

Implementation of Supervision About Patient Safety with an Inguinal Hernia Diagnosed in an Inpatient Room: A Case Study

Alfid Tri Afandi^{1*}, Resti Indri Safitri², Dodi Wijaya³, Cucik Fariasih⁴

^{1,2,3} Faculty of Nursing, University of Jember, Jember, Indonesia

⁴Dr. Soebandi Jember Hospital

*Corresponding author: alfid@unej.ac.id

ABSTRACT

Introduction: Patient safety has become a global issue that is currently being discussed in all countries. Concerns about patient safety have increased significantly over the last decade. The implementation of supervision is very important in order to improve the implementation of patient safety goals. The purpose of this research is to analyze the implementation of supervision regarding patient safety in patients with a diagnosis of Inguinal Hernia in the Inpatient Room.

Method: Used a survey method with a supervision questionnaire for patient safety and a supervision effectiveness questionnaire for patient safety.

Results: The results showed that supervision of patient safety in patients with a diagnosis of Inguinal Hernia has been carried out in the Hospital Inpatient Room. Implementation of this supervision is effective to do in order to increase the motivation of nurses in implementing patient safety goals. But the implementation of supervision about patient safety is still not optimally implemented because there are several obstacles such as the patient safety program has not become a priority agenda, there is no driving force, it is carried out under forced conditions such as only because of demands from superiors, there are obstacles due to a lack of understanding of the implementation of patient safety programs, there is no sense of awareness in towards patient safety culture, and non-optimal incident reporting.

Conclusion: These results can be a reference for hospitals about the attitude of nurses in monitoring patient safety and should improve existing nursing training by allowing nurses to continue their education to a higher level, by holding regular training on patient safety practices.

Keywords: *Supervision; Patient Safety; Inguinal Hernia*

Introduction

Nursing is one of the hospital's core services and is required to provide services in line with professional standards and codes of ethics (Yuliana et al, 2021). Errors in nursing services can be caused by work environment factors and patient safety culture (Kim et al., 2018). So the mechanism of patient care can affect patient satisfaction in receiving services (Rifai et al., 2020; Putri et al, 2021). Increasing patient service satisfaction can improve the quality of life of patients who are being treated (Afandi et al, 2021).

Based on the results of Daud's report in 2020 Patient safety incidents that occurred in Indonesia totaled 7,465 cases in 2019, consisting of 171 deaths, 80 serious injuries, 372 moderate injuries, 1,183 minor injuries, and 5,659 no injuries. All hospitals in Indonesia are required to strive for client safety in accordance with Minister of Health Regulation (Permenkes) number 11 of 2017 regarding client safety (Neri et al, 2018).

Hospital Survey on Patient Safety Culture (HSOPSC) (2009) explained that there are 12 indicators that can be carried out to improve client safety, such as the role of supervisors or managers who can promote client safety to their staff. The application of a good safety culture will increase the awareness of health service providers regarding the importance of safe services and patient safety reporting. The application of patient safety culture can be increased through supervision activities (Surahmat et al., 2019). Optimal patient safety implementation can be the main role of nurses in optimizing their function as patient counselors (Asmaningrum & Afandi, 2022).

Supervision is an important thing that is used to ensure that the services provided are appropriate and meet the quality of service. Supervision of nursing services is professional interaction and communication between nursing supervisors and implementing nurses, namely in this communication implementing nurses receive guidance, support, and assistance, and are trusted, so implementing nurses can provide safe care to patients because supervision activities of this kind are the encouragement of guidance and opportunity for the growth and development of the skills and abilities of nurses (Pratiwi, 2019). The mechanism for carrying out supervision can be carried out from the time the patient is admitted to the hospital until preparation for discharge (Pitaloka et al, 2022).

Previous research regarding the relationship of supervision with patient safety culture put forward by Wati et al., (2019) was conducted at Sanjiwani Gianyar Hospital with 94 respondents, there was a significant relationship between nursing supervision and the implementation of patient safety culture. Supervision activities in several hospitals are mostly not carried out systematically. The mechanism for carrying out supervision is also not optimally identified, so it can indirectly affect related services, including when weighing patients (Rifai et al, 2019).

Inguinal hernia is a condition where the structure of the organ exits from its place through an area in the inguinal defect which cannot be returned manually (Mayo Clinic Staff, 2020). Supervision patient safety In pre and post-op Inguinal Hernia patients it is important to be more applied in the Inpatient Room because hernias are the most common case. In addition to doing culture patient safety and the application of nursing interventions accompanied by appropriate medical analysis can prevent postoperative patients from occurring and prevent complications that might occur (Zhang, et al., 2022).

Previous research consisted of several different methods, but in this study patient safety supervision and culture were measured using a clear measurement instrument, namely, a questionnaire referring to the MCSS (Manchester Clinical Supervision Scale) and AHRQ (The Agency for Health Care Research and Quality), besides that supervision and patient safety culture in Inpatient Rooms have not been implemented systematically before, so that the supervision that will be implemented this time is expected to be the basis for analysis and evaluation related to culture patient safety and implementation of supervision in the Hospital Inpatient Room.

Method

Supervision activities for patient safety will be held from 13-17 December 2022 in the Hospital Inpatient Room. Activities are carried out simultaneously with roleplay activities so that the functions and division of roles are clearly visible, and supervision can be carried out systematically. Supervision measurement of patient safety using a measuring instrument in the form of a questionnaire which in its manufacture refers to the SOPpatient safety, so that the assessment can be carried out more easily because the assessment mechanism has been regulated according to

the measuring instrument. The measuring tool used by supervisors to supervise patient safety is a nurse behavior questionnaire in implementing patient safety based on SOP and international guidelines Patient Safety Goals are 60 statements which are divided into 6 sub-variables

The questionnaire used to measure or evaluate the implementation of nursing supervision is Manchester Clinical Supervision Scale 26-item (MCSS-26). This questionnaire was developed by Winstanley and White in 2000, then revised again in 2011. The MCSS-26 consists of 3 indicators, namely a normative component (maintaining staff professionalism and performance), a formative component (skills and abilities), and a restorative component (providing support). MCSS-26 contains 26 question items with each answer having an interval of 1-4 namely strongly disagree, disagree, agree, and strongly agree (Winstanley and White, 2011). The Indonesian version of the MCSS-26 questionnaire has been tested for validity and reliability. Validity values range from 0.362 to 0.644 and test reliability alpha Cronbach of 0.923 above the predetermined standard of 0.7 (Pratama et al, 2020). This questionnaire has been used by many previous researchers to measure the effectiveness of supervisors in supervising.

Results

1. Checklist of Supervision Implementation Results Patient safety in Patients with Inguinal Hernia

Implementation of supervision patient safety, Supervisor fills out a checklist to assess the readiness of nurses to carry out patient safety. The following is an overview of the results of completing the checklist carried out by the Supervisor.

Table 1. Checklist of Supervision Implementation Results

No	Statement	Strongly Disagree	Don't agree	Agree	Strongly agree
Correctly Identifying Patients					
1	Nurses use at least 2 of 3 patient identities, namely full name, date of birth, and No. RM to identify the patient		6 (75%)	2 (25%)	

2	The nurse checks the patient's identification bracelet against the medication label before administering the medication. Drugs				8 (100%)
3	The nurse takes blood samples and other specimens for clinical examination without matching the sticker labels on the tubes with the patient identification bracelet	8 (100%)			
4	The nurse checks the patient's identification bracelet with label infusion prior to infusion			100%)	
5	Nurses use a number room for patient identification	4 (50%)	4 (50%)		
6	The nurse takes blood samples and other specimens. The nurse matches the label sticker on the tube with the identification bracelet Patient				8 (100%)
7	The nurse checks the patient's identification bracelet only the moment First meets the patient during the initial assessment	8 (100%)			
8	Nurses still call patients Which into a coma for identification	8 (100%)			
9	The nurse gives education on the patient the importance of the patient's identity bracelet		6 (75%)	2 (25%)	
10	Nurse gives color identity bracelet red for allergic patients				8 (100%)
Formative Component					
11	If there is an order verbally via telephone nurse records the order Complete				8 (100%)
12	If there is an order verbally via telephone, The nurse reads back the contents of the order				8 (100%)
13	Give command confirm repeat the command written when there is a command verbally over the phone				8 (100%)
14	The nurse minimizes the use of oral orders regarding medication GONE				8 (100%)

15	When handing over patients, the nurse explains the current conditions that occur to Patients	8 (100%)	
16	The nurse performs a handover of the patient without Providing important information related to the patient's condition	8 (100%)	
17	When handing over patients, the nurse explains the results assessment of conditions patient	8 (100%)	
18	The nurse gives a recommendation that action given to the patient moment give up thank patient	8 (100%)	
19	The doctor does re-check 1 x 24 hours on a written order	8 (100%)	
Restorative Component			
20	Nurses closely monitor patients taking HAM drugs High Alert Medications)	8 (100%)	
21	The nurse keeps medicine high alert with label the storage area	8 (100%)	
22	Nurse gives label for LASA medication	8 (100%)	
23	Before mixing drugs, the nurse matches 2 of the 3 identities specified with the type of drug obtained, dose, time, and route of administration.		
24	The nurse asked if there was an allergy or not to the patient before giving medicine	4 (50%)	4 (50%)
25	Nurses injecting drug concentrated electrolyte (HAM) without diluting it first	8 (100%)	
26	The nurse put KCL 7.46% near aquadest so that easily reached moment is required	8 (100%)	
27	The nurse put all the oral medication on the table patient	8 (100%)	
28	The nurse records and conveys correct information about the patient's treatment in documents including the name of the drug, dosage, route, frequency, duration, and benefit	8 (100%)	

29	Nurses give important education management information about medicine to patients when leaving the hospital.	8 (100%)
30	The nurse matches the medicine in accordance therapy patient with the label on the medicine package	8 (100%)
Ensuring the Correct Location of Operation, Correct Procedure, and Correct Patient		
31	Nurses use marking clear to identify the operating location	8 (100%)
32	The nurse engages the patient in the process of marking the location of the operation	8 (100%)
33	Nurses carry out preoperative verification to ensure the right location, right procedure, and right Patient	8 (100%)
34	After the operation Nurse checks To fill equipment safety surgery checklist	8 (100%)
35	Nurses do not re-verify documents on preoperative patients because they will be verified in the preparation room Action	8 (100%)
36	The nurse verifies premedication in preoperative patients	8 (100%)
Reducing Health Care Effects		
37	The nurse washes hands before checking for signs vital signs	8 (100%)
38	The nurse washes her hands after checking for signs vital signs	

- 39 The nurse washes hands before helping the patient to change places
- 40 A nurse washes hands after helping the patient to relocate
- 41 Laundry nurse hand before administering the injection to the patient
- 42 A nurse washes hands after opening the system water seal drainage (WSD)
- 43 Nurses wash their hands after cleaning the bedside table patient if their hands are visibly dirty 8 (100%)
- 44 Nurse using artificial nails (nail polish) 8 (100%)
- 45 Nurses use soap with hand rubs simultaneously 8 (100%)
- 46 The nurse evaluates all venous catheter central regularly

- 47 Nurses throw catheters Which is No Important
- 48 Nurses wash hands using hand rubs if their hands look dirty because of the patient's blood or body fluids 8 (100%)
- 49 After letting go hand scone Nurse does not wash your hands because it's still sterile 8 (100%)
- 50 After 5 times using hand rubs, for then the nurse uses hand wash

Reducing the Risk of Patient Injury Due to Falls

- 51 The nurse assesses the risk of falling for all new patients entering room
- 52 The nurse determines to score based on the patient's risk criteria for falling
- 53 The nurse only gives a yellow identity bracelet as a sign of the risk category moderate fall 8 (100%)
- 54 The nurse reviews the patient with Moderate fall risk every 4 hours 8 (100%)
- 55 The nurse assesses the risk of falling specifically for elderly patients 8 (100%)

56 Nurses provide education on the family strategies to reduce patient falls

57 The nurse communicates with the party responsible if environmental conditions can cause a fall e.g. slippery floors

58 The nurse makes sure the patient's bed wheels in a locked state

59 Nurses closely monitor patients at high risk of falling

Monitor every 1 hour		
60	The nurse lowered the bed guard patient who have limited movement	8 (100%)

Dicussion

1. Supervision Implementation Analysis about Patient Safety in Patients with Diagnosed Inguinal Hernia

A good and open relationship between nursing supervisors and implementing nurses will increase the achievement of service standards so that it will provide potential benefits for both supervisors, nurses and for patients because patients get higher quality services. When support from supervision to nurses occurs regularly and well, there will be an increase in the courage and openness of nurses in

discussing problems experienced around patients and this is of course beneficial for patients.

The results of Surahmat et al's research (2019) after examining 96 nurses as respondents in their research and using an approach cross-sectional and bivariate analysis concluded that supervision had a significant relationship with the implementation of patient safety standards at Palembang Muhammadiyah Hospital with $p = 0.041$. The implementation of poor supervision has an impact on the implementation of patient safety goals. The hospital needs to supervise on an ongoing basis and make the results of supervision the basis for follow-up as an effort to improve the quality of nursing services on an ongoing basis. This is in line with Nurmalia's research that groups who do not receive supervision or supervision will be at risk of experiencing a decrease in the implementation of patient safety culture (Irawan et al, 2017).

Obstacles in implementing patient safety goals are influenced by the lack of socialization, motivation, supervision, and support from hospital management. lack of supervision in reporting patient safety incidents (KTD, KPC, KNC). Implementation of poor supervision has an impact on the implementation of patient safety goals even though the categories are good in the implementation of identification, communication, drug safety, correct procedures, locations, and operating patients but the implementation of reduction and the risk of falling patients has not been maximized.

Improving safety culture will help reduce costs to patients suffering from increased pain, disability, physical and psychological trauma, guilt, shame, loss of confidence and morale; increase national targets, and reduce requirements for additional care and additional beds. Patient safety is a cultural transformation, where the expected culture is a culture of safety, a culture of not blaming, a culture of reporting, and a culture of learning (Hasmi & Thabrany, 2019).

2. Patient Identification

The results of the implementation of patient identification supervision that had been carried out on patients with a diagnosis of Inguinal Hernia, it was found that the 8 nurses who supervised most of them had carried out the patient identification process correctly. All nurses under supervision have matched the identity bracelet

according to the drug before giving the drug to the patient. When taking blood samples, the nurse also matches the label sticker on the tube with the patient's identification bracelet. Patient identification points experienced obstacles in its application so that 75% of nurses did not do it, namely at the point of using at least 2 of 3 patient identities, namely full name, date of birth, and RM number to identify patients. The research results of Putri et al (2022) and Irawan (2017) are in accordance with the results of this study which show that there is a relationship between supervision and the application of a patient safety culture where the accuracy of patient identification is one of the factors involved.

This is because the nurse feels that she clearly remembers the patient and reasoned that asking the patient's name continuously will only distract the patient and waste time. The patient is one of the 4 patients being managed because the number of patients being treated is small so it is easy to remember, apart from that before starting the shift, an operation is always carried out around the bedside in the patient's room. But the nurse still works around this by directly looking at the patient's bracelet. Patient identification bracelets are really needed, there are 4 types of bracelets, pink bracelets for female patients, blue bracelets for male patients, red bracelets for patients who have a history of allergies, and yellow bracelets for patients who are at risk of falling. In addition to the identity bracelet, there are also patient medical records, patient data, and patient identification incident reporting forms. Some nurses use room numbers to help identify patients, but all nurses who take part in supervision say that room numbers are only supporting data that will make it easier, the nurse will confirm again regarding the patient's identity such as the patient's name, rm number, and wristband. So it can be said that the room number is not the main and only reference in the patient identification process.

3. Effective Communication

Based on the results of supervision of the formative component in patients, namely all nurses communicate effectively in the handover, as well as in giving and receiving information from other health workers. But some nurses don't mention situation in full, so with the supervision of nurses, they are trained to mention all subcomponents in full, especially regarding patient identity, date of MRS, and nursing problems. Meanwhile, the lowest increase was in the sub-components recommendation because the average nurse

has mentioned the actions that have been taken and the actions that must be stopped and modified.

This is in accordance with research conducted by Sulistyawati & Haryuni (2019), it can be concluded that most of the respondents before the implementation of supervision had poor handover quality. Almost all of the respondents after the implementation of supervision had good handover quality so there was an influence of supervision on SBAR communication on handover quality in the Melati room and Bougenvile room at Hospital in Blitar.

Meanwhile, based on the results of Helsanewa's research (2018) based on the actual situation in the field there are still gaps in communication when handing over or transferring patients between service units, within service units, and between service teams, which can result in interruption of continuity of service, inappropriate treatment and could potentially result in injury to the patient. Recommendations aimed at improving patient handover patterns include using protocols to communicate critical information, providing opportunities for practitioners to ask questions and submit questions during handovers, and involving patients and families in the handover process.

Effective communication that is timely, accurate, complete, clear, and easily understood by patients will reduce errors and can improve patient safety. Communication can be in the form of oral and written. Communication that is prone to errors mostly occurs when orders are given verbally or over the telephone. In order for the information conveyed by the nurse to the doctor to be accurate and precise, in order to make decisions about the clinical situation faced by the patient, communication standardization can be used through the method Situation Background Assessment Recommendation (SPAR).

4. Drug Safety

Supervision results stated that all nurses had good adherence regarding drug safety. In the patient's case there is pharmacological therapy related to HAM (High Alert Medications) namely KCL so that it is necessary to re-check the dosage and be more careful. The drug storage area has a name. In administering drugs, the 6 principles are correct, namely correct patient, correct drug, correct dose, correct time, correct route, and correct documentation. However, in practice, senior nurses still accompany them to further ensure drug safety, such as in determining the dosage and timing of drug administration.

This is in accordance with the research of Utama, et al (2021) that the application of the six right principles carried out by nurse practitioners in the Inpatient Room of the Jember Regency Hospital is almost close to the maximum value, thus the six right actions in giving this drug are better. Nurse managers can enhance the application of the six principles by nurses through supervisory activities. In addition, it is necessary to have an evaluation conducted by the hospital patient safety commission on the application of the six right principles of drug administration by inpatient nurses.

In order to target patient safety from the aspect of drug safety, special labels for high-alert drugs, special high-alert drug cabinets, special electrolyte concentrate cabinets and drug safety incident reporting forms are available. Facilities and infrastructure for patient identification include pink, blue, yellow and red identity bracelets, medical records and reporting forms. In maintaining drug safety, drug labels, separate medicine cabinets and reporting forms are available. The availability of facilities and infrastructure is very important in supporting the implementation of patient safety goals.

Confusing drug names, Look-alike and Pronunciation (NORUM) for healthcare workers is one of the most common causes of medication errors and is a concern worldwide. With tens of thousands of drugs on the market today, the potential for errors due to confusion over brand or generic names and packaging is very significant. NORUM solutions emphasize the use of protocols for risk reduction and ensuring legible prescriptions, labels or the use of preprinted or electronic prescribing orders.

5. Right Operation Location, Right Procedure, and Right Patient

At the time of preparation for the IV line installation, the nurse had asked the patient, he said that the one to be operated on was on the left side. Therefore, the nurse began to do the IV installation, not in the direction of the part being operated on, but in the opposite direction, namely on the right. In addition, nurses also provide education for clients and families to fast from 12 at night. Then on December 14, 2022, the patient will make pre-op preparations. Nurses carry out preoperative verification to ensure the right location, the right procedure and the right patient. The nurse involves the patient in the process of marking the surgical site. The nurse uses the exact location form in marking the area to be operated on.

This is in accordance with research conducted by Nurwahid (2022) at

Bhayangkara Makasar Hospital which shows that most nurses have confirmed the exact location, procedures and patient operations such as preparing for fasting, shaving, doing enemas according to doctor's instructions, checking photo results including X-rays and examinations. blood.

The Ministry of Health (2011), stated that the wrong location, procedure, wrong patient surgery is something that is worrying and often occurs due to ineffective communication. In addition, there are also factors that often occur, namely inadequate assessment, inadequate review of medical records, and a culture that does not support communication between members of the surgical team. The most contributing factor to errors like this is the absence or lack of standardized preoperative processes, what is recommended is to prevent these types of errors depending on the implementation of the pre-surgical verification process, marking the side involved in the time out procedure just before starting the procedure to confirm the identity of the patient, the procedure and the surgical site.

6. Risk of Infection Due to Health Care

Based on the results of supervision in patients who are perioperative patients, special care is needed to prevent. Preoperative measures for inserting an IV line and administering pharmacological therapy through the IV line, all nurses apply prevention by doing 5 moments of hand washing, applying sterile principles at the time of inserting the IV line, and administering pharmacological therapy through the IV line. During the intraoperative phase, sterile principles were carried out for all actions because the process was carried out in the operating room, the principle of infection prevention was better maintained. Postoperative actions, especially when treating wounds in the room, nurses carry out sterile principles to carry out postoperative wound care, and nurses also do 5 moments of hand washing. The sterile principle in wound care has been well mastered by the nurse, while the nurse's supervision is still maintaining the sterile principle. But when supervision is carried out during wound care, nurses still need assistants to assist with actions, nurses still find it difficult to carry out sterile wound care independently. After taking the action the nurse washes hands with hand rub in the wound care trolley before treating the next wound.

One of the causes of nosocomial infection is the knowledge factor of nurses

about patient safety. The purpose of patient safety is to drive specific improvements in patient safety. Hand washing is one component of standard precautions that is effective in preventing the transmission of infection. Besides that, use personal protective equipment such as gloves and masks to prevent the risk of contact with pathogens (Bachrun, 2017).

Effective hand hygiene is the primary preventive measure to avoid nosocomial infection problems. Provision of hand washing facilities such as sinks, handrubs is expected to be equipped with posters of correct hand washing steps and 5 hand washing moments. In order to be able to remind and increase the knowledge of both staff and patients and the patient's family regarding correct and effective hand washing steps so that they can prevent infection.

7. Risk of Patient Injury Due to Falls

The patient was assessed on the Morse Fall Scale and obtained a score of 20 which means that he has a low risk of falling. The patient did not place a yellow bracelet or other signs indicating a risk of falling. But when supervising the nurse, they pay attention to keep the patient safe and avoid the risk of falling by ensuring that the siderails are installed so that they are locked again after the procedure is finished.

Risk Assessment Falling patients are the first element of a fall risk reduction program, a method of risk assessment for falling patients performed by nurses. Risk Assessment of falling patients aims to provide special attention to patients who are at risk for falling. The patient's fall risk assessment is carried out when the patient is first admitted to the hospital (initial assessment) and when the patient experiences a change in clinical status as a result of treatment or treatment while in hospital (Ade, et al., 2019).

Efforts to prevent the risk of falling patients to reduce the incidence of falls in patients who are hospitalized. Prevention of the patient's risk of falling is by conducting an initial assessment of the risk of falling, periodic assessments whenever there is a change in the patient's condition, and implementing preventive measures for patients at risk of falling. Implementation in hospitalization in the form of a process identification and assessment of patients at risk of falling and providing special identification signs to these patients, for example yellow bracelets, providing risk markers, lowering the patient's bed, installing patient bed guards and written

information to the patient or patient's family. Even though efforts to prevent the risk of falling patients have been made, there are still several hospitals that experience incidents of falling patients, especially in hospitalization.

Patient safety must be carried out in the hospital to protect the patient from an unwanted accident while the patient is in the hospital. Based on the adherence of nurses in placing a fall prevention sign (yellow/red triangular label) on the bed board, it is known that most of the respondents adhered to placing a fall prevention sign (yellow/red triangular label) on the bed board. To reduce the number of patients who fall, it is better if the officers at the hospital collaborate to provide better service to patients and carry out actions according to the SOP.

8. Supervisor Effectiveness Analysis in Implementation of Supervision

The results of the analysis show that the implementation of nursing supervision according to nurses is based on three indicators, namely the normative component, the formative component, and the restorative component, more than half of the nurses have the view that the implementation of supervision is good. Based on these three indicators, formative indicators score lower than normative and restorative indicators.

Research conducted by Fatonah and Yustiawan (2020), showed the same results as this scientific paper, that normative, formative and restorative supervision of the head of the room is included in moderate supervision with a successive percentage of 84.0%; 93.6%; and 84.0%. The formative indicator of supervising the head of the room is the domain that gets the most moderate ratings from nurses (93.6%). Providing direction in supervision can be in the form of increasing nurse knowledge. This shows the need for the role of the head of space in improving formative indicators. This formative indicator will affect the performance of the implementing nurses in carrying out their daily duties.

The head of space is expected to increase his function as teacher which can help increase knowledge and skills through a learning process whose goal is to increase work productivity. In contrast to the research carried out by Pratama et al (2020) which examined nursing supervision in hospitals which obtained the result that nursing supervision was carried out.

Of the three aspects of normative and restorative nursing supervision, almost half

of the nurses in the inpatient rooms of the Majaraya General Hospital admit that carrying out nursing supervision is equivalent to 26 (47.3%) respectively. In addition, the formative aspect is that more than half of the nursing staff or 30 (54.5%) admit that the implementation of nursing supervision is still poor. Normative indicators or managerial is a function to improve, improve, and control the quality of the performance of implementing nurses. Good communication between supervisors and nurses is important when it comes to providing safe care. Nurses in carrying out normative indicators must be able to create an effective work environment, plan and establish patient safety, maintain existing standards, show confidence in their implementation, increase professionalism, and create quality care services (Wati et al, 2019). Furthermore, formative indicators can be said to be educational processes that can improve the knowledge, skills, and attitudes of nurses who play an important role in implementing the patient safety. Good formative indicators indicate that supervisors can carry out education for implementing nurses optimally, especially by providing orientation on programs to improve hospital quality (Wati et al, 2019)

Research conducted by Deswita, et al (2020) showed results that applied the clinical supervision model group had the impact of increasing documentation at Indrasari Rengat Hospital. model supervision group can encourage staff to improve their abilities, improve their performance improve analytical skills on problems that are found together. This is in line with the supervision model implemented in the Anthurium Room of RSD dr. Soebandi. Model clinical supervision group can increase the motivation of nurses to always develop their skills through the learning process that occurs during the supervision process. Supervision carried out in the Anthurium Room RSD dr. Soebandi has 3 stages of the process, the first is planning where the supervisor determines activities and goals, the second is the implementation of supervision by assessing the performance of nurses, and the last is evaluating by providing input, solving problems, and giving rewards to nurses.

Clinical supervision can effectively stimulate new knowledge, initiate new steps (innovation) and harmonious relationships (relationships) at work. By looking at this experience, it can be concluded that clinical supervision is very effective in terms of increasing the competency of implementing nurses.

Based on the results of the assessment through a questionnaire the supervisor not only evaluates the nurses' actions but also provides additional new information

and justifies if there are actions and procedures that are forgotten. According to the researchers' assumptions, supervision is very important to be carried out on a scheduled basis, especially in reducing the risk of patient falls, so that the implementing nurse and team leader can optimize the prevention or reduction of unwanted events such as falling events in patients, nurses can also maintain work implementation according to standards and improve safety. patients and improve staff development.

The conclusion obtained from some of the results of previous research and this scientific work is that the head of the room who acts as a supervisor has responsibilities in an organization. Effective leadership is one of the factors that can increase the effectiveness of the performance of professional nurses, therefore it will have an impact on improving the quality of hospital services.

Conclusion

Based on the results of the analysis of the implementation of supervision about patient safety in patients with a diagnosis of Inguinal Hernia in the Hospital Inpatient Room, it was concludedImplementation of supervision about patient safety still not optimally implemented because there are several obstacles such as the patient safety program has not become a priority agenda, there is no driving force, it is carried out under forced conditions such as only because of demands from superiors, there are obstacles due to a lack of understanding of the implementation of patient safety programs, there is no sense of awareness in towards patient safety culture, and incident reporting that is not optimal.

These results can be a reference for hospitals about the attitude of nurses in monitoring patient safety. Hospitals as owners and policy makers should improve existing nursing training by allowing nurses to continue their education to a higher level, by holding regular training on patient safety practices

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