

## **Relationship between the Supervision Function of the Head of the Room and Nurses' Compliance in Implementing Fall Risk Prevention**

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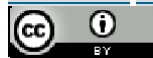
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### ABSTRACT

Patient safety is a method where patient care must be provided safely so that incidents of patient falls can be prevented. One of the prevention of fall risk is influenced by factors that cause nurses to comply. Nurses' non-compliance in preventing fall risk can be caused by the supervision factor that is carried out. The purpose of this study was to determine the relationship between the head of the room's supervision and nurse compliance in implementing fall risk prevention. This research method uses a descriptive analytical method with a Cross Sectional Study approach. The sampling technique used was the Total Sampling technique with a sample size of 54 respondents. Data were analyzed using Chi Square. The results obtained from univariate analysis showed that the characteristics of respondents in this study were dominated by nurses aged 26-35 years (early adulthood) as many as 35 nurses (64.8%), with the highest level of education and respondents were D III Nursing as many as 32 nurses (59.2%), the longest length of work of respondents was <5 years as many as 28 nurses (51.8%), respondents with good supervision of the head of the room as many as 30 nurses (55.6%), nurses who complied with implementing fall risk prevention as many as 24 nurses (44.4%) The results of the bivariate analysis showed a significant relationship between supervision of the head of the room and nurse compliance in implementing fall risk prevention

## **INTRODUCTION**

Hospitals are health care institutions that have very specific characteristics in terms of service quality, safety, ease of access, efficiency, and effectiveness in improving health (Hexian et al., 2021). Health services provided by hospitals must guarantee quality health services, protection of patient safety, and human resources in the hospital.

One of the goals of existing health services is to improve patient safety by reducing the risk of falls. Fall prevention guidelines were created by the Agency for Healthcare Research and Quality (AHRQ) in the United States to help hospitals implement fall prevention programs. These guidelines are considered the basis for improving the quality of care they provide (Monteiro et al., 2023).

Falls can result in serious complications or death for patients. The World Health Organization (WHO) says that around 646,000 fatal falls occur each year, with 37.3 million very severe falls requiring medical attention, occurring in 10% and 11,379 patients treated in 58 hospitals in several cities in the United States (Innab, 2022).

There are six national patient safety targets, namely correctly identifying patients, improving effective communication, improving the safety of high-alert medications, ensuring the correct surgical site, correct procedure, surgery on the correct patient, reducing the risk of infection due to health care, and reducing the risk of patient injury due to falls (Permenkes RI, 2017).

Data collected by the Hospital Patient Safety Committee (KKPRS), incidents of falls in patients are the third highest and 34 cases (14%) occurred in public hospitals in Indonesia in 2012. According to data from the Quality and Accreditation of Health Services of the West Java Provincial Health Office for the first quarter of 2023, compliance with reporting patient safety incidents increased from 29% to 56%. The number of KTD cases was 111 cases in January, 65 cases in February, and 83 cases in March (Health Office, West Java Province, 2023) in (Pinandhika et al., 2023).

## **LITERATURE REVIEW**

The head of the room is one of the staff in management who acts as a mediator between middle management and implementing staff in the hospital. The head of the room as a first-line manager has a critical role in supporting a culture of patient safety with effective leadership in creating a positive environment for patient safety, one of which is through supervision.

Supervision is an important thing used to ensure that the services provided are appropriate and meet standards. Nursing service supervision is a professional interaction and communication between nursing supervisors and implementing nurses. In this communication, implementing nurses receive guidance, support, assistance, and are trusted, so that implementing nurses can provide safe care for patients. Supervision also provides opportunities for guidance and improving the skills and abilities of nurses. (Pratiwi, 2019).

Prevention of fall risk is influenced by factors that cause nurses to comply. The factors that cause nurses to be non-compliant in preventing fall risk include infrequent supervision, high workload, lack of reward and punishment systems (Nur & Hirza Amin, 2018).

Implementation of nurse performance evaluation on the implementation of nursing care carried out by nurses through the supervision activities of the head of the room. The head of the room has a role in carrying out supervision through supervision with the aim of optimizing nurse performance effectively and efficiently in achieving nurse productivity in implementing fall risk prevention (Nursalam, 2014).

Based on interviews with the head of the room in the Cengkir room of Indramayu Hospital, the assessment of patients at risk of falling used the Morse Fall Scale to assess the risk of falling in adults, the Humpty Dumpty scale for children, and the Ontario Modified Stratify Sydney scale to assess the risk of falling in elderly patients. The implementation of the results of the fall risk assessment carried out by nurses by providing education to the patient's family and providing yellow bracelets to patients at risk of falling. The nurse also said that the children's room used yellow stickers for those at risk of falling because of the limited yellow bracelets in the room. While observations made by researchers found that from 10 patients at risk of falling, 2 patients did not have yellow sticker identities, 4 patient beds did not have Haindrails or the bed safety fences were not (Yosi Ardella, 2020)

## METHODOLOGY

This research design uses a descriptive analytical method with a cross-sectional study approach, meaning it collects data from a group of individuals at a single point in time to both describe characteristics and analyze relationships between variables. Where this study aims to determine the relationship between the supervision of the head of the room and the compliance of nurses in implementing fall risk prevention.

## RESULT

### Univariate Analysis

Table 1. Frequency Distribution of Respondent Characteristics (n = 54)

| Variable       | Category      | Frequency | Percentage |
|----------------|---------------|-----------|------------|
| Age            | 17-25 years   | 17        | 31,4 %     |
|                | 26-35 years   | 35        | 64,8 %     |
|                | 36-45 years   | 2         | 3,7 %      |
|                | >46 years     | 0         | 0          |
| Academic Level | Diploma III   | 31        | 57,4 %     |
|                | S1 Profession | 23        | 42,5 %     |
| Length of work | <5 years      | 34        | 62,9 %     |
|                | >5 years      | 20        | 37,1 %     |

Based on the table above, the respondents who entered this study were mostly aged 26-35 years (early adulthood) with a total of 35 nurses (64.8%). The highest level of education and respondents were D III Nursing with a total of 31 nurses (57.4%). The length of work of the respondents was mostly <5 years with a total of 34 nurses (62.9%).

Table 2. Distribution of Head of Room Supervision Frequency (n=54)

| Variable                 | Category | Frequency | Percentage |
|--------------------------|----------|-----------|------------|
| Head of Room Supervision | Good     | 32        | 59,3 %     |
|                          | Not good | 22        | 40,7 %     |

Based on the table above, the results show that the most supervision of room heads is in the good category with a total of 32 nurses (59.3%) and poor supervision of room heads as many as 22 people (40.7%)

Table 3. Distribution of Frequency of Nurse Compliance in Implementing Fall Risk Prevention (n=54)

| variable                          | Category      | Frequency | Percentage |
|-----------------------------------|---------------|-----------|------------|
| Nurse compliance                  | Compliant     | 30        | 55,6 %     |
| Implementing fall risk prevention | Not Compliant | 24        | 44,4 %     |

Based on the table above, the results show that the highest compliance of nurses in implementing fall risk prevention is the compliant category with 30 nurses (55.6%) and the non-compliant category is 24 nurses (44.4%).

#### Bivariate Analysis

Table 4. Relationship between Supervision of the Head of the Room and Nurse Compliance in Implementing Fall Risk Prevention (n=54)

| Supervision | Compliant     |        |           |        |           |       |
|-------------|---------------|--------|-----------|--------|-----------|-------|
|             | Not Compliant | %      | Compliant | %      | Frequency | %     |
| Not Good    | 4             | 7,4 %  | 18        | 33,3 % | 22        | 100 % |
| Good        | 20            | 37,2 % | 12        | 22,1 % | 32        | 100 % |
| Total       | 24            | 44,4%  | 30        | 55,6%  | 54        | 100%  |

| OR (95% CI)         | P Value |
|---------------------|---------|
| 0,255 (0,088-0,734) | 0,020   |

Based on the table above, it was found that the supervision of the room head was not good with nurses who did not comply with implementing fall risk prevention as many as 4 nurses (7.4%) and the supervision of the room head was not good but nurses complied with implementing fall risk prevention as many as 18 nurses (33.3%). Meanwhile, the supervision of the room head was good but nurses did not comply with implementing fall risk prevention as many as 20 nurses (37.2%) and the supervision of the room head was good and nurses complied with implementing fall risk prevention as many as 12 nurses (22.1%).

The results of the Chi-Square statistical test obtained a p value = 0.020 (p value <0.05), so it can be concluded that there is a significant relationship between the supervision of the head of the room and nurses' compliance in implementing fall risk prevention.

## **DISCUSSION**

### **Age**

The results of the analysis based on the characteristics of the nurse's age show that the respondents' age is mostly in the early adulthood category of 26-35, which is 64.8%. This shows that the most nurses at Indramayu Regional Hospital are early adult nurses with an average age of 26-35 years (64.8%).

According to the research of Widya Fuji Astuti Sianu et al (2023), young early adulthood is the productive age of individuals in carrying out a job and being able to carry out various nursing tasks as optimally as possible.

The results of this study showed that the age of the most respondents was 26-35 years, where the older the person, the more experience they will have in serving patients professionally, especially in carrying out prevention of the risk of falling and having a stronger spirit in working and the level of individual maturity will be better in thinking or beliefs such as for themselves or others and vice versa.

### **Last Education**

The results of the analysis based on the last education variable show that the respondents in this study mostly had a Diploma III education of 31 nurses (57.4%). According to research by Ningsih and Endang Marlina (2020), nurses' knowledge will increase and it will be easier for them to learn about patient safety (prevention of fall risk) if their level of education is higher. Conversely, low education will hinder the development of a person's attitude towards newly introduced values, where health workers are those who have the ability and authority to carry out medical education based on the knowledge they have and obtain through education.

### **Length of Service**

Based on the results of the analysis of the length of service of nurses, 34 (62.9%) nurses have the most years of service <5 years. The newer the nurse works, the greater the likelihood of a tendency to commit KTD and nurses with a long period of service have little tendency to commit KTD (Fadnyanti & Suryarini, 2018).

### **Supervision of the Head of the Room**

The results of the analysis based on the variable of supervision of the head of the room show that the most good supervision of the head of the room is 32 nurses (59.3%). This is in line with the research of Wahyuni Padu et al. (2022) on the relationship between the controlling function of the head of the room and the implementation of the SOP for preventing the risk of falling at Maria Walanda Maramis Hospital, where most of the research was good supervision of 23 nurses (76.7%) and poor supervision of 7 nurses (23.3%).

According to the researchers in this study, the head of the room can carry out nursing supervision well because the head of the room has good experience and knowledge regarding nursing supervision. Good supervision provides clear direction and appropriate supervision. This can be seen from the results of the assessment which shows that effective supervision plays an important role in increasing nurse compliance in implementing fall risk prevention.

### **Nurse Compliance in Implementing Fall Risk Prevention**

The results of the analysis based on the variable of nurse compliance in implementing fall risk prevention show that the most are nurses who comply with 55.6% (30 nurses). According to the researcher, nurse compliance in implementing fall risk prevention can be seen from how often nurses carry out the fall risk assessment, both initial assessments and re-assessments. In this study, nurses comply with fall risk prevention because nurses have good knowledge, abilities and skills in implementing fall risk prevention. Nurses have a good attitude, good personality, and have responsibility, and good supervision to be able to ensure that all work carried out runs according to the plans and objectives that have been set. This can be seen from the results of the study which stated that most respondents always answered the question point about nurses determining the risk of falling in all new patients who enter the inpatient room, nurses always arrange beds with locked wheels and install bed safety and nurses always put yellow stickers on patient bracelets.

### **Relationship between Room Head Supervision and Nurse Compliance in Implementing Fall Risk Prevention**

The results of the Chi-Square statistical test obtained a p value = 0.020 (p value <0.05) so it can be concluded that there is a significant relationship between room head supervision and nurse compliance in implementing fall risk prevention.

The results of this study are also in line with the research of Yosi Ardella (2020) which concluded that there is a significant relationship between room head supervision and nurse compliance in implementing fall risk SOPs in the inpatient ward of PKU Muhammadiyah Hospital Yogyakarta with a p value = 0.000 (p value <0.05). Room head supervision is part of an effort to enforce fall risk SOPs. So that through the implementation of good fall risk SOPs, the incidence of patient falls can be prevented and minimized. The better the implementation of supervision, the more obedient the nurses are in implementing fall risk SOPs.

## CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

1. The results of the analysis of the characteristics of respondents in this study were dominated by nurses aged 26-35 years, with education levels dominated by Diploma III in Nursing, with a length of service <5 years.
2. Supervision of the head of the room is known that good supervision of the head of the room is 59.3% (32 respondents).
3. Compliance of nurses in implementing fall risk prevention is known that nurses who comply in implementing fall risk prevention are 55.6% (30 respondents).
4. There is a significant relationship between supervision of the head of the room and compliance of nurses in implementing fall risk prevention in the Cengkir Inpatient Room, Indramayu Hospital with a p value of 0.020 (<0.05).

### Recommendations

1. For Educational Institutions, it is expected to be used as a reference related to supervision of room heads and compliance in preventing the risk of falling.
2. For Hospital Institutions, it is expected that the management can improve supervision activities of room heads, for example by holding seminars or workshops and simulations related to supervision activities.
3. Further research, it is expected that further researchers can further examine other factors related to nurse compliance.

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