

## **FACTOR ANALYSIS OF THE APPLICATION OF PATIENT SAFETY TARGET TARGETS THE RISK OF FALLING IN THE EMERGENCY ROOM OF THE HOSPITAL**

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### **Abstract**

Patient safety is a program that aims to reduce the number of unexpected events. Patient safety has become a global issue for hospitals, a top priority to be implemented and is something that is much more important than just service efficiency, it is related to issues of quality and hospital image. Patient safety is a hospital service system that provides safer patient care, to prevent further injuries, namely by setting service standards related to creating an incident reporting system and follow-up. The aim of this research was to determine the relationship between age, education, training, infrastructure and knowledge of nurses on the implementation of patient safety on the risk of falls in the emergency room at Tenriawaru District Hospital. Bone. The research method is a cross sectional approach. In this study the population was nurses in the emergency room at Tenriawaru District Hospital Bone. The sampling technique used total sampling involving all 16 nurses as respondents, using the Chi-Square test. This research was conducted in October 2023.

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**Keywords: Patient Safety Goals, Fall Risk, Nurse**

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### **INTRODUCTION**

Patient safety is a hospital service system that provides safer patient care, to prevent further injuries, namely by setting service standards related to making an incident reporting system and follow-up.

Patient safety is a serious global public health issue. In Europe patients have an 83.5% risk of infection and evidence of medical error shows 50-72.3%. Collected by hospital research figures in various countries, it was found that KTD with a range of 3.2-16.6%. Patient safety data on Near Injury Events (KNC) and Unexpected Events (KTD) in Indonesia is 28.3% carried out by nurses. World Health Organization (WHO) publications, report the incidence of medical errors occurs in 8% to 12% of inpatient rooms. While 23% of EU citizens, 18% admitted to having experienced a serious medical error in hospital and 11% had been prescribed the wrong medication. Evidence of medical error suggests that 50% to 70.2% of such damage can be

prevented through a systematic, comprehensive approach to patient safety (OSHA, 2011).

Emergency services are one component of hospital services carried out in the Emergency Department (IGD). The function of the emergency room is to provide medical care services, nursing care and emergency surgical services for patients who come with medical emergencies. As a service unit that handles emergency patients, the emergency room is a high clinical risk area, therefore services in the emergency room must be managed in such a way that patients get good and safe care, one effort to realize safe services is to return again with the application of good patient safety in the emergency room (Uhm et al., 2019).

Various efforts are made by the Hospital to reduce or prevent the incidence of falling patients, including carrying out risk evaluations of falling patients and immediately acting to reduce these risks (Dewi Kusumaningsih et al., 2020). Prevention of patient falls is a complex issue, crossing the boundaries of health ethics, social services, public health and accident prevention. In the standards of the Joint Commission International (JCI) there are efforts to overcome the incidence of patients falling in hospitals. Especially mentioned in session 1, part 1 namely the International Patient Safety Goals (IPSG), especially Goal 6 namely "Reducing Patient Risk" Falls revealed that most injuries to inpatients occur due to falls, in which case the hospital should carry out a fall risk assessment, evaluate the patient's risk of falling and immediately act to reduce the risk of falling and the resulting injury becomes very necessary (Saprudin et al., 2021). Hospitals establish programs to reduce the risk of falls based on appropriate procedures. The program monitors the desired and unintended consequences of the actions taken to reduce the risk of falls. Hospitals must implement this program, therefore the JCI standard target 6 states that hospitals need to develop approaches to reduce the risk of injury to patients due to falls (Sakinah et al., 2017).

Prevention of falling patients can be done starting from: conducting initial assessment when the patient is admitted for treatment, and further assessment if there is a change in condition in the patient using Morse Fall Scale for adult patients and Humphty Dumpty Scale for pediatric patients; implement measures to reduce falls by establishing policies and installing special bracelets marking patients who are high falls; monitor and periodically evaluate against successful reduction of injuries from falls and other related impacts using forms; and establish standard Operating Procedures and procedures to support the sustainable reduction of the risk of patient injury falls in the hospital (Haryanto Ero, Dwiasti Nadia Lestari, 2021).

Green argues that knowledge is a predisposing factor for changing a person's behavior. While Notoatmodjo in (Mulfiyanti, 2021), reveals that knowledge is the main capital to acquire skills and attitudes. This is in line with in-depth interviews with informants that all informants stated that they knew how fall risk assessments were carried out and fall risk assessments were mandatory. So it is expected that by having good knowledge and understanding, nurses are obedient in carrying out fall risk assessments (Tumiwa, 2021).

Tenriawaru Hospital, Bone Regency is one of the Government and Education hospitals in Bone Regency that provides inpatient and outpatient care, one of which is the Emergency Department (IGD) based on data obtained from medical records. Tenriawaru Hospital, Bone Installation Room (IGD) in 2021 was recorded at

33.476%, in 2022 it was 33.949%, in 2023 starting from January until now as many as 32.258% of patients in the emergency room were identified.

Based on the description of the data, researchers want to know the relationship between age, education, training, infrastructure and knowledge with the application of patient safety at the risk of falling in the emergency room of Tenriawaru Hospital, Bone Regency in 2023.

## RESEARCH METHODS

This study uses a quantitative approach using analytical survey methods, which is a study that studies the dynamics of correlation between independent variables. The population and sample in this study are all nurses in the emergency room of Tenriawaru Hospital, Bone Regency in 2023.

This research process will be carried out from October 2023 to December 2023. The sampling technique used in this study is *total sampling*, where all members of the population are used as research samples. Data analysis is carried out in the first two stages. Uivariate analysis which is an analysis carried out to see the frequency distribution of both independent variabe (age, education, patient safety training, infrastructure and knowledge) and dependent aribel (risk of falling).

Furthermore, bivariate analysis which is an analysis carried out to determine whether there is a relationship between independent variables (age, education, patient safety training, infrastructure and knowledge) and dependent variables (risk of falling), using a hi Square statistical test using a meaning limit of  $\alpha > 0.05$  (Significant Level or 5%) and a level of confidence (Confident Level or 95%). Provided that if  $p > \alpha$  ( $p \geq 0.05$ ) then the decision H0 Accepted means that there is no meaningful relationship between the independent variable and the dependent variable and vice versa if the p value  $\leq \alpha$  ( $p < 0.05$ ) then the decision H0 is Rejected.

## RESULTS AND DISCUSSION

### Analisa Univariat

Univariate analysis is an analysis performed to see the frequency distribution of both the independent variable and the dependent variable.

Age Responden

**Table. 1 Distribution of respondent frequency based on nurse age**

No	Age	f	%
1	Early Adulthood	15	93,8
2	Late Adulthood	1	6,2
Total		16	100

Based on Table 1 above, it can be seen that early adulthood as many as 15 respondents (93.8%) compared to late adulthood 1 respondent (6.2%).

Respondent Education

**Table. 2 Distribution of respondent frequency based on nurse education**

No	Age	f	%
1	Profesional	6	37,5
2	Vokasional	10	62,5
Total		16	100

Based on Table 2 above, it can be seen that from the number of 16 respondents whose vocational education amounted to 10 respondents (62.5%) more than professional education, which amounted to 6 respondents (37.5%)

**Respondent Training**

**Table. 3 Distribution Of Respondent Frequency Based On Patient Safety Training Attended By Nurses**

No	Training Patient Safety	f	%
1	Yes	6	37,5
2	No	10	62,5
Total		16	100

Based on Table 3 above, it can be seen that of the 16 respondents who did not attend the training, there were 10 respondents (62.5%) more than those who attended the training, which amounted to 6 respondents (37.5%).

**Patient Application Infrastructure**

**Table. 4 Frequency distribution of respondents based on facilities and infrastructure**

No	Infrastructure	f	%
1	Complete	7	43,8
2	Not Complete	9	56,2
Total		16	100

Based on Table 4 above, it can be seen that from the number of 16 respondents who used infrastructure facilities when services with incomplete categories amounted to 9 respondents (56.2%) more than those who used infrastructure facilities with complete categories amounting to 7 respondents (43.8%).

**Table. 5 Frequency distribution of respondents based on nurse knowledge**

No	Knoelage	f	%
1	Good	11	68,8
2	Not Good	5	31,2
Total		16	100

Based on Table 5 above, it can be seen that of the 16 respondents whose knowledge is good, there are 11 respondents (68.8%) more than those with poor knowledge, amounting to 5 respondents (31.2%).

**Table. 6 Distribution of frequency of application of patient safety resuko fall by nurses**

No	Application of patient safety fall risk	f	%
1	Do	11	68,8
2	Not Doing	5	31,2
Total		16	100

Based on Table 6 above, it can be seen that of the 16 respondents who applied patient safety fall risk, there were 9 people (56.2%) more than those who did not apply, amounting to 7 people (43.8%).

### Analisa Bivariat

Bivariate analysis is performed to determine the relationship between the independent variable and the dependent variable. The statistical test used is chi square, with a meaning limit if  $p \text{ value} \leq \alpha = (0.05)$  means there is a meaningful (significant) relationship between the variables tested and if  $p \text{ value} > \alpha = (0.05)$  means there is no meaningful (significant) relationship between the variables tested

### The Relationship between Nurse Age and the Application of Patient Safety Fall Risk

The Relationship between Nurse Age and the Application of Patient Safety Fall Risk can be seen in table 7:

**Table 7 The Relationship of Age with the Application of Patient Safety Fall Risk**

No	Age Respondent	Application of Patient Safety Risk Fall				Total		P Value
		Do		Not doing		n	%	
		n	%	n	%			
1	Early Adulthood	1	100	0	0	1	100	1.000
2	Late Adulthood	8	53,3	7	46,7	15	100	
Total		9	56,2	7	43,8	16	100	

**Table 8 The Relationship of Education with the Application of Patient Safety Fall Risk**

No	Education Respond	Application of Patient Safety Risk Fall				Total		P Value
		Do		Not Doing		n	%	
		n	%	n	%			
1	Profesional	1	100	0	0	1	100	0.011
2	Vokasional	8	30	7	70	10	100	
Total		9	56,2	7	43,8	16	100	

In table 7, it was obtained from 16 respondents, as many as 1 early adult respondent (100%) applied patient safety, fell risk, and who did not do as many as 0 respondents (0%). While final adults as many as 8 respondents (53.3%) applied patient safety fall risk and those who did not do as many as 7 respondents (46.7%).

Based on the results of statistical testing using the Chi Square test where the  $p\text{-value} = 1,000$ , greater with a value of  $\alpha = 0.05$ , then, there is no relationship between age and the application of patient safety The risk of falling in the emergency room of Tenriawaru Hospital, Bone Regency in 2023.

**The Relationship of Nurse Education with the Application of Patient Safety Fall Risk**

The Relationship of Nurse Education with the Application of Patient Safety Fall Risk can be seen in table 8. In table 8, it was obtained from 16 respondents as many as 6 respondents (100%) who had professional education who applied patient safety fall risk and who did not do as many as 0 respondents (0%). While vocational education as many as 3 respondents (30%) applied patient safety at the risk of falling and those who did not do as many as 7 respondents (70%).

Based on the results of statistical testing using the Chi Square test where p-value = 0.011, smaller with a value of  $\alpha = 0.05$ , the relationship between education and the application of patient safety falls risk in the emergency room of Tenriawaru Hospital, Bone Regency in 2023.

**The Relationship between Nurse Training and the Application of Patient Safety Fall Risk**

The Relationship of Nurse Education with the Application of Patient Safety Fall Risk can be seen in table 9.

**Table 9 Relationship of Training with the Application of Patient Safety Fall Risk**

No	Training	Application of Patient Safety Risk Fall				Total	P Value	
		Doing		Not Doing				
		n	%	n	%			
1	Yes	1	100	0	0	1	100	0.011
2	No	8	30	7	70	10	100	
Total		9	56,2	7	43,8	16	100	

In table 9, it was obtained from 16 respondents as 6 respondents (100%) who had attended training who applied patient safety to fall risk and who did not do as many as 0 respondents (0%). Meanwhile, those who had never attended training as many as 3 respondents (30%) applied patient safety for the risk of falling Based on the results of statistical testing using the Chi Square test where p-value = 0.011, smaller with a value of  $\alpha = 0.05$ , then, there is a relationship between training and the application of patient safety The risk of falling in the emergency room of Tenriawaru Hospital, Bone Regency in 2023 .

**The Relationship of Infrastructure Facilities with the Application of Patient Safety Risk of Falling**

The Relationship between Nurse Facilities and Infrastructure with the Application of Patient Safety Fall Risk can be seen in table 10.

**Table 10 Relationship of Infrastructure Advice with the Application of Patient Safety Fall Risk**

No	Infrastruktur	Application of Patient Safety Risk Fall				Total	P Value	
		Doing		Not Doing				
		n	%	n	%			
1	Complete	5	71,4	2	28,6	7	100	0.358
2	Not Complete	4	44,4	5	55,6	9	100	
Total		9	56,2	7	43,8	16	100	

In table 10, it was obtained from 16 respondents as many as 5 respondents (71.4%) with complete infrastructure facilities implementing patient safety fall risk and who did not do as many as 2 respondents (28.6%). While incomplete infrastructure facilities as many as 4 respondents (44.4%) carried out implementation and those who did not do as many as 5 respondents (55.6%).

Based on the results of statistical testing using the Chi Square test where p-value = 0.358 is greater with a value of  $\alpha = 0.05$ , then, there is no relationship between infrastructure facilities and the Application of Patient Safety Fall Risk.

### **The Relationship of Nurse Knowledge with the Application of Patient Safety Fall Risk**

The Relationship of Nurse Knowledge with the Application of Patient Safety Fall Risk can be seen in table 11.

**Table 11 Knowledge Relationship with the Application of Patient Safety Fall Risk**

No	Knowlage	Application of Patient Safety Risk Fall				Total	P Value	
		Doing		Not Doing				
		n	%	n	%			
1	Good	9	81,8	2	18,2	11	100	0.005
2	Not Good	0	0	5	100	5	100	
Total		9	56,2	7	43,8	16	100	

In table 11, it was obtained from 16 respondents as many as 9 respondents (81.8%) who had good knowledge of implementing patient safety at fall risk and who did not do as many as 2 respondents (18.2%). While those who have poor knowledge as many as 0 respondents (0%) apply patient safety fall risk and those who do not do as many as 5 respondents (100%).

Based on the results of statistical testing using the Chi Square test where the p-value = 0.005 is smaller with a value of  $\alpha = 0.05$ , there is a relationship between knowledge and the Application of Patient Safety Fall Risk in the Emergency Room of Tenriawaru Hospital, Bone Regency in 2023.

### **The Relationship Between Age and the Application of Patient Safety Risk of Falling**

Based on the results of research from 16 respondents, it was found that late adults who applied patient safety risk fell as many as 15 respondents (93.8%) and early adults who applied patient safety risk fell as many as 1 respondent (6.2%). Based on the results of statistical testing using the Chi Square test where  $p\text{-value} = 1,000$  is greater than the value of  $\alpha = 0.05$ , there is no relationship between age and the application of patient safety. The risk of falling in the emergency room of Tenriawaru Hospital, Bone Regency in 2023.

Age or age is a time unit that measures the time of existence of an object or creature, both living and dead. Semisal, the age of a man is said to be fifteen years measured from the moment when the age is calculated. Therefore, the age is measured from the date of birth to the current date (present). While the age is measured from the date of the incident from the date of the incident from the date of the first or present (Dewi Mulfiyanti et al., 2022).

This is inversely proportional to research Haryanto Ero, Dwiasti Nadia Lestari, (2021), The characteristics of nurses based on age are very influential on performance in nursing practice, where the older the nurse, the more responsible and experienced a job will be in accepting a job, so there is a relationship between age and the implementation of patient safety.

Based on the results of existing research and theories, according to the researchers' analysis that there is no relationship between age and the application of patient safety risk of falling, because almost all respondents (93.8%) are in late adulthood where the age of adulthood is late according to the opinion of researchers that as a person gets older, the more his grasp and mindset will develop, so that the knowledge he gets gets better. But besides that, according to researchers that with increasing age, the biological state will also decline as well as a decrease in physical ability to move, such as will easily tired. That way, the implementation of patient safety implementation will be disrupted (Yunita & Sumiati, 2022).

### **The Relationship of Nurse Education with the Application of Patient Safety Fall Risk**

Based on the results of research from 16 respondents, as many as 6 professional respondents (100%) implemented patient safety fall risk. While vocational as many as 3 respondents (30%) applied patient sfety risk of falling. Based on the results of statistical testing using the Chi-Square test where  $p\text{-value} = 0.011$  is smaller than  $\alpha = 0.05$ , there is a relationship between education and the Application of Patient Safety Fall Risk in the Emergency Room of Tenriawaru Hospital, Bone Regency in 2023.

The development of nursing education in Indonesia, both quantity and quality until now has not been able to make a meaningful contribution to improving the role of nurses professionally. Nursalam (2005) indicates that education is only focused on providing nurses who are ready for service and the educational orientation is very narrow (Purnomo, 2021).

This is supported by research conducted by Nugraheni (2010), the results were significant value  $\alpha = 0.05$  obtained  $p\text{ value} = 0.010$  means  $p < 0.05$  which means



there is a relationship between education and the application of patient safety risk. According to this study, formal education will affect a person's mindset knowledge and abilities. Knowledge and a good mindset will encourage the creation of good implementation of fall risk patient safety as well.

Based on the results of existing research and theories, according to the researchers' analysis that there is a relationship between education and the application of patient safety at the risk of falling. This is because formal education will equip a person with the basics of knowledge, theory and logic, general knowledge, analytical skills and personality development. So that the ability and skills in working, especially in the implementation of patient safety, will be carried out properly because there are previous provisions from the education they take.

### **The Relationship Between Training and the Application of Patient Safety Fall Risk**

Based on the results of research from 16 respondents, it is known that as many as 6 respondents with the Yes category (100%) apply patient safety fall risk. While category Not as many as 3 respondents (30%) applied patient safety risk of falling. Based on the results of statistical testing using the Chi-Square test where  $p\text{-value} = 0.011$ , smaller than the value of  $\alpha = 0.005$ , there is a relationship between training and the Application of Patient Safety Fall Risk in the Emergency Room of Tenriawaru Hospital, Bone Regency in 2023.

Training is a development of human resources carried out systematically to improve the knowledge and skills of nurses, so as to change nurse behavior in carrying out work and motivate nurses in improving and improving work performance and productivity. Training must have clear objectives, objectives, program determination, implementation, and assessment/evaluation of training (Purba, 2015).

This is supported by research conducted by Ekawati (2008), the results obtained significant value  $\alpha = 0.05$  obtained  $p\text{ value} = 0.000$  means  $p < 0.05$  which means there is a relationship between training and the application of patient safety risk. According to this study that there is a difference between nurses who are given training and those who have not been given patient safety training at the risk of falling, where the P Value value is greater than the P Value value that has been given training. Where the P Value before training is 0.417.

Based on the results of existing research and theories, according to the researchers' analysis that there is a relationship between training and the application of patient safety risk falls is because there are some respondents who have attended training on patient safety risk of falling. Training participation by nurses affects patient fall prevention because training is not only in the form of providing material in the form of falling patient prevention but nurses can see / practice directly how good fall patient prevention practices. So that nurses who take part in patient safety training will understand and will be illustrated and able to carry out patient safety properly.

### **The Relationship Between Infrastructure Facilities and the Application of Patient Safety Fall Risk**

Based on the results of research from 16 respondents, as many as 5 respondents with complete categories (71.4%) implemented patient safety fall risk. While the incomplete category as many as 4 respondents (44.4%) applied patient safety fall risk. Based on the results of statistical testing using the Chi Square test where  $p\text{-value} = 1,000$  is greater than the value of  $\alpha = 0.05$ , there is no relationship between infrastructure facilities and the Application of Patient Safety Fall Risk.

The principles of infrastructure management should include multidisciplinary planning including education and monitoring. 6 planning documents are also needed, namely safety and security planning, hazardous materials management, emergency management, fire management, medical equipment management, and utility systems (Mulfiyanti, 2021).

The results of a study conducted by Saprudi at the Kuningan District Hospital in 2021 obtained the results that the condition of facilities that support the prevention of falling patients does not affect the prevention of falling risk patients, so there is no relationship between infrastructure facilities and the application of fall risk patient safety (Saprudin et al., 2021).

Based on the results of existing research and theories, according to the researcher's analysis that there is no relationship between infrastructure facilities and the application of patient safety risk of falling, because the level of knowledge of nurses is quite high, this is because some nurses have attended training on patient safety risk of falling besides that almost all nurses in the emergency room of formal education D III Nursing already have sufficient skills and theory. Therefore, nurses have good knowledge in the implementation of patient safety at the risk of falling. So even though the infrastructure is incomplete, it does not affect patient safety, the risk of falling (Qalbhi et al., 2016).

### **The Relationship Between Knowledge and the Application of Patient Safety Fall Risk**

Based on the results of research from 16 respondents, as many as 9 respondents with the Good category (81.8%) implemented patient safety fall risk. While the category is not good as many as 0 respondents (0%) apply patient safety risk of falling. Based on the results of statistical testing using the Chi Square test where  $p\text{-value} = 0.005$  is smaller than the value of  $\alpha = 0.05$ , there is no relationship between knowledge and the Application of Patient Safety Fall Risk in the Emergency Room of Tenriawaru Hospital, Bone Regency in 2023.

Knowledge, abilities, skills, and personality are part of the individual characteristics that will influence organizational behavior. Knowledge of human resources in the health sector including nurses is related to an indispensable commitment in an effort to build a culture of patient safety (Master Samson et al., 2021).

Based on Kilateng research (2015), the results obtained a significant value of  $\alpha = 0.05$  obtained a value of  $p = 0.011$  means  $p < 0.05$  with a correlation coefficient  $r$

= 0.439 which means there is a relationship between nurses' knowledge about patient safety and measures to prevent the risk of falling patients. According to this study, the low level of nurse knowledge causes a lack of nurse knowledge about patient safety with precautions against the risk of falling patients.

Based on the results of existing research and theories, according to the researchers' analysis that there is a relationship between knowledge and the application of patient safety at the risk of falling, because the knowledge possessed by nurses has a significant relationship with the prevention of the risk of falling patients (Hamdiah & Umar, 2021). Nurses' knowledge is influenced by the level of education, the majority of nurses have the last level of education in DIII Nursing and there have been those who have attended patient safety training for fall risk, so they have been equipped with knowledge and skills through theory and practice that they take during education. Nurses with a good enough education will carry out effective and efficient nursing practices which will further produce high-quality health services (Yudi et al., 2019).

## **CONCLUSION**

Various causes of breast cancer from the results of research show that each type of cancer has various factors that cause and stage the occurrence of breast cancer, which leads to the change of normal cells into cancer cells, according to research conducted by the World Health Organization (WHO), breast cancer is a disease that most occurs in women, which affects more than 1.5 million women occur every year. Based on data obtained from the National Cancer Institute (NCI) estimates breast cancer cases that occurred in 2017 were around 252,710 cases or about 15% of all cancer cases, and the estimated death rate caused by breast cancer was 40,610 cases or about 6.8% of all cancer cases.

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