

## THE EFFECT OF WORKING TIME AND NURSE ANXIETY LEVEL ON PATIENT SAFETY WITH EMOTIONAL INTELLIGENCE AS A MEDIATION VARIABLE AT DR SITANALA HOSPITAL

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### ABSTRACT

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This study aims to determine the effect of working period and the level of anxiety of nurses on patient safety during the Covid-19 pandemic with the emotional intelligence of nurses as a mediating variable at RSUP DR Sitanala. The research methodology uses a quantitative approach and the analytical method used is the three box method and Path Analysis. Sampling technique using a total sampling of 190 respondents. The results of the study showed: the nurse's tenure has an influence on the emotional intelligence of nurses; nurses' anxiety level has an influence on nurses' emotional intelligence; nurses' tenure has an influence on patient safety; nurses' anxiety level has an influence on patient safety; nurses' emotional intelligence has an influence on patient safety; emotional intelligence variable is not a mediating variable between tenure and patient safety; emotional intelligence variable is not a mediating variable between the level of anxiety and patient safety. The findings of this study are that emotional intelligence is not a mediating variable between tenure and patient safety and emotional intelligence is not a mediating variable between anxiety levels and patient safety. Variable working period and level of anxiety have a significant effect on patient safety. The managerial implication of this research is an increase in religious activities to form emotional bonds in nurses so that they behave calmly and patiently, increase insight by strengthening training programs and refreshment of knowledge so that the application of patient safety goals can be handled properly and sustainably.

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**Keywords:** Working Period, Anxiety Level, Patient Safety, Emotional Intelligence.

### Introduction

The hospital as one of the health care facilities is part of the health resources that are indispensable in supporting the implementation of health efforts. The increase in science and technology in the health sector, the influence of globalization, public demands for transparency from quality health services, as well as the existence of various types of health workers with their respective

scientific devices that interact with each other make the implementation of health services in hospitals have characteristics and characteristics. very complex organization (Permenkes No. 56 of 2014). The basic essence of the hospital is the fulfillment of the needs and demands of patients who expect the resolution of their health problems at the hospital. Patients view that only hospitals are able to provide medical services as an effort to heal and recover from the pain they are suffering from. Patients expect services that

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are ready, fast, responsive and comfortable for patient complaints. (Aacharya et al., 2011)

In meeting the needs of these patients, excellent service is the main priority in hospital services. Excellent service in hospitals will be achieved if all hospital human resources have special skills, including understanding products in depth, looking attractive, being friendly and friendly, responsive (sensitive) to patients, mastering work, communicating effectively and being able to respond to patient complaints effectively. (Wiens et al., 2020) professionals (Wike, 2019). Based on data from the IGD Unit Patient in 2021 at RSUP DR Sitanala, cases with confirmed Covid-19 disease increased sharply with the total number in July-September 2021 amounting to 459 patients. With the increase in the number of Covid-19 cases, health workers, especially nurses, experienced an increase in anxiety conditions at work. One of them is the high level of workload caused by exposure to colleagues, which requires other nurses to stand guard with double shifts and nurses' anxiety towards patients, whether patients come with confirmed Covid-19 or not so that in carrying out health services for these patients nurses are not optimal. (Yusnia et al., 2021)

Nursing services as a form of professional service are an integral part that cannot be separated from the overall health service effort and also as a determining factor for the quality and image of the hospital (Asmadi, 2008). The most human resources who interact directly with patients in hospitals are nurses, so the level of anxiety during the COVID-19 pandemic that may occur in the nurse's work unit greatly affects the quality of services carried out by nurses which can be assessed as a good indicator. or poor quality of service in hospitals (Gatot, B., 2015).

Patient safety incidents are still a major problem in hospitals where various services have risks that threaten patient safety,

according to Law no. 44 of 2009 concerning Hospitals, hospitals are institutions that provide health services to the community so that hospitals are required to always provide services based on patient safety. According to the 2015 Hospital Patient Safety Committee, patient safety incidents are a medium for learning from the error process in hospital services. A patient safety incident is an event or situation that could cause or have the potential to result in injury that should not have occurred. Patient safety incidents in hospitals have different types consisting of: Potential Injury Events (KPC), Near Injury Events (KNC), Non Injury Events (KTC), Unexpected Events (KTD) or adverse events and Sentinel Events or sentinel events (Ministry of Health, 2017).

Various countries report the number of safety incidents in hospitals each year with detailed figures for each hospital. The National Patient Safety Agency 2017 reported that in the period January-December 2016 the number of patient safety incidents reported from the UK was 1,879,822 incidents. The Ministry of Health Malaysia 2013 reported the number of patient safety incidents in the January-December period as many as 2,769 incidents and for Indonesia in the 2006-2011 KKPRS period reported 877 patient safety incidents. Meanwhile, based on the incident reporting records of RSUP DR Sitanala Data, it was explained that the number of incidents that occurred only consisted of 6 incidents consisting of 5 incidents, KPC as many as 5 events, and KTD as many as 1 incident. Organizational culture is an important element in the emergence of hospital commitments in carrying out a Patient Safety Culture that has been required by the Ministry of Health with the emergence of the National Committee for Patient Safety of the Republic of Indonesia (KNKP RI). Besides being required by the Ministry of Health, Patient Safety Culture has also been included in the hospital accreditation assessment element by

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the Hospital Accreditation Commission (KARS) through the Patient Safety Target (SKP) assessment element. In the observations of researchers, SOPs regarding patient safety at RSUP DR Sitanala have not been carried out optimally. (Black et al., 2001)

From the HR data of the hospital, data obtained in the emergency unit of RSUP DR Sitanala, namely the number of health workers amounted to 190 nurses. Based on a preliminary study conducted by the author in the ER Implementation Room problems that occur in employees of RSUP DR Sitanala at the level of emotional intelligence of employees working on reporting these incidents, it is necessary to change working conditions in an ER unit. Implementation of the implementation of nursing services in accordance with SOPs which have the principle of working in accordance with standard operating procedures, researchers hope to improve patient safety so as to improve employee performance in nursing services. (How, 2016) In line with this background, the authors are interested in conducting research with the title "The Effect Of Working Time And Nurse Anxiety Level On Patient Safety During The Covid-19 Pandemic With Nurse's Emotional Intelligence As Mediation Variable At DR Sitanala Hospital."

### Theoretical Review

According to The National Patient Safety (2003), patient safety is a process

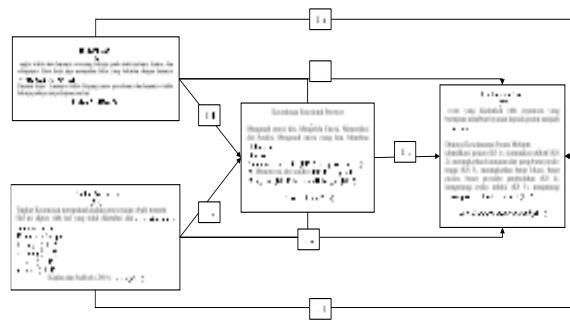
carried out by organizations that aim to make services to patients safer. The process includes risk assessment, patient risk identification and management, incident reporting and analysis, and the ability to learn from an incident, follow up on an incident, and implement solutions to minimize the risk of a similar incident happening again. (Aacharya et al., 2011)

Hospital Patient Safety (KPRS) is a system where hospitals make patient care safer. (KKP-RS PERSI 2005). Meanwhile, according to the explanation of Law 44/2009 concerning Hospitals article 43, what is meant by patient safety is a process in a hospital that provides safer patient services. (Ikom, 2016)

The Hospital Patient Safety Committee/KKP-RS (2008) defines that safety is free from danger or risk. Patient safety is a patient free from harm/injury that should not occur or free from potential harm (disease, physical injury, social, psychological, disability, death, etc.), related to health services. (Chu et al., 2021)

### Theoretical framework

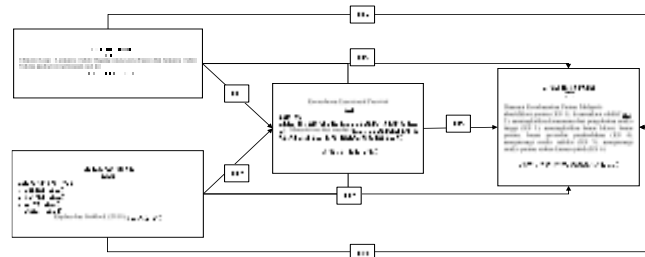
Based on the description of the theoretical study above, the relationship between one variable and another as previously stated, the theoretical framework that can be drawn up in this research is as follows:



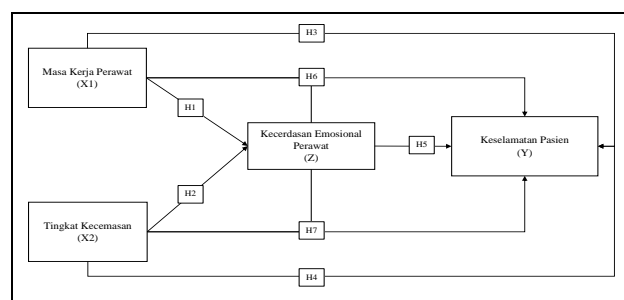
**Figure 1**  
**Research Theory Framework**

**Coceptual Skeleton**

The conceptual framework of this research follows the critical path model.



**Figure 2**  
**Coceptual Skeleton**



**Figure 3**  
**Research Constellation**  
**Research Model**

**Research Hypothesis**

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H1: the effect of nurse's tenure on nurses' emotional intelligence

H2: the effect of nurses' anxiety level on nurses' emotional intelligence

H3: the effect of the nurse's tenure on patient safety

H4: the effect of nurses' anxiety level on patient safety

H5: the influence of nurses' emotional intelligence on patient safety

H6: the effect of nurse's tenure on patient safety with nurses' emotional intelligence as a mediating variable

H7: the effect of nurses' anxiety level on patient safety with nurses' emotional intelligence as a mediating variable

### Research methods

#### Research Approach and Analysis

This research method uses quantitative methods, namely data collection using research instruments, quantitative/statistical data analysis with the aim of testing predetermined hypotheses (Sugiyono, 2010). The research design used was a descriptive correlational research design with a cross sectional approach (data collection was carried out only once). Through a descriptive correlational research design, researchers can find out the factors that influence patient safety culture at RSUP DR Sitanala, these factors consist of nurses' tenure, anxiety levels, and nurses' emotional intelligence. Analysis using SPSS 22 and AMOS 24 software. The research method used is descriptive research design (Three Box Method) and path analysis (Path Analysis).

### Data collection techniques

The data used in this study are primary data. According to Sugiyono (2014).

Primary sources are data sources that directly provide data for data collection.

Primary data collection in this study by distributing questionnaires to respondents,

where the respondents in this study were nurses. (Hidayat & Wijayanti, 2015)

According to Sugiyono (2016) a questionnaire is a data collection technique by giving a set of questions or written statements to respondents to answer. The questionnaire used in this study was a closed questionnaire with a Likert scale. With a closed questionnaire, the answers have been provided so that respondents just choose in the appropriate column or place Arikunto (2013). The data collection process is data collected by researchers obtained through filling out questionnaires by predetermined nurses. Filling out the questionnaire by the nurse was accompanied directly by the researcher, then the researcher validated the completeness and clarity of the questionnaire that had been filled out by the respondent. Then the data is processed by the researchers and the results obtained from the research. (Hassan, 2003)

### Descriptive Analysis

Index analysis using the three box method on the answers to each variable aims to find out a descriptive picture of the respondents in this study, especially regarding the research variables used. This study uses an index analysis technique that describes the respondents to the questions asked. (Tambak & Sukenti, 2019)

Based on the average score (index) which is categorized into a score range based on the calculation of the three box method (Ferdinand, 2006). The total index is 100 using the criteria of 3 boxes (three box method). Then the range (10-100) will produce a range of 30 which will be used as the basis for interpreting the index value. The use of 3 boxes (three box method) is divided as follows (ferdinand, 2006):

**Table 1**  
**Three-box Method**

	Criteria
10.00 – 40	Low
40.01 – 70	Medium
70.01 – 100	High

**Path Analysis**

This research uses path analysis method Path Analysis. Path analysis is part of the regression analysis used to analyze the relationship between variables, where the independent variables affect the dependent variable either directly or indirectly through one or more intermediaries (Sarwono, 2007). Path analysis is an extension of the simple or multiple regression equation that is required on the path of the relationship of variables involving more than one equation. Given that these variables are quantitative and use a ratio scale, so that they can be processed using path analysis using a multiple linear regression approach.

According to Sarwono (2007), path analysis should be used for conditions that meet the following requirements:

- a. All variables are numerically scaled;

- b. The pattern of the relationship between variables is linear;

- The residual variables are not correlated with the previous variables and are not correlated with each other;

- d. The model is only unidirectional.

To analyze the causal relationship between variables and systematically test the hypothesis in this study, the analytical tool used is path analysis using AMOS software for windows. With path analysis, an estimation of the causal effect between variables and the position of each variable in the path, either directly or indirectly, will be carried out. The significance of the model appears based on the beta coefficient ( $\beta$ ) which is significant to the path. (Safety & Organization, 2009)

**Results and Discussion**

**Table 2**  
**Statistical Descriptive Test Results**

Descriptive Statistics	Age (years)	Length of Work (years)
N	190	190
Minimum	22	1
Maximum	49	27
Average	31.09	9.40
median	30.00	10.00
Std. Deviation	6.33	6.40

Source: Data Processing Results, 2022

1. Age (years)

Based on the table above, it shows that the age of the youngest nurse is 22 years old, the oldest is 49 years old and the average

age is 31 years, this means that the nurses are of productive age.

2. Length of Work (years)

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Based on the table above, it shows that the length of work of nurses with a minimum value of 1 year, the maximum value of 27 years, the average length of service for nurses is 9 years, this means that nurses are experienced and many are senior nurse between the data that actually occurs on the object and the data collected by the researcher. Validity shows the extent to which questionnaire in data collection, the questionnaire that he has compiled must measure what he wants to measure. The validity test that is often used is Pearson's product moment. The validity test according to Sugiyono (2017: 125) shows the degree of accuracy a measuring instrument measures what it wants to measure. In this case, the researcher uses a

The anxiety level variable was built using the HARS scale theory with standard statements so that no validity test was needed on this variable. as 98 people

(51.6%), long working 6-10 years, namely 56 people (29.5%), female sex, as many as 122 people (64.2%), and having D3 Nursing education as many as 134 people (70.5%). nurses, namely age, length of work, gender, and education, it can be seen that most of the nurses aged between 21-30 years are as many Validity test In Table 4.2 the frequency distribution of respondents based on the characteristics of construct or variable is said to be reliable if it gives Cronbach's Alpha.

Source: Data Processing Results, 2022

**Table 3**  
**Validity Tes**

No	Variable	Statement	Conclusion
1	Working Period (X1)	3	Valid
2	Patient Safety (Y)	6	Valid
3	Emotional Intelligence (Z)	15	Valid

Reliability Test

Reliability test is used to measure the consistency of a variable. The questions in the variables are said to be reliable or reliable if the respondent's answers are consistent or stable from time to time. A value 0.70. The results of the reliability test for the variables of service period (X1), patient safety (Y), and

emotional intelligence (Z) can be seen in the following table:

**Table 4**

**Reliability Test**

No	Variable	Cronbach's Alpha	Conclusion
1	Working Period (X1)	0.772	Reliable
2	Patient Safety (Y)	0.868	Reliable
3	Emotional Intelligence (Z)	0.716	Reliable

**Source: Data Processing Results, 2022**

**Three Box Method Analysis**

This analysis uses index analysis to get the tendency of respondents' answers to each variable, it will be based on the average score (index) which is categorized as a score range in the three box method calculation.

using the three box method, the 152 range is divided into 3 parts, resulting in a range for each section of 50.7. which will be used as a list of index interpretations as follows:

The resulting index number shows a score of 38-190 with a value range of 152. By

**Table 5  
Conclusion Three Box Method**

Range	Conclusion
Value 38.0 or 88.7	Low
Value > 88.7 or 139.3	Medium
Value > 139.3 or 190.0	High

**Table 6  
Results of the Three Box Method**

No	Variable	Low	Medium	High
1	Years of service (X1)			144.5
2	Anxiety level (X2)	83.6		
3	Patient safety (Y)			144.7
4	Emotional intelligence (Z)			145.3

Based on the table above, it is known that the average value of the distribution of respondents based on the variable period of service of 144.5 is included in the high category. The average value of the distribution of respondents based on the anxiety level variable of 83.6 is included in the low category. In the anxiety level variable, the lower the index value, the lower the anxiety

or the lower the index value, the better the respondent's condition. Based on the table above, it is known that the average value of the distribution of respondents based on the patient safety variable of 144.7 is included in the high category. The average value of the distribution of respondents based on the variable emotional intelligence of 145.3 is included in the high category. (Sudana, 2011)



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**Coefficient of Determination**

The coefficient of determination shows the value of how much simultaneous influence the independent variable has on the dependent variable. The value of the

simultaneous significant effect between working period and nurses' anxiety level on patient safety is shown in the table below.

(PUTRA, 2019)

**Table 7**  
**Coefficient of Determination**

	Estimate
Working Period (X1)	0.115
Anxiety Level (X2)	0.039

Squared Multiple Correlations: (Group number 1 - Default model)

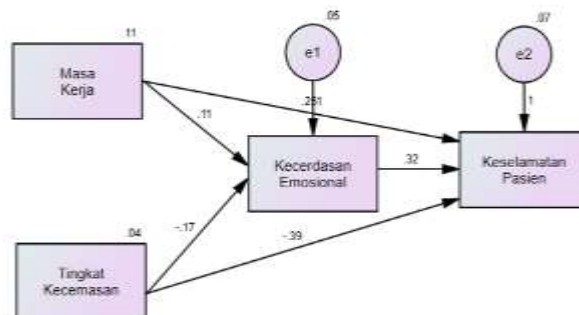
The value of the influence of the nurse's tenure on patient safety is 0.115 or 11.5% and the value of the influence of the nurse's anxiety level on patient safety is 0.039 or 3.9%. This means that the nurse's tenure has

more influence on patient safety compared to the nurse's anxiety level.

**Partial test**

Partial test is used to partially test the hypothesis between the independent variable and the dependent variable. Partial Test Results with Path Analysis are as follows

**Regression Weights: (Group number 1 - Default mode**



**Figure 4 Estimate Value on Model**  
**Path Analysis**

**Mediation Variable Test**

The results of the Path Analysis test in this study indicate that the results of the

calculation of the mediating variable are as follows:

**Table 8**  
**Standardized Direct Effects**

	Years of service (X1)	Anxiety Level (X2)	Emotional Intelligence (Z)
Emotional Intelligence (Z)	0.166	-0.149	0.000
Patient Safety (Y)	0.281	-0.256	0.244



**Standardized Direct Effects (Group number 1 - Default model)**

From the results of these calculations obtained the results of Standardized Direct Effects between the nurse's tenure on patient

safety, which is 0.281 and the nurse's anxiety level towards patient safety is -0.256.

**Table 9  
Standardized Indirect Effects**

	Years of service (X1)	Anxiety Level (X2)	Emotional Intelligence (Z)
Emotional Intelligence (Z)	0.000	0.000	0.000
Patient Safety (Y)	0.040	-0.036	0.000

Standardized Indirect Effects (Group number 1 - Default model)

From the results of these calculations, the results of Standardized Indirect Effects of working period on patient safety through emotional intelligence are 0.040 while the level of anxiety about patient safety through emotional intelligence is -0.036.

**Model Fit Test**

The model suitability test is used to test the simultaneous equation or the influence between variables together. Hypothesis test results are as follows:

**Table 10  
Model Fit Test**

Chi-Square	Degrees of freedom	Probability level
0.357	1	0.550

**Result (Default model)**

Based on the output above, the Chi-Square value of the test results is 0.357 and the significant value of the test results is 0.550. sig value. greater than 0.05 which means Ho accepts and it is concluded that there is no difference between the sample covariance matrix and the population covariance matrix (the model is feasible to use).

**Discussion**

Discussion of Hypothesis Results

Hypothesis 1: The effect of nurses' tenure on

nurses' emotional intelligence

In this hypothesis, because if the CR (Critical Ratio) value is greater than 2.0 and the P value is smaller than the significance level ( $\alpha$ ) of 0.05 ( $p < 0.05$ ), then Ho is rejected. The value of the correlation coefficient (estimate) is 0.113 and is positive, this result indicates that the tenure variable has a significant and direct (positive) effect on the emotional intelligence variable. This means that the better the tenure, the better the emotional intelligence will be. This means that Hypothesis 1 is accepted. (Yudha &

Utami, 2022)

Hypothesis 2: The effect of nurses' anxiety level on nurses' emotional intelligence

In this hypothesis, because if the CR (Critical Ratio) value is greater than 2.0 and the P value is smaller than the significance level ( $\alpha$ ) of 0.05 ( $p < 0.05$ ), then  $H_0$  is rejected. The value of the correlation coefficient (estimate) is - 0.173 and is negative, this result indicates that the anxiety level variable has a significant and opposite (negative) effect on the emotional intelligence variable. This means that the lower the level of anxiety, the better the emotional intelligence will be. This means that Hypothesis 2 is accepted.

Hypothesis 3: The effect of nurse's tenure on patient safety

In this hypothesis, because if the CR (Critical Ratio) value is greater than 2.0 and the P value is smaller than the significance level ( $\alpha$ ) of 0.05 ( $p < 0.05$ ), then  $H_0$  is rejected. The value of the correlation coefficient (estimate) is 0.248 and is positive, this result indicates that the working period variable has a significant and direct (positive) effect on the patient safety variable. This means that the better the working period, the better patient safety will be. This means that Hypothesis 3 is accepted.

Hypothesis 4: The effect of nurses' anxiety level on patient safety

In this hypothesis, because if the CR (Critical Ratio) value is greater than 2.0 and the P value is smaller than the significance level ( $\alpha$ ) of 0.05 ( $p < 0.05$ ), then  $H_0$  is rejected. The correlation coefficient (estimate) is - 0.385 and is negative, this result indicates that the anxiety level variable has a significant and opposite (negative) effect on the patient safety variable. This means that the lower the level of anxiety, the better the patient's safety. This means that Hypothesis 4 is accepted.

Hypothesis 5: The effect of nurses' emotional intelligence on patient safety

In this hypothesis, because if the CR (Critical Ratio) value is greater than 2.0 and the P value is smaller than the significance level ( $\alpha$ ) of 0.05 ( $p < 0.05$ ), then  $H_0$  is rejected. The correlation coefficient (estimate) is 0.317 and is positive, this result indicates that the emotional intelligence variable has a significant and direct (positive) effect on the patient safety variable. This means that the better the emotional intelligence, the better the patient's safety. This means that Hypothesis 5 is accepted.

Hypothesis 6: The effect of nurse tenure on patient safety with nurses' emotional intelligence as a mediating variable

In this hypothesis the value of Standardized Indirect Effects (indirect effect) is smaller than the value of Standardized Direct Effects (direct effect). In hypothesis 6: testing whether emotional intelligence is a mediating variable between tenure and patient safety:

- The working period if it is directly related to patient safety is 0.281.

- The working period if it is connected indirectly (indirectly) with patient safety is 0.040. This means that tenure has a higher effect on patient safety if it is directly connected (0.281), than if it is through mediation (0.040), so the conclusion is that the emotional intelligence variable is not a mediating variable between tenure and patient safety, so Hypothesis 6 is rejected.

Hypothesis 7: The effect of nurses' anxiety levels on patient safety with nurses' emotional intelligence as a mediating variable

In this hypothesis the value of Standardized Indirect Effects (indirect effect) is smaller than the value of Standardized Direct Effects (direct effect). In hypothesis 7: testing whether emotional intelligence is a mediating variable between anxiety levels and patient safety:

- The level of anxiety if it is directly related to patient safety is 0.256 (the minus sign only shows the direction of the

relationship).

- The level of anxiety if it is connected indirectly (indirectly) with patient safety is 0.036 (the minus sign only shows the direction of the relationship). This means that the level of anxiety has a higher effect on patient safety if it is directly connected (0.256), than if it is through mediation (0.036), so the conclusion is that the emotional intelligence variable is not a mediating variable between anxiety levels and patient safety, so Hypothesis 7 is rejected.

#### Research Findings

The findings of this study are emotional intelligence variable is not a mediating variable between tenure and patient safety. And the emotional intelligence variable is not a mediating variable between the level of anxiety and patient safety. (Zulham et al., 2020)

Variable working period and level of anxiety have a significant effect on patient safety. The better the work period and the lower the level of anxiety, the better patient safety will be.

#### Research Limitations

This research has been attempted and carried out in accordance with scientific procedures, however, it still has limitations, namely:

1) Data collection took a long time because they had to adjust the shift of the implementing nurse in the room and the conditions during the Covid-19 pandemic which made researchers have limited time to visit the hospital.

2) Primary data collection using a questionnaire that is subjective, especially related to the assessment of the level of anxiety and emotional intelligence variables, so that the truth depends on the honesty of the respondents.

Conclusions, Implications and

#### Suggestions

##### Conclusion

Based on the results of the analysis and discussion of the effect of working period and the level of anxiety of nurses on the level of patient safety during the Covid-19 pandemic with emotional intelligence as a mediating variable at RSUP DR Sitanala, some conclusions can be drawn as follows:

1) The variable of tenure has a positive and significant effect on the emotional intelligence variable. This means that the better the tenure, the better the emotional intelligence will be.

2) The anxiety level variable has a negative and significant effect on the emotional intelligence variable. This means that the lower the level of anxiety, the better the emotional intelligence will be.

3) The variable of tenure has a positive and significant effect on the patient safety variable. This means that the better the working period, the better patient safety will be.

4) The anxiety level variable has a negative and significant effect on the patient safety variable. This means that the lower the level of anxiety, the better the patient's safety.

5) Emotional intelligence variable has a positive and significant effect on patient safety variables. This means that the better the emotional intelligence, the better the patient's safety.

6) Emotional intelligence variable is not a mediating variable between tenure and patient safety. 7) Emotional intelligence variable is not a mediating variable between anxiety level and patient safety. (Arikunto, 2010)

##### Implication

##### Theoretical Implications

This research is relevant to The tenure of a new employee tends to be less satisfied than that of a senior employee. New employees have high expectations that are not

possible to fulfill or maybe for the job only education or lower abilities are needed than the abilities of the new employee (Mc Clelland, 2019). With a long working period, the experience in serving patients is getting higher and the level of anxiety will be lower so that adaptation in dealing with all conditions in the field (treatment room) will be easier to live as a nurse.

Anxiety Level Theory according to Peplau in Stuart (2016) is identified into four levels, as follows: 1) Mild anxiety, occurs during the tension of daily life. 2) Moderate anxiety, where a person only focuses on important things. 3) Severe anxiety, characterized by a significant decrease in the perceptual field. 4) Panic, associated with fear and terror.

Social support is defined as an interpersonal relationship in which one or more assistance in the form of physical or instrumental, information and praise. Social support is sufficient to develop aspects of Emotional Intelligence, so that it creates feelings of worth in developing personality and social contacts. (Goleman, 2015).

Patient safety is all mistakes that occur in hospitals that are carried out by all professions that handle patients directly in providing care. According to Cooper et al (2000) Patient Safety is the avoidance, prevention, and improvement of unexpected events or overcoming injuries from the health care process. The Hospital Patient Safety Standards compiled refer to the "Hospital Patient Safety Standards" issued by the Joint Commission on Accreditation of Health Organizations, Illinois, USA, in 2002 (JCI, 2013).

From the results of the research and an in-depth study, there is an opportunity to develop theories of tenure, anxiety levels, patient safety and emotional intelligence by expanding both independent and moderating variables by adding new variables, namely: level of knowledge, nurse performance, nurse

perception and satisfaction profession.

#### Managerial Implications

Based on the research, it was found that the effect of working period and anxiety level of nurses on patient safety during the Covid-19 pandemic with emotional intelligence as a mediating variable at RSUP DR Sitanala. Therefore, a human resource management strategy was developed to develop the productivity of implementing patient safety goals on an ongoing basis, including:

a) To reduce the anxiety level of management nurses, RSUP DR Sitanala held a gathering of fellow health workers to reduce the number of anxiety about work demands during the Covid-19 pandemic. In addition, assistance is also provided for nurses who feel low levels of anxiety with new or senior tenures, this is in accordance with the theory of anxiety levels of Stuart, 2016.

b) To increase Emotional Intelligence, the management health workers of RSUP DR Sitanala held religious activities, such as routine recitations by Muslim nurses and worship activities for non-Muslim nurses in order to form the emotional bond of nurses to behave calmly and patiently in handling patients in hospitals. This is supported by the theory of emotional intelligence from Goleman, 2015.

c) To increase the credibility of the Term of Service, the management health officer of RSUP DR Sitanala held training activities and increased insight and refreshment of nursing theory for employees with a tenure of less than 3 months. routinely and assisting with CI (Critical Instructure) in the implementation of services to hospitals so that no errors or at least KTD occur in patients, where assistance is not only carried out by new employees. RSUP DR Sitanala accepts all employees with low to high levels of experience and a working period of 0 months to 27 years, this is in accordance with the tenure theory of

McClelland, 2019.

d) To improve patient safety at the hospital, the management of Dr Sitanala Hospital strengthens the training program to increase nursing insight for the development of collaboration between senior and junior nurses and refreshment of knowledge about patient safety so that the implementation of patient safety goals in hospitals can run well. This Hospital Patient Safety Standard was prepared referring to the "Hospital Patient Safety Standards" issued by the Joint Commission on Accreditation of Health Organizations, Illinois, USA, in 2002 (JCI, 2013).

### Suggestion

Based on the results of the research described above, the researchers propose suggestions that can be used by various parties to develop the implementation of patient safety goals in the future, including:

a) For Hospital Management

1) In reducing the level of anxiety, the hospital holds gathering activities and provides rewards to health workers, especially nurses according to their expertise and perseverance in working to improve a good work ethic.

2) In improving Emotional Intelligence, the Hospital provides opportunities for employees to increase religious activities in order to form a good emotional bond at work.

3) In increasing the working period and patient safety, the hospital provides training programs and increased knowledge about patient safety on a regular and continuous basis to improve the knowledge and skills of nurses at work.

b) For Further Researchers

Should do the same research by adding other variables related to the implementation of patient safety activities and emotional intelligence related to Patient Safety in Hospitals.

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