The Effect Of Nurse's Knowledge, Attitude and Application About Patient Safety With Fall Risk Incidents

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Abstract. *Patient safety encompasses a system of services designed to ensure that patients feel secure. This includes proper identification, learning from incidents, injury prevention due to errors, follow-up actions, risk analysis, patient incident assessment, and risk management related to reporting. Implementing solutions to minimize risks also involves preventing injuries caused by employee negligence in performing incorrect actions. The objective of this research is to determine the impact of nurses' knowledge, attitudes, and practices regarding patient safety on the risk of patient falls. The study design is quasi-experimental (Pre and Post Test Without Control). Data analysis utilized univariate and bivariate methods. In this study, 50 respondents participated in an intervention. The average pre-test and post-test scores were analyzed to evaluate the influence of nurses' knowledge, attitudes, and practices on patient safety concerning the incidence of fall risk. The results indicated that there was no significant influence of knowledge and application of patient safety on fall risk (p-Value 0.230 > 0.05). However, there was a significant influence of nurses' attitudes on fall risk events (p-Value 0.000 < 0.05).*

Keywords: Knowledge, Attitude, Application, Patient Safety, Fall Risk Events

1. INTRODUCTION

Patient safety is an important part of health services. Patient safety consists of the complexity of the medical service framework and the extent of injuries in hospitals. Patient safety/security also plays a high role in preventing and reducing dangers, errors and injuries that can occur during the service cycle process (WHO, 2021). Patient safety is an issue of increasing concern throughout the world. This is defined as the avoidance and prevention of patient injury or Adverse events that may occur during the provision of nursing care.

Safer health systems report (1999) by the Institute Of Medicine (IOM), patient safety has become one of the priorities of many health care systems. Of the well-known causes of errors in organizations that can lead to side effects are lack of communication, lack of following safety procedures, inadequate supervision, insufficient number of staff, excessive workload as well as fatigue of healthcare providers. Safety culture is the shared values, attitudes, perceptions and ways of behaving among individuals in an organization that determine the commitment of all members to act to correct patient harm that may occur during the provision of care (Asem et al, 2019).

However, incidents of poor patient care continue globally with major healthcare inquiries continuing to highlight major failures. It is not only major failures that we need to be alert to, but also the increasing incidence of errors in hospitals (Murray,

2021). Implementing patient safety and health levels in hospitals that are implemented correctly will prioritize services that prioritize safety and the best quality and will have a big impact. Especially for residents, they will receive optimal, prosperous and satisfying services. Medical clinics will gain excellence in achieving national and even international service criteria. Furthermore, it is hoped that it can grow public trust in the services provided by medical clinics. Nurses and other health employees also need to be able to develop new values, especially in implementing patient safety. The implementation of patient safety has a positive impact on health services in hospitals, and the effectiveness of implementing increased patient safety in hospitals reduces negligence in providing nursing care and care in hospitals (Nur et al, 2021).

The nurse's role is to maintain patient safety and prevent harm during the delivery of care in both short-term and long-term care settings. Nurses are expected to adhere to organizational strategies for identifying hazards and risks through patient assessment, care planning, monitoring and surveillance activities, re-examination, offering assistance, and communicating with other health care providers. In addition to clear policies, leadership, research-driven safety initiatives, health staff training, and patient participation, nurses' adherence to patient safety principles is necessary for the success of interventions aimed at preventing practice errors and for achieving a more sustainable and better health care system. safe (Vaismoradi et al, 2020).

Knowledge or insight is the main demand on employee behavior. Employees who only use their knowledge sparingly will lag behind in work performance compared to employees who continue to increase their new knowledge. Knowledge is an individual's ability in the intellectual area that can be raised through the educational learning process (Hernawati, 2021). Health workers' knowledge of patient security and health (safety) goals consists of accurate patient identification, good speech development, safety development of drugs that need to be monitored, correct positioning, correct procedure, and proper patient operation, reducing the risk of infection. linked to health services, reducing the risk of patient falls. Health workers, especially doctors and nurses, are obliged to prohibit patient safety goals (Banjarnahor 2021).

The attitude of instilling thoughts, views and other psychological symptoms which are various closed responses to a drive or goal. Part of the socio-psychological element is an important concept in actions that lead to perception and work. Encouragement or objects that involve insight and emotion are understanding

attitudes, such as good and bad, agree and disagree, happy and unhappy, etc. (Simas et al, 2022). According to the World Health Organization (WHO), patient safety is a widespread and serious public health problem. Negligence by health workers is also caused by system factors and human factors.

The National Patient Safety Agency (NPSA) was a Special Health Authority created to co-ordinate the efforts of all those involved in healthcare, and more importantly to learn from, adverse incidents occurring in the NHS. The National Patient Safety Agency 2024 stated that in the period January-December 2023 the number of patient safety incidents reported from England was 1,879,822 incidents. The number of patient safety incidents for the January-December 2023 period was 2,769 incidents according to the Malaysian Ministry of Health. And in Indonesia in the period 2016-2021 the Hospital Patient Safety Committee (KKPRS) reported that there were 877 (unexpected adverse events) (unexpected events) (Galleryzki et al, 2023).

Based on the type of incident reported as many as (18.53%) Near Injury Events (KNC) were higher than Unexpected Events (KTD) (14.41%) and it was reported that 2.6% of these incidents caused death (Galleryzki et al , 2021). In 2023, the Ministry of Health in Indonesia reported patient safety incidents, in 2021 there were (189) incidents from (289) reports, there were (588) incidents from (668) reports in 2022, and in 2023 there were (1647) incident reports (Ministry of Health , 2024).

In Indonesia, the IKP (Patient Safety Incident) report based on hospital ownership in 2020 in the third quarter found that private hospitals had a lower percentage (12%) compared to local governments (16%) (Simas et al, 2022). The incidence of falls among patients in Indonesia in 2021 entered the top 3 with 34 cases (14%) of falls occurring in Indonesian hospitals. The data above shows that the number of unexpected events (KTD) still occurs in every hospital, both on a national and international scale. Reporting of adverse event incidents according to the Hospital Patient Safety Committee (KKPRS) reached 249 cases and KNC 283 cases (Astuti et al. 2021).

2. THEORETICAL STUDY

Patient safety

Patient Safety is a system that provides services to patients so that patientsfeel safe such as identification, the process of learning from incidents and the process of preventing injuries due to errors and follow-up, and real action, risk analysis and patient

incidents, assessment and management of risks related to reporting. Solutions to minimize risks also prevent injuries due to employee negligence in taking actions that should not be taken (Permenkes RI No. 11 2017). Factors that influence nurse performance are leadership, motivation, work discipline, work environment, work culture, knowledge, behavior, attitudes, communication, commitment, quality of work, position held, compensation, workload, job satisfaction and so on. (Simas et al, 2022).

Implementation of Patient Safety

Implementing patient safety and fall prevention efforts carried out well by nurses will have a broad impact, especially for the community who receive health services that are safe, of good quality and meet client expectations. With optimal and quality service you can improve the image of a hospital and become added value for achieving national and international standard services as well as increasing public trust in hospitals. For nursing services, the quality of service and quality in providing nursing care increases (Rahmawati, 2019)

3. RESEARCH METHODS

This research is quantitative research. The design used in this research is a cohort using quasi-experiment (Pre and Post Test Without Control). In this study, before the intervention was made, a questionnaire was given to the nurses (pre test). Next, the researchers carried out an intervention to prevent the risk of falls for nurses using modules and workbooks. After being given the intervention, the researcher again gave a questionnaire and carried out a fall risk assessment (posttest). To see changes in behavior in nurses before and after administration, data can be combined after the intervention is carried out.

4. RESULTS AND DISCUSSION

Based on the results of research on 50 respondents, the results of data processing using data analysis were obtained, so in the research on the influence of the level of knowledge, attitudes and application of nurses regarding patient safety on the risk of falls, it can be concluded that Ha is rejected and H0 is accepted (p-value 0.230>0 .05). Shows that there is no significant influence of the influence of the level of knowledge and application of nurses regarding patient safety on the risk of falls. And Ha is accepted and H0 is rejected (p-Value 0.000<0.05). Shows that there is a

significant influence of the influence of nurses' attitudes on fall risk events.

Univariate Analysis

Frequency Distribution of Implementation Before and After Being Given the Fall Risk Incident Module Intervention on Patient Safety

Table 1. Implementation of patient safety before and after being given the Fall Risk Incident Module Intervention on Patient Safety (N=50)

Application	Before		After	
	N	%	N	%
Good	49	98	50	100
Enough	0	0	0	0
Not enough	1	2	0	0
Total	50	100	50	100

Based on Table 1. above, it was found that the number of patient safety practices before intervention was given was good, 49 respondents (98%), 0 respondents (0%), and 1 respondent less (2%). After being given intervention in the form of material from the module, the risk of falls on safety increased, namely good by 50 respondents (100%), sufficient by 0 respondents (0%), and less by 0 (0%).

Bivariate Analysis

Bivariate analysis aims to determine the influence of the level of knowledge, attitudes and application of nurses regarding patient safety on the risk of falls. The purpose of this bivariate analysis is to measure on the same subject a certain influence or treatment. Bivariate analysis in this study used the Wlicoxon test. The statistical value shows that the level of knowledge and application of nurses regarding patient safety with a P-Value risk of falling is 0.230 > 0.05, so it can be concluded that there is no significant influence before and after being given the Fall Risk Event Material/Module on Patient Safety. The statistical value shows that the nurse's attitude towards fall risk incidents has a P-Value of 0.000 < 0.05, so it can be concluded that there is a significant influence before and after being given the Material/Module for Fall Risk Events on Patient Safety.

5. CONCLUSION

The most dominant age characteristics in this study were 26-60 years, 30 respondents (60.0%), 11-25 years, 20 respondents (40.0%), 0 respondents (0%) aged

>60 years). . The most recent educational level of respondents was Nursing with 38 respondents (76.0%), DII Nursing with 12 respondents (24.0%), Bachelor of Nursing with 0 (0%). Female gender was 44 respondents (88.0%) was more dominant than men, only 6 respondents (12.0%). Length of work <3 years, 17 respondents (34.0%), 3 years were 14 respondents (28.0%) and > 3 years were 19 respondents (38.0%). There was no significant influence from the influence of the level of knowledge and application of nurses. Regarding Patient Safety with Fall Risk Events. And there is a significant influence of the influence of nurses' attitudes on the risk of falls.

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