

## CHAPTER 5

### Conclusion, Implications, and Recommendations

In this chapter presents conclusion of this study, implication for nursing administration, nursing research limitation and recommendations for future research.

#### Conclusion

The purposes of this descriptive correlation were to examine the level of leader-member exchange and patient safety culture as perceived by nurses and to explore the relationships between leader-member exchange and each dimension of patient safety culture in tertiary hospitals, Kunming, the People's Republic of China.

The duration of data collection was from February to April, 2016 in four provincial tertiary hospitals in Kunming. Random sampling was used to recruit three samples in each ward. The final subjects were 105 wards including 315 staff nurses. The instrument used to collect data was a self-administered questionnaire consisted of three parts: the Demographic Data Form, the Multidimensional Leader-member Exchange Scale (LMX-MDM), and the Hospital Survey on Patient Safety Culture (HSOPSC). The reliability of total Chinese version LMX-MDM and HSOPSC were .98 and .91 respectively. Descriptive statistics and Spearman's Rank-Order Coefficient were used for data analysis.

The findings of this study were presented as follows:

1. There was a high level of leader-member exchange in 77.14% (n=81) of the wards, while 22.86% (n=24) of the wards had a moderate level of leader-member exchange.
2. Overall patient safety culture was a strength area in 21.90% (n=23) of the wards. About 64.76% (n=68) of the wards had a moderate level in overall patient safety culture. However, 13.33% (n=14) of the wards needed to improve patient safety culture.

3. There was a positive relationship between leader-member exchange and overall patient safety culture ( $r=.56, p<.01$ ). A positive relationship between leader-member and subscales of patient safety culture in teamwork within hospitals unit, organizational learning-continuous improvement, communication openness, feedback and communication about error, teamwork across hospital units, hospital management support for patient safety, supervisor/manager expectation & actions promoting safety, perceptions of safety, non-punitive response to error, staffing and frequency of event report ( $r=.55, p<.01$ ;  $r=.51, p<.01$ ;  $r=.51, p<.01$ ;  $r=.51, p<.01$ ;  $r=.50, p<.01$ ;  $r=.41, p<.01$ ;  $r=.34, p<.01$ ;  $r=.33, p<.01$ , ( $r=.26, p<.01$ ;  $r=.25, p<.01$ ; and  $r=.30, p<.01$ , respectively).

### **Implications**

Implication for nursing administration:

1. The finding of this study reported several areas of patient safety culture were at a weak level such as subscales of communication openness, teamwork across hospital units, non-punitive response, and problems during information exchange across hospital. Therefore, nursing administrators should find solutions to improve above components of PSC within nursing wards.

2. The result supported leader-member exchange is an effective strategy to promote patient safety culture. Nursing administrators should concern the importance of leader-member exchange and pay attention to provide the way to increase leader-member exchange in order to enhance patient safety culture.

### **Recommendations**

1. Future research is needed to be carried to replicate this study in primary and secondary level healthcare institutions in other Chinese regions.

2. Future study regarding a predictive study to explore factor influencing patient safety culture should be done.