# Patient Safety Analysis Review Of Nurse's Caring Behavior In Patients With Fall Risk

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**ABSTRACT**

Patients with risk of falls is one of the risks of unwanted incidents within the hospital. The risk of the patient falling until an incident has an adverse effect on the patient, one of the adverse effects is the impact of physical injury which includes abrasions, torn wounds, bruises, even in some cases severe falls can result in fractures, bleeding, and head injuries. Objective to find out the relationship between Caring Behavior of Nurses and Patient Safety Risk of Falling. The research method used in the study is cross sectional. The population is all patient patients at risk of falling. The sample size is 67 respondents using purposive sampling technique. Independent variable of research is Caring Behavior. The dependent variable is the Patient safety risk of falling. Data was collected using a questionnaire, then the data were analyzed using the Spearman Rho test. The results showed that the nurse caring nurse was quite good as many as many 35 respondents (52.2%), patient safety risk fell that was enough as many as 30 respondents (4.8%). The results showed that p = 0.000 which means that there is a relationship between Caring Behavior of Nurses and Patient Safety in Falling Risk. Nurse Caring Behavior with Patient Safety The Risk of Falling has a significant relationship, because caring behavior gives direct caring and responsive in each patient condition. 000 which means that there is a relationship between Caring Behavior of Nurses and Patient Safety in Falling Risk. Nurse Caring Behavior With Patient Safety The Risk of Falling has a significant relationship, because caring behavior gives direct caring and responsive in each patient condition. 000 which means that there is a relationship between Caring Behavior of Nurses and Patient Safety in Falling Risk. Nurse Caring Behavior With Patient Safety The Risk of Falling has a significant relationship, because caring behavior gives direct caring and responsive in each patient condition.

**Keywords :** Caring Behavior, Nurse, Patient Safety Risk of Falling

**INTRODUCTION**

Patient falls are one of the most common incidents in hospital settings. The incidence of patient falls has a detrimental impact on patients, one of the adverse effects is the impact of physical injury which includes abrasions, tears, bruises, even in some severe cases falling can result in fractures, bleeding, and head injuries (Miake-Lye et al. , 2013). Increased incidence of falls due to low caring behavior towards patients. Caring behavior is central to nursing practice. Needs, pressures and time limits in the health care environment are in a small space of caring practice (Potter, 2009). Caring is a dynamic approach, where nurses work to increase their care for clients, especially patients at risk of falling,

The behavior of nurses, supported by the ability of good nurses, plays an important role in the implementation of patient safety. Unsafe behavior, forgetfulness, lack of attention/motivation, carelessness, carelessness and the ability to ignore and maintain patient safety are at risk for errors and will result in injury to patients, in the form of Near Miss (Near Injury Events/KNC) or Adverse Events (KNC). Unexpected Events (KTD) further error reduction can be achieved by modifying the behavior. Nurses must involve cognitive,

affective and actions that prioritize patient safety. World Health Organization (WHO), 2014 Patient safety is a serious global public health problem. In Europe there are patients with an 83.5% risk of infection and evidence of medical error showing 50-72.3%. Collected hospital research figures in various countries, found adverse events with a range of 3.2 – 16.6%. Patient Safety data on Near Injury (KNC) and Unexpected Events (KTD) in Indonesia are still rare, but on the other hand there is an increase in allegations of "malpractice" which are not necessarily in accordance with the final evidence.

The incidence of patient safety violations 28.3% was carried out by nurses. Bawelle, 2013 as a whole the patient safety program has been implemented, but the problems in the field refer to the concept of patient safety, because even though they have participated in the socialization, there are still injured patients, the risk of falling, the risk of wrong treatment, inaccurate delegation when the patient reports which results in safety, patient is less than optimal, found adverse events with a range of 3.2 - 16.6%. Patient Safety data on Near Injury (KNC) and Unexpected Events (KTD) in Indonesia are still rare, but on the other hand there is an increase in allegations of "malpractice" which are not necessarily in accordance with the final evidence. The incidence of patient safety violations 28.3% was carried out by nurses.

The results of research conducted by Husein stated that 90% of patients said they did not feel comfortable talking to nurses, 84% of them had negative experiences because nurses did not pay attention to patient needs, especially at night (Husein, 2006). In addition, research conducted by Khairina et al. at the Bandung City Hospital stated that 52.64% of implementing nurses had not carried out caring when managing post infusion. This is supported by research conducted by Nuryaningsih at Cengkareng Hospital, West Jakarta, which concluded that respondents stated that nurses who were not caring were 47.7%, with poor presence 45.5%, in providing comfort not good 38.6%, in giving touch not good 47.7%, in listening less well 43.25%, in knowing patients less well 40.9%, the application of prevention of patients at risk of falling is not good as much as 40.9%5. The caring behavior of nurses will certainly greatly affect the quality of service to clients.

Educational factors affect work behavior, the higher the education will be directly proportional to one's work behavior (Pangewa, 2007). Work behavior is a person's response or reaction that arises in the form of an act or attitude or a person's perception of his work (Maulana, 2013). Then education will affect the work behavior of nurses, namely in providing nursing services to patients. Things that can influence the caring behavior of nurses are age, years of service, gender and education level (Robbins, 2008). Caring behavior in line with the level of nursing education is a higher nursing education that can cause significant changes to the way nurses view nursing care and gradually nursing shifts from being task-oriented to goal-oriented that focuses on effective nursing care with a holistic approach and nursing process. . This is in accordance with the demands of society at this time, namely expecting quality nursing services. Caring as a goal-oriented process helps others grow and actualize themselves (Dwidiyanti, 2007). The impact that the patient gets when the nurse behaves caringly is that the patient will feel safe and comfortable, increase the patient's self-esteem, and improve orientation about reality (Potter, 2009).

Caring behavior of nurses in nursing services is very important to improve the quality of service and patient safety, especially patients at risk of falling. The risk of falling in patients can be prevented by good nurse caring behavior. Patient Safety the risk of falling if managed properly then the risk of falling will not occur. (Alert, 2010).

**METHODS**

Correlational analytic research design with cross sectional approach. Population The population in this study were all patients at risk of falling in the ER at the Wajak Public Health Center, Malang Regency in January-February 2021. The average number of

respondents per month was 90 respondents. The sampling technique using purposive sampling was found that most of the patients at risk of falling who met the inclusion criteria were 67 respondents. Independent Variable Caring Behavior. The dependent variable is patient safety.The instruments used in this research are Caring Behaviors Inventory I While the Fall Risk Patient Savety is in the form of arho.

## RESULT

### Characteristics Respondent
The results of the study obtained the characteristics of the respondents and are shown in the frequency distribution table below:

Table 1. Frequency Distribution of Respondents' Characteristics based on Age

| No | Age | n | % |
|---|---|---|---|
| 1 | 17-25 yrs | 12 | 17.9 |
| 2 | 26-35 yrs | 14 | 20.9 |
| 3 | 36-45 yrs | 35 | 52.2 |
| 4 | 46-55 yrs | 6 | 9.0 |
| | □ | 67 | 100 |

The results showed that most of the respondents aged 36-45 years were 35 respondents (52.2%).

Table 2. Frequency Distribution of Respondents' Characteristics by Gender

| No | JK | n | % |
|---|---|---|---|
| 1 | Man | 44 | 65.7 |
| 2 | Woman | 23 | 34.3 |
| | Total | 67 | 100 |

The results showed that most of the respondents were male as many as 44 respondents (65.7%)

Table 3. Frequency Distribution of Respondents' Characteristics by Education

| No | Education | n | % |
|---|---|---|---|
| 1 | SD | 8 | 11.9 |
| 2 | junior high school | 21 | 31.3 |
| 3 | senior High School | 38 | 56.7 |
| | Total | 67 | 100 |

The results showed that most of the respondents had high school education as many as 38 respondents (56.7%).

Table 4. Frequency Distribution of Respondents' Characteristics by Occupation

| No | Profession | n | % |
|---|---|---|---|
| 1 | Employee | 27 | 40.3 |
| 2 | Private | 25 | 37.3 |
| 3 | Does not work | 15 | 22.4 |
| | Total | 67 | 100 |

The results of the study found that most of the respondents had employee jobs as many as 27 respondents (40.3%).

### Characteristics of Research Variables

The results of the study obtained the distribution of research variable data, namely.

Table 5. Frequency distribution of respondents based on caring behavior

| No | Behavior | n | % |
|----|----------|---|---|
| 1 | Not enough | 5 | 7.5 |
| 2 | Enough | 35 | 52.2 |
| 3 | Well | 27 | 40.3 |
| | **Total** | **67** | **100** |

The results showed that more than half of the respondents had quite good nurse caring behavior as many as 35 respondents (52.2%).

Table 6. Frequency Distribution of Respondents based on Patient Safety Fall Risk

| No. | Fall risk | n | % |
|-----|-----------|---|---|
| 1. | Not enough | 12 | 17.9 |
| 2. | Enough | 30 | 44.8 |
| 3. | Well | 25 | 37.3 |
| | Total | 67 | 100 |

The result of study found that almost half of the resondent had patient safety the riskk of falling

**Statistical Test Analysis**

Statistical test results Spearman's rho can be seen in the table below:

Spearman's rho test results:

| Variable | Sig. (2-tailed) | Correlation Coefficient |
|----------|-----------------|-------------------------|
| Caring Behavior with Patient Safety | 0.000 | 0.864 |

The results showed that p = 0.000 with p value <0.05, so that H1 was accepted and H0 was rejected, which means that there is a relationship between Nurse Caring Behavior and Patient Safety Fall Risk.

**DISCUSSION**

**Nurse Caring Behavior**

Based on the results of the study, it was found that the nurses caring behavior was quite good as many as 35 respondents (52.2%), and at least 5 respondents (7.5%). The results showed that most of the respondents aged 36-45 years were 35 respondents (52.2%), and the least was 46.55 years old as many as 6 respondents (9%). The results showed that most of the respondents were male as many as 44 respondents (65.7%), and the least was female as many as 16 respondents (34.3%).

Leininger (1979 in George, 2010) says that caring is direct concern to provide assistance, support or behavior to individuals or groups through anticipation of habits to improve the human condition or life. According to Watson in George (2010), the main focus of nursing is the way factors that come from a humanistic perspective combined with the basis of scientific knowledge. Watson developed these ten carative factors to help the patient's needs with the aim of realizing complete functional integrity by meeting biophysical, psychosocial and interpersonal needs. Watson can provide insight into the process of providing nursing care to patients, providing assistance to patients in achieving or maintaining health or achieving a peaceful death. Nurses provide safety and care and

empathy for patients. Nursing care is reflected in all the factors used by nurses in providing nursing services to patients and families (Watson 1979, in Potter & Perry, 2005). Factors that influence caring behavior include readiness to help, convenience, comfort, anticipation, trusting relationships, and supervision (Watson, 2009).

Based on the results of the study, it was found that most of the respondents had good nurse caring behavior. Based on Murtianingarum's (2015) research, the older you get, the better you perceive the caring behavior of nurses, this is in accordance with the results of the study because the characteristics of patient respondents who have the most high school education, and are 36-45 years old. High education and mature age are expected to be able to interact well and have a wider perception of caring behavior given by nurses to patients. Good caring behavior can be manifested by recognizing the client's name, calling the client's name according to what the patient likes and recognizing the advantages and other characteristics of the client, always prioritizing the client's interests over personal interests, giving time to patients even though they are busy, facilitating and listening to patients' complaints and needs, respecting and respecting the opinions and decisions of patients related to their care and providing social support to meet needs and improve their health status and use a meaningful touch of healing (Stuart & Laraia, 2007). 2005). Supported by the results of research Murtianingarum (2015) which says there is a relationship between the level of education of nurses with caring behavior of nurses in carrying out nursing care. Patients with good education, good experience are expected to have a value system that bridges the experience of hospital care so that they have a good perception as well. Good care can be developed through an assessment of the patient's self-view, beliefs, interactions with various cultures from the patient's personal experience. Caring behavior can be improved through education and training gradually to nurses so that patients who receive nursing care become better.

**Patient Safety Fall Risk**

Based on the results of the study, it was found that at most patient safety the risk of falling was 30 respondents (44.8%), and at least 12 respondents (17.9%). The results showed that most of the respondents had a high school education as many as 38 respondents (56.7%), and the least was an elementary school education as many as 4 respondents (11.9%). The results of the study found that the most respondents had employee jobs as many as 27 respondents (40.3%), and the least respondents had employee jobs as many as 15 respondents (22.4%).

Patient safetyis a system in which hospitals make patient care safer. This includes: risk assessment, identification and management of matters relating to patient risk, incident reporting and analysis, the ability to learn from incidents and their follow-up and implementation of solutions to minimize risks. (Ministry of Health, 2016). Patient safety treatment goals According to the Joint Commission International in Hospital Accreditation Standards (2011), to identify patients correctly, improve communication effectively, increase the safety of high-alert medications, ensure the right place, correct procedure, and correct patient surgery, reduce risk infections from healthcare workers, reducing the risk of worse errors occurring in patients. Factors for patient safety fall risk include,

Based on the results of the study, it was found that almost half of the respondents had a level of patient safety, the risk of falling is at a sufficient level, the indicators for the initial assessment of your risk of falling, your risk criteria for falling, reassessment of your risk when there is a change in therapy, your fall prevention measures according to the scoring. that has been determined by identifying risk factors, your prevention measures fall according to the predetermined scoring by assessing your balance and gait, taking your fall prevention actions according to the predetermined scoring by regulating or overcoming situational

factors (Sukesi, 2013). The application of patient safety by correctly identifying patients, improving effective communication, increasing the safety of high-alert medications,

Patient safety the risk of falling can be identified using two patient identities (patient's name according to the patient's identification and date of birth), Every patient observed wears an identity bracelet, Patients are identified when administering drugs, Patients are identified when taking blood and other specimens for examination , The patient is identified during the administration of blood, The patient is identified during the procedure. It is necessary to identify each indicator involved in the assessment such as an initial assessment that needs to be carried out, scoring the risk of falling, assessing the risk of falling, preventive measures such as placing a fall risk label on the patient's bed or wristband, identifying risk factors such as muscle strength, joint range of motion, weakness. muscle tone, disability, balance assessment, gait.

**Relationship between Nurse Caring Behavior and Patient Safety Fall Risk**

The results showed that most of the respondents had sufficient caring behavior assessment with sufficient patient safety risk of falling as many as 26 respondents (38.8%). The results showed that p < 0.000 with a = 0.05 (p value < ), which means that there is a relationship between Nurse Caring Behavior and Patient Safety Fall Risk.

Patient falls are one of the most common incidents in hospital settings. The incidence of patient falls has a detrimental impact on patients, one of the adverse effects is the impact of physical injury which includes abrasions, tears, bruises, even in some severe cases falling can result in fractures, bleeding, and head injuries (Miake-Lye et al. , 2013). Increased incidence of falls due to low caring behavior towards patients. Caring behavior is central to nursing practice. Needs, pressures and time limits in the health care environment are in a small space of caring practice (Potter, 2009). Caring is a dynamic approach, where nurses work to increase their care for clients, especially patients at risk of falling,

Based on the results of the study there is a significant relationship between patient safety and caring behavior. Nurses help participate, help gain knowledge and improve health, as expressed by Dwidiyanti (2007) which states that caring is a relationship and transaction between the giver and recipient of care to improve and protect patients as human beings. This care affects the patient's ability to recover. Caring is the essence of nursing which also means the responsibility of the nurse-client relationship. In accordance with Alligod (2006) which states that caring is a human knowledge, the core of ethical and philosophical nursing practice. As stated by Nurachmah (2001) that Caring is an action that aims to provide physical care and emotional attention while increasing the client's sense of security and safety. Caring is care that is provided continuously focused on physical and mental care and increasing the patient's sense of security. Nurses are competent in providing nursing care to patients by treating patients as human beings who always want to be respected and appreciated. Caring behavior of nurses in nursing services is very important to improve the quality of service and patient safety, especially patients at risk of falling. Nurses are competent in providing nursing care to patients by treating patients as human beings who always want to be respected and appreciated. Caring behavior of nurses in nursing services is very important to improve the quality of service and patient safety, especially patients at risk of falling. Nurses are competent in providing nursing care to patients by treating patients as human beings who always want to be respected and appreciated. Caring behavior of nurses in nursing services is very important to improve the quality of service and patient safety, especially patients at risk of falling.

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implementation of solutions to minimize risks. (Ministry of Health, 2016). Patient Safety the risk of falling if managed properly then the risk of falling will not occur. Patient Safety The risk of falling will also reduce adverse events in the hospital. Nurses with higher education will perform better because they already have broader knowledge and insight than nurses with lower education (Siagaan, 2010). The risk of falling in patients can be prevented by good nurse caring behavior. Caring behavior and patient fall prevention efforts are mutually supportive to improve the quality of nursing services. Most respondents have an assessment of sufficient caring behavior with adequate patient safety risk of falling (38.8%). This shows that the better the implementation of caring behavior, the lower the risk of falling patient safety, the smaller the better, so the quality of nursing care services is getting better. Patients at risk of falling need to be assessed and evaluated continuously, giving signs or patient bracelets to distinguish patients at risk of falling from other patients, this makes it easier to carry out treatment actions that are risky and threaten patient safety. Nurses also need to assess the patient's muscle strength.

## CONCLUSION

1. The results showed that more than half of the respondents had quite good nurse caring behavior as many as 35 respondents (52.2%).
2. The results of the study found that almost half of the respondents had a patient safety risk of falling, which was sufficient for 30 respondents (44.8%).
3. The results showed that $p = 0.000$ with a $<0.05$, which means that there is a relationship between Nurse Caring Behavior and Patient Safety Fall Risk.

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