexpected conditions [12]. The weakness of the previous research is that the research has been more focused on *personal mastery* as an individual attribute that affects productivity and the quality of the work. The nurses' performance in terms of quality and patient safety is influenced by organizational support, individual characteristics and job characteristics [6]. This phenomenon confirms that the development of personal mastery is done by focusing on individual nurses and organizations that have not been proven to improve nursing performance in relation to the quality and safety of the patients in hospitals. Nurses who have personal mastery have the ability to analyze situations and they are expected to continuously build a personal vision, to improve their self-awareness, to self-regulate and to create tension so as to be able to carry out quality and patient safety effectively. The aim of this study was to develop a *personal mastery* model to improve the nursing performance related to quality and patient safety.

II. METHODS

The study used an explanatory design to explain the causal relationship between the variables [19]. The population in this study consisted of all of the nurses in one of hospitals in East Nusa Tenggara, Indonesia. The inclusion criteria of this study were nurses with a minimum nursing diploma level of education and a work period of 1 year. The sample population was selected using a cluster sampling technique with a sample size of 126 respondents. Cluster sampling divided by the unit of workspace resulted in 2 work units, namely the inpatient and critical care rooms. The independent variables in this study included the organizational characteristics, the individual characteristics of the nurses, the job characteristics and the personal mastery of the nurses. The dependent variable in this study included the performance of the nurses when implementing quality and patient safety. The data was collected from November 2019 onward using a questionnaire.

The development and training instruments were assessed using the questionnaire developed by Forssen and Haho [20]. The leadership instruments used the Leadership Behavior Inventory (LBI) questionnaire developed by Howard and Kent [21]. The attitude of the nurses used a questionnaire [19], the nurse competencies used a questionnaire developed by Spreitzer[22], the motivation of the nurses used a questionnaire [23] and the personal values used a questionnaire developed by Kahle. Job design was assessed using a questionnaire developed by the researcher. The measurement of personal mastery used a questionnaire [24] and the performance of the nurses in terms of quality and patient safety used a questionnaire that included 6 dimensions of quality and safety developed by IOM [3]. The questionnaire was tested for validity with an r table result of >0.444. This shows that it is valid. The reliability test was done using Cronbach's alpha with a value between .650 and .997.

The data was analyzed using Structural Equation Modeling (SEM) with Partial Least Square (PLS) to develop the nursing performance model based on personal mastery. Based on the data analysis, the researchers formulated the strategic issues through focus group discussions (FGD). FGDs were conducted in two groups, namely an associated nursing group with 14 members and a group consisting of the NUM, quality and patient safety committee and hospital management individuals. The researchers compiled the development of the models and provided recommendations on the performance of the nurses based on their personal mastery. Ethical clearance testing for this study was carried out by the ethics committee of the Faculty of Nursing, Universitas Airlangga, Surabaya with certificate number 1797-KEPK granted on October 21st 2019

III. RESULTS

- Characteristics of the respondents

Table 1 shows that most of the respondents were female nurses with an age range of 21-40 years. The most common level of education was a nursing diploma while the most common employee status was that of a government employee with an average length of working of 11-20 years. Most of the respondents came from inpatient units. It was found that 43.7% of respondents had never attended training quality and patient safety.

Table 1. Characteristics of the respondents in the personal mastery models (n=126)

Characteristics of the respondents	n	%
Gender		
Male	19	15.1
Female	107	84.9
Age		
40-60 years old	23	18.3
21-40 years old	103	81.7
Education		
Nursing diploma	101	80.2
D4 / Nurse	25	19.8
Master of Nursing	0	0

Characteristics of the respondents	n	%
Length of working		
1-5 years	27	21.4
6-10 years	44	34.9
11-20 years	51	40.5
>20 years	4	3,2
Quality and safety training		
Ever	71	56.3
Never	55	43.7
Work unit		
Inpatient	100	79.4
Intensive care	26	20.6
Employee Status		
Government employee	101	80.2
Contract worker	25	19.8

- Distribution of the variables

Table 2 shows that the distribution of the development and training variable of the nurses was found to be 25.4% and thus in the 'enough' category. It has been found that the negative nurses' perceptions of leadership in organizations totaled 16.7%. Most found that the work design in hospitals is included in the good category. The nurses have a positive attitude and high competence but the motivation of the nurses is partly included in the moderate category. It was found that 6.4% of the nurses had low motivation. The characteristics related to the personal values of the nurses showed that 23.2% of the nurses were looking to act safety when seeking to maintain patient safety. The personal mastery of the nurses includes the dimensions of personal vision, creativity, structural conflict and self-awareness in the high category. In the dimension of self-regulation, the majority of nurses are included in the moderate category. Most of the nurses 'performance according to the principles of safety, effectiveness, efficiency, equitableness and with a patient-focused were included in the good category. However, the nurses' performance according to the principle of timeliness was included in the enough category.

Table 2. Distribution of the variables in the personal mastery models (n=126)

Indicators	Categories			n	%
Organizational characteristics					
Development and training	Good	Enough	Less	126	100
	92 (73 %)	32 (25,4%)	2 (1,6%)		
Leadership	Positive	Negative		126	100
	105 (83,3%)	21 (16.7%)			
Individual Characteristics					
Attitude	Positive	Negative		126	100
	126 (100%)	0			
Competence	High	Medium	Low	126	100
	67 (53.2%)	59 (46.8%)	0		
Motivation	High	Medium	Low	126	100
	28 (22.2%)	90 (71.4%)	8 (6.4%)		
Personal value	Value oriented	Being driven value	Looking safe	126	100
	61 (48.4%)	37 (29.4%)	28 (23.2%)		
Job characteristics	Good	Enough	Less		
Job design	79 (62.7 %)	47 (37.3%)	0	126	100
Personal mastery					
Personal vision	High	Medium	Low	126	100
	76 (60.3%)	50 (39.7%)	0		
Creative tension	High	Medium	Low	126	100
	85 (67.5%)	41 (32.5%)	0		

Indicators	Categories			n	%
Structural conflict	High	Medium	Low		
	68	58	0	126	100
	(54%)	(46%)			
Self-awareness	High	Medium	Low		
	78	48	0	126	100
	(61.9%)	(38.1%)			
Self-regulation	High	Medium	Low		
	58	68	0	126	100
	(46%)	(54%)			
Nurse's performance in relation to quality and patient safety					
Safe	Good	Enough	Less		
	107	19	0	126	100
	(84.9%)	(15.1%)			
Timely	Good	Enough	Less		
	85	41	0	126	100
	(67.5%)	(32.5%)			
Effective	Good	Enough	Less		
	106	20	0	126	100
	(84.1%)	(15.9%)			
Efficient	Good	Enough	Less		
	95	30	1	126	100
	(75.4%)	(25.8%)	(0.8%)		
Equitable	Good	Enough	Less		
	96	30	0	126	100
	(76.2%)	(23.8%)			
Patient-centered	Good	Enough	Less		
	108	18	0	126	100
	(85.7%)	(14.3%)			

- Hypothesis testing

Table 3 shows the results of the hypothesis that the factors of organizational characteristics and job characteristics have a statistical value of > 1.98. These results indicate that there is a significant effect between organizational and job characteristics and the individual characteristics of the nurses. There is a significant influence present between the characteristics of the individual nurses on personal mastery. Likewise, organizational characteristics influence personal mastery. Nursing personal mastery influenced the performance of the nurses in terms of quality and patient safety. However, the results of the PLS test analysis on the individual characteristic variables obtained a statistical t value <1.98 directly based on nurse performance. This shows that the individual characteristics variable does not directly influence the performance of the nurses in patient quality and safety, even if not through personal mastery. The R square value of the individual characteristics was 0.163. This means that the influence of organizational factors and work on individual factors is 16.3%. The nurse performance model based on the nurses' personal mastery can be explained by the variability of the organizational characteristic factors, job characteristics and the individual characteristics of nurses by 58%. The validation of the overall structural model was done using goodness of fit (GOF). Personal mastery models have been predicted to improve the nurses' performance in terms of quality and patient safety by 36.98%.

Table 3. Hypothesis testing in the personal mastery models

Variable	Path coefficient	T statistic	P value	Information
The influence of organizational characteristics on the nurse characteristics	.291	3.631	0.000	Influence
The influence of job characteristics on the nurse characteristics	.178	2.028	0.043	Influence
The influence of the nurse's characteristics on *personal mastery*	.666	15.703	0.000	Influence
The influence of organizational characteristics on *personal mastery*	.208	3.764	0.000	Influence

Variable	Path coefficient	T statistic	P value	Information
The influence of *personal mastery* on nurse performance and patient quality and safety	.404	3.225	.001	Influence
The influence of the nurse's characteristics on nurse performance and patient quality and safety	-0.130	0.919	.358	Not Influence

- Focus group discussion results

Table 4 shows the results of the focus group discussion with the nurse, nurse unit manager, quality and patient safety committee and the hospital management. Based on the FGD results, the recommendation from the discussion was make a hospital policy regarding the model of enhancing the nurses' personal mastery based on individual factors. This includes the support of the organization and the work design of the nurses that can be applied to the nurses. The continuation of the socialization of the nurses' personal mastery occurs when the new nurses carry out their credentials. This improves the abilities of the individual nurses inclusive of attitude, competence, motivation and their personal values. This enhances the creative abilities of the nurses who are looking for solutions. This raises the nurses' awareness and self-regulation when it comes to improving quality and safety through learning modules. Increasing the nurses' personal mastery is done through module learning and increasing the nurses' responsibilities in terms of hospital accreditation is done so then quality and patient safety become part of the nurses' work culture.

IV. DISCUSSION

The results showed that organizational characteristics have a significant influence on the individual characteristics of the nurses. Empowering nurses through training and development can improve the overall patient safety culture. Innovative empowerment programs involve nurses through open communication, *handoffs* and transition. This is in addition to teamwork within the unit. The improvement of learning is continuous to improve the competence of the nurses when it comes to patient safety [25]. Organizational support through training, development and leadership empowerment impacts the readiness of individuals to change within the organization in terms of achieving better quality patient safety performance [26]. Organizational support through empowerment can increase the nurses' potential and motivation to adapt, to accept their environment and to more effectively overcome the bureaucratic obstacles that hinder their ability to respond. Leaders who helpless right nurse will contribute to foster staff to think critically, solve problems and develop an attitude of leadership and professionalism [27]. The characteristics of an organization that applies leadership empowerment and that seeks to improve the capacity of human resources through the knowledge, skills and motivation of its employees are the characteristics of an organization that is able to survive in a dynamic and competitive market. Capacity building regarding skilled and competent human resources can be done through training and development [28].

Most of the nurses were 21-40 years old with an average work period of 11-20 years. Demographic factors such as the age of the workers and the length of work are the main focus variables in work psychology and the organization. The integration of job design with working age can be used to better understand the effects of the job characteristics on both individual and organizational outcomes. Job design in the context of nursing services is beneficial for nurses in the older age group regarding their career advancement. Thus the work design in this age group of workers is an important factor in understanding the outcomes such as work attitude, motivation, performance, and worker welfare [29]. The work design

enhances knowledge and acts as a motivator for the employees to seek a variety of knowledge when completing their tasks [30].

The results of other studies show there to be a significant and positive relationship between the perceptions of the job description and the perception of the employee performance levels [31]. The research shows there to be a positive and significant relationship between job characteristics and internal motivation. Job characteristics are the predictors of internal motivation [32]. Attitude is very important in nursing. Attitude helps us to understand how people perceive issues and the process of care. This allows them to determine what is important, good, relevant and appropriate [33]. Poor nursing attitudes, which result in poor patient care, can severely damage the health system's ability to provide quality care and improve patient outcomes [34]. Competencies included emotional intelligence, interpersonal skills and active thinking systems, contributing to personal mastery and modified knowledge. Motivation steers the direction of behavior, the response force after people pursue a specific action and survival behavior. Motivation can arise due to the drive to meet needs such as self-esteem, opportunity, prestige, the feeling of security and a sense of achievement.

Nurses need social values to feel accepted. They need personal values to have a sense of individuality. Personal values such as freedom, altruism and the truth will form a sense of personal achievement. Therefore all nurses of the need to identify and clarify their personal values and beliefs, in addition to their assumptions about basic truths to enhance their personal mastery [35]. Nursing values are directly related to nursing as well as increasing the awareness of the role of the professional nurse [36]. The improvement of the nurses' personal mastery is strongly supported by the organizations that include development, training and leadership. Staff development can increase their personal mastery. This statement is supported by the results of research showing that training and development has the highest impact on the personal mastery of employees. This is because several training and development programs are dedicated to improving personal mastery. Moreover, organizations such as hospitals need to provide training on personal mastery as a part of the support services provided for patients.

Nurses are given competitive targets so then they can think critically when achieving their maximum performance as part of their personal development [37]. For an organization to be successful, every member of the organization must be part of the organization's goals and make it their personal goal as well. The research results explain that personal mastery influences organizational performance directly and indirectly through organizational learning and innovation [16]. Personal mastery has a positive and significant relationship with increased quality and productivity. Having a high level of personal mastery can increase the level of commitment in their lives and they see themselves as part of the organization [9]. Performance is not caused by motivation. It instead refers to the role and behavior needed to change performance [38]. It is reinforced that motivation and competence no significant effect on employee performance. Motivation and competence will have a positive effect on performance if it is mediated by job satisfaction. Organizational performance is formed from the performance of individuals who carry out optimal work with high productivity [39]. Individual nurses must have a personal vision and the ability to develop new concepts to achieve personal satisfaction [16]. Personal mastery is identified as individual excellence made up of 3 components: personal excellence, professional existence and mental existence. The dimensions of personal mastery within personal excellence consist of general knowledge, general skills, individual transformation, personal domination and spiritual development. Professional excellence consists of specialist knowledge, special skills, professional dominance and spiritual development.

Mental excellence consists of insight, perception, systemic attitude and spiritual development [17]. New findings based on the personal mastery performance models show that the organizational characteristics and job characteristics positively affect the characteristics of individual nurses. The individual characteristics of nurses are influenced by the nurses' attitudes and competencies.

Attitude is the nurse's response to the responsibilities that they have been given. Competence is the nurse's ability to carry out their responsibilities. The nurse's positive response in the form of opinions, beliefs and emotional reactions to the responsibilities given at work is supported by high nurse competence that is cognitive, affective and related to their psychomotor abilities. These features collectively form the characteristics of the nurses as competent and responsible individuals. The characteristics of the nurses who are competent and responsible will affect the increase in the nurses' personal mastery. The nurse's personal mastery is formed by personal vision and structural conflict. Personal vision refers to an intrinsic desire for the future. Structural conflict refers to the nurse's awareness of turning an inability into an ability to achieve their goals. Nurses who understand their personal vision and who are strongly committed to the truth and seek to achieve their personal vision / goals will improve their performance in the context of patient quality and safety.

V. CONCLUSION

Organizational support through training and development, as well as leadership that empowers the nurses, can increase their individual capacity. In addition, a clear job design affects the readiness of individuals to behave appropriately. Individual nurses who have increased their attitude, competencies, motivation and personal values will find it very easy to achieve high personal mastery. With high personal mastery, the nurses will have a clear vision, creativity, high commitment, high self-awareness and the self-regulation needed to improve their performance in terms of quality and patient safety. The personal mastery model was developed through organizational support, the clarity of the job description and the increased capacity of individual nurses. Further studies must be conducted to analyze the effects of personal mastery, nursing performance and patient satisfaction.

CONFLIC OF INTEREST

No conflicts of interest have been declared.

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