

Improving Inpatient Safety With Role Model Development

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ABSTRACT

Patients have a significant role to play in improving patient safety on their own. The active involvement of patients in planning, providing health services, and evaluating care can improve health services. This study aims to develop a model of the role of patients in improving patient safety in hospital inpatient rooms. This research is qualitative research with an open research design. Participants in this study were 22 implementing nurses from 5 inpatient rooms. Using questionnaires, the data were collected using an online focus group discussion (FGD), observation sheets, field notes, and quantitative assessments. The data was analyzed using simple analytical and statistical content. This study resulted in 4 patient role models that can be used in the inpatient room and increased nurses' Knowledge about the role of patients in improving patient safety. The conclusions of this study show that the patient role model can be used as a reference in increasing the role of patients and reducing the occurrence of adverse events when patients are hospitalized so that patient safety can be achieved.

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1. INTRODUCTION

Some of the roles of patients in the implementation of patient safety include diagnosis, decision making about treatment, choice of health service provision, ensuring that the treatment provided is as planned and appropriate treatment of adverse events and side effects caused to patients (Peat, 2010). Strategies to facilitate patients and families in the early detection of acute illness have been suggested as a way for patients and families to contribute to patient safety (Hurwitz, 2009).

Increased patient and community engagement is a key element of health policy and is a 'patient-centered' health achievement goal. Many patients want to be active participants in their health care, they want to share, make decisions regarding their treatment and treatment, get the right and fast service related to their needs and wants and avoid stakes. However, the greatest patient involvement is not only related to responding to requests that they convey in general (Hurwitz, 2009).

Research conducted in America by Weingart (2011) related to patient participation and its relationship with quality of service and patient safety showed that 81.2% of respondents actively participated in the health care provided to them, 86.0% of respondents felt they had enough time to talk to nurses or doctors and, 79.1% said that they were always visited to ascertain their desire regarding the care received always allowed up.

Meanwhile, more than 89.1% of patients who strongly participate in their health care say that they receive an excellent quality of service and reduce the occurrence of adverse events during their hospitalization (Weingart, 2011).

The results of Bishop's (2014) study conducted in Canada on ten patients and 27 nursing staff on patient involvement in patient safety, namely through patients sharing information and responsibilities with nurses regarding their health conditions. A study by Skagerström (2017) on 11 RN nurses and eight assistant nurses in Sweden stated that health professionals play an active role in motivating patients to implement safety. From this study, nurses stated that patient involvement is a shared responsibility.

They also stressed that healthcare providers are responsible for creating patient participation opportunities. In addition, involvement can be hampered by patient-related factors, the resources of

service providers for health systems rather than health care itself. Respondent stated that patient involvement could lead to safer treatments and benefits for patients individually (Skagerstrom, 017).

Patients must have a role in improving the quality and safety of their care. Patients taking part taking aging their health, such as administering medications or using medical equipment, affects their safety, especially if not done properly. Patients need timely education, support, and information to ensure they can care for their health effects, including guidelines on identifying and responding to warning signs (Hurwitz, 2009).

The definition of patient participation is the active involvement of patients in planning, providing health services, monitoring, and evaluating their care. The role of the patient should not be overemphasized to avoid the risk of the patient experiencing too much pressure and responsibility regarding the patient's freedom to choose the treatment they want. Meanwhile, several factors affect patient participation in patient safety, including personality, motivation, level of education, patient condition, and professional attitudes of health workers to improve patient safety. (Skagerstrom, 2017).

Health care was essential to save patients about 2400 years ago, i.e., P, mum, nonnocere (First, not harm). With the advent of harm science and technology in health services, the risk of injury to patients is increasing. In hospitals, there are hundreds of kinds of medicines, hundreds of tests and procedures, many tools with technology, various types of profess and Randal and non-professional personnel who are ready to provide patient services 24 hours continuously so that the active role of nurses is needed to motivate patients to be involved in patient safety (National Guidelines for Hospital Patient Safety, 2015).

The benefits of patient participation in patient safety include reducing the negative impact of medical misconduct, including patient empowerment. Prevention of incidents is a major motivation for patient involvement in patient safety (Schwappach 2010). Many patients are willing and able to assist in preventing the occurrence of medical errors (Vaismoradi 2014).

Patient Safety has become part of the awareness and common needs and is a global commitment to improving the quality and accountability of health services. Hence the need for a national movement for safety, and hospitals need to provide patient-focused services. Hospitals and assessments must apply Patient Safety Standards, carried out using the Hospital Accreditation Instrument (KARS, 2019).

According to Astuti (2021), patient safety is also related to communication models between nurses and patients, such as weigh-ins. In the recovery process, the role of patients involves not only health workers but also the family. The role influences the patient's recovery rate (Mahdi, 2020).

Roles such as family empowerment significantly affect the patient's recovery process (Negara, 2018). Patients and families are motivated to participate in the service process by providing opportunities to give opinions and ask questions to staff to convince correct understanding and anticipate participation (Negara, 2019).

Staff recognizes the important role of patients in the safe delivery of services and high-quality care. Opportunities to interact with staff, patients, and families allow feedback to ensure that information is understood, useful, and usable (KARS, 2019).

The Patient Safety Goal must be applied in all hospitals accredited by the Hospital Accreditation Commission. The preparation of this goal refers to nine life-saving patient safety solutions from WHO Patient Safety (2007) which are also used by the Hospital Patient Safety Committee (KKPRS PERSI) and the Joint Commission International Accreditation (JCI). The Patient Safety Goal intends to encourage specific improvements in patient safety.

2. METHOD

The research conducted is qualitative research with an Action Research design. Action Research research is a research involves a group of people who are exposed to several issues and problems and decide to compile together how to find solutions to the problems experienced (Baden & Major, 2010). The purpose of this study was to design a model of the patient's role in improving patient safety in the inpatient room of Hospital. In this study, collaboration will be carried out between researchers and research participants to explore what is a problem in hospitals, then choose methods and approaches

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carried out in carrying out research, then conduct data analysis that aims not only to generate knowledge, but also actions and increase awareness related to the patient's role model in improving patient safety. Kemmis, McTaggart, and Nixon (2014) stated that action research includes various activities, with a form of exploration of problems that occur in an environment, which is not only viewed from one single individual perspective, but also involves others who exert influence in that environment. The final result of action research research is not only related to knowledge but is related to empowerment and awareness raising (Polit & Beck, 2018).

3. RESULT AND DISCUSSION

Characteristics of Respondents

Table 1. Characteristics of Respondents

Variable	Frequency	Percentage (%)
Gender		
Man	5	22,7
Woman	17	77,3
Age		
25-30	19	86,4
31-35	3	13,6
Education Level		
Diploma IV	1	4,5
Diploma III	4	18,2
Bachelor	0	0
Profession	17	77,3
Length of Work		
1-3 years	3	13,6
3-5 years	19	86,3
Have attended patient safety training		
Already	22	100
Do not	0	0
Total	22	100

Based on table 1 above, the results for the Female Sex were obtained from as many as 17 people (77.3%) aged 25-30 years, as many as 19 people (86.4%), education level Ners 42 people (17%), length of work 3-5 years as many as 19 people (86.3%).

The Role of Patients in Improving Patient Safety In The Inpatient Room

At the activity stage, researchers conducted (FGD) with participants. The main time (FGD) was carried out for approximately one hour with 22 participants. The FGD results produced by the researchers are as follows: 1) the application of patient safety involves the role of the patient, 2) sees the involvement of the patient's role in the implementation of patient safety, 3) the obstacles faced in the implementation of patient safety involving patients, 4) supporting factors in the implementation of patient safety involve the role of the patient, 5) expectations in the implementation of patient safety

Patient Safety Implementation Involves the Role of the Patient

Participants revealed that the application of patient safety that involves a role is seen from many things, namely: 1) patient safety methods and 2) the form of patient roles. The implementation of safety by involving the role of patients in the hospital environment was widely expressed by participants such as:

"... the nurse identifies the patient's risk of falling, a hindrance is supportive if he or she has a high risk..." (Participant 10).

"... after we first meet, our new patient can need time to ask eee... the identities of the four are eee..." (Participant 1)

Involvement of the role of patients in efforts to improve patient safety

Participants stated that the patient's role in improving safety was seen from two sub-themes: 1) Responsible persons and 2) Variations in patient roles. The involvement of patients in the improvement of safety can be seen from the following statements:

"... is a nurse who is aware of the role of the patient, because the nurse who is directly involved eee... communicate more often with patients too..." (Participant 1)

Obstacles in the Implementation of Patient Safety Involve the Role of Patients

Participants expressed that obstacles in implementing patient safety consist of three sub-themes: 1) obstacles from patients, 2) from nurses, and 3) how to overcome obstacles. Many participants express obstacles in the implementation of safety involving the role of the patient as in the following expression:

"... The obstacle that occurs in the patient's role related to communication is the possible condition of the disease. consequently, if the patient is a typical eye... experiencing excessive stress, no effective communication with the patient..." (Participant 13)

Supporting Factors for Patient Safety Implementation.

Several factors supporting patient safety involving the role of the patient consist of two sub-themes: 1) the patient's response and 2) the nurse's response in concluding the patient's role.

"... but usually the feedback from most of our patients is an additional fee... I'm glad, ma'am. I've always wanted to be noticed..." (Participant 7).

"... the danger of falling that may occur is usually anticipated in advance, the patient should report everything about the risk of falling..." (Participant 7).

Expectations in Improving the Role of Patients

Expectations in increasing the role of patients consist of two sub-themes: 1) the purpose of hospital services and 2) Facilities and infrastructure other than human resources.

"... if the patient plays a good role, yes... patient safety is achieved. hence the role of the patient to improve safety again...." (Participant 5)

"... education and care are parallel to the equality of human resources. If human resources follow the number of patients and education according to the qualifications, patient safety quality is getting better... (Participant 15).

The implementing nurse's Knowledge of the development of patient models in patient safety in the patient room (-Pre)

Knowledge	Total	Percentage
Good	17	77,2
Enough	5	22,8
Less	-	-

From the table above, the most Knowledge was found to be good at 17 (77.2%).

Model experience implementation of the patient's role in patient safety

It was found that the implementation of the patient's role in patient safety, namely: 1) the patient's role in the purpose of patient safety, 2) the nurse's role in improving the patient's role.

"... the patient's identity must first be obtained through anamnesis or exorcism data from the results of the initial assessment..." (Participant 15)

Obstacles to the implementation model of the patient's role in patient safety

There are many obstacles to implementing role models in patient safety: 1) environmental conditions, 2) patient conditions, and 3) nurse limitations.

"... Another obstacle is if the patient cannot be invited to collaboratively such as problems with the condition of the disease or due to age factors..."(Participant 9).

"... but the other obstacle is that we will not always monitor after they wash their hands..." (Participant 9)

Factors driving the role

Factors that drive an increase in the role of patients during implementation are 1) nurses and 2) patients.

"... we want commitment in its implementation because after we take action, we are responsible..." (Participant 13)

"... What enhances the patient's role is the patient's curiosity where the patient's curiosity is high, for example asking questions, explaining what the nurse gives, especially during treatment..." (Participant 1).

Advice and expectations in the role of the patient

Suggestions and expectations in increasing the role of patients in the fostered room, namely: 1) provision of media and 2) impact on hospital services. This is often following the subsequent statements of the participants:

"... suppose we have a tv in the room, for example at midnight, education is displayed, one of which is to educate the patient's role in patient safety. Therefore throughout lunch or rest they will see a medium that can be watched on tv and can be easily remembered by the patient..." (Participant 2)

"... from me, the obvious quality of the main service is improving, the second eee... the patient's safety standards are achieved, the ultimate goal is patient safety..." (Participant 5)

Nurse knowledge after implementation of patient roles to improve Patient Safety in the inpatient room (-Post)

Knowledge	Total	%
Good	19	86,3
Enough	3	13,6
Less	-	-

From the table above, the most Knowledge was found to be good at 19 (86.3%).

Information resources: Patients are providers of information in health services provided by nurses, so patients provide information relevant to their health condition. The data source consists of 1) mentioning two of the four identities, namely the patient's name, date of birth, and case history, and 2) providing information to the nurse about health conditions

Partnership: Cooperation between patients and other health workers increases the degree of health. The partnership consists of 1) understanding the education provided by the nurse, 2) effective communication with the nurse, and 3) reminding the nurse to wash their hands.

Self-monitoring is a concern for self-care: 1) reminding the nurse if the identity bracelet is detached, 2) yellow stickers and triangles of falling risk in place, 3) coverage of side effects of drug therapy, 4) reminding the nurse in case of infection 5). Report a complaint.

Self Motivation is a motivation that comes from the patient himself. Self-motivation consists of 1) washing hands half a dozen steps by exploitation of soap or hand rub, 2) installing bed support to stop falling, 3) fasting before the diagnostic examination, 4) bringing self-identification, 5) carrying out the procedure before fasting 6- 8 hours, take a bath three hours before surgery, shave, trim nails, remove jewelry and dentures.

Increased Knowledge of implementing nurses about the development of the patient's role in improving patient safety in the inpatient room.

Knowledge	Sample	Pre (%)	Mean	Sample	Post (%)	Mean
Good	17	77,2		19	86,3	
Enough	5	22,8	21,3	3	13,6	26,7
Less	-	-		-	-	

The table above shows that the average value of pre is 21.3 and post is 26.7.

Discussion

According to Kurniati (2015), the analysis of actions includes various activities in the style of exploring issues occurring in the environment, which are not only viewed from one perspective but also from the perspective of another in that environment. In its implementation, many stages are needed, including assessment, planning, action, observation, and reflection. During this study, researchers and participants collectively analyzed, compiled, and developed a short-term model of the patient's role in improving patient safety in inpatients.

According to Oguro (2020), solid cooperation and strong commitment cannot necessarily build the implementation of the analysis to run well. The strategies taken by the analyzer in the trial to overcome obstacles during the implementation of the study require a good approach.

The results obtained in the implementation process include the development of patient role models in improving patient safety, lessons learned from research, research limitations, and implications. The discussion is carried out by comparing previous research, expert opinions, or theories, whether the research results are strengthening, opposite or new.

Patient Role Model in Patient Safety

According to Trott (2019) developing a patient model to improve patient safety starts from the reconnaissance stage. Surveillance is the initial stage to finding the crux of the problem. Jam (2021) The preliminary study stage is to study all things undiscovered themes Elita (2016). researchers begin to gather preliminary information consisting of a variety of Knowledge, in particular focus group discussions (FGDs) and self-reports. Focus discussion (FGD) may be a special type of interview conducted to record firm, honest, uncomplicated statements in a discussion group to discuss a sensitive issue or topic in the discussion. Meanwhile, self-reports can be a tool for sorting information in various forms to support the analyzer in maintaining the confidentiality of participants in the study (Researchers can use long-term engagement to maintain participant trust wherever the researcher takes an enthusiastic approach. The range of an approach can have a high impact on trust between researchers and participants so that researchers and participants have a strong relationship of mutual trust, familiarity, and openness.

Outputs and Outcomes of the Role of Semantics in Patient Safety

The analysis of actions is: the data source consists of 1) mentioning self-identity, 2) providing info to the nurse, 3) confirming the preparation for the operation, 4) undergoing the examination procedure before getting to the operating room, the partnership consists of 1) understanding the education provided by the nurse, 2) communicating with the nurse, 3) not removing the identity bracelet, 4) informing the nurse to wash hands self-monitoring consists of 1) remind if the identity bracelet is detached, 2) the nurse if the yellow sticker is likely to fall, 3) drug information, 4) remind the nurse in case of infection, 5) News of complaints to the nurse, and motivation consists of 1) washing hands, 2) bed position, 3) diagnostic examination, 4) wearing an identity bracelet, 5) performing surgical procedures.

The expected outcome is an increase in nurse information regarding patient models in improving patient safety in the inpatient room. Action analysis methods role models in improving patient safety have control over the improvement of implementing nurse information. As a result, the various Knowledge found can be implemented. From the analysis results through focus group discussions (FGD), it was obtained that there was an increase in Knowledge, as evidenced by statements from participants.

According to (Kurniati, 2015), the final result of the analysis of actions is not only related to information but also related to authorization and awareness raising. In addition, the analysis of actions includes a wide range of activities in exploring problems that occur in an environment that is not only viewed from one individual perspective but also involves others.

Implication

The lesson the researchers learned was that researchers gained additional Knowledge regarding the purpose of patient safety and understanding of research. Researchers analyze each piece of information qualitatively and quantitatively, communicate and approach the implementing nurse, and establish

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obstacles and supporting factors that researchers use with research methods. Generally, researchers interact extensively with the environment and learn to research the social environment around them. The researchers also gained valuable experience from each method carried out during the study, especially the in-depth analysis.

For hospitals, action analysis provides critical information in developing semantic role models wherever they are tailored to at least one of the standards in certification assessments that are predicted to improve hospital services and achieve the best patient safety standards.

4. CONCLUSION

This analysis is in the form of qualitative analysis. The results of the analysis found 5 (five) themes, namely 1) the implementation of patient safety involves the role of patients, 2) the involvement of the patient's role in the implementation of patient safety, 3) obstacles faced in the implementation of patient safety involving patients, 4) supporting factors in the implementation of patient safety. application of patient safety involving the role of the patient, 5) expectations to maximize patient safety. Meanwhile, the measurement results obtained through Knowledge before and throughout the implementation showed that nurse information about the patient model improved patient safety in the patient room before the analysis activity, with a mean value from 21.3 to 26.7.

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