



NURSING COMPLIANCE IN IMPLEMENTING STANDARD OPERATING PROCEDURES TO PREVENT PATIENTS FROM FALLING

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ABSTRACT	Keywords
<p>Reducing the risk of falling patients is one of six patient safety goals. To reduce the risk of injury due to falls the hospital makes a Standard Operating Procedure to prevent patients from falling as a reference to avoid unexpected events. One factor that influences the implementation of the Standard Operating Procedure is nurse compliance. The purpose of this study was to determine the compliance of nurses in implementing standard operating procedures to prevent patients from falling in inpatient installations. The population in this study were all nursing nurses in the inpatient installation, amounting to 30 nurses, using the Total Sampling technique and a sample of 30 nurses. This study uses an observation sheet instrument with 23 statements. The results of the study showed that all nurses did not adhere to the Standard Operating Procedure for preventing falling patients, where 100% of nurses in carrying out the prevention of patients fell not according to the Standard Operating Procedures. The nurse's misunderstanding of the instructions caused the non-compliance of respondents in the implementation of the SPO to prevent patients from falling. In addition, the factors of attitude, age, years of service and education also influence the disobedience of nurses.</p>	<p>Compliance, Risk of Fall, Standard Procedure Operational.</p>

INTRODUCTION

Efforts to improve the quality of services and improve patient safety efforts in hospitals are already a universal movement. Various developed countries have even shifted the "quality" paradigm towards a new "quality - safety" paradigm. This means not only the quality of service that must be improved but more importantly is to maintain patient safety consistently and continuously. The patient safety program is a system where the hospital makes safer patient care which includes risk assessment, identification and management of patient-related risks, reporting and incident analysis, learning abilities from incidents and follow-up and implementation of solutions to minimize risk and prevent the occurrence of an injury caused by an error resulting from carrying out an action or not taking action that should not have been carried out (Kemenkes RI, 2011).

WHO gets the death rate due to Not Incident It is expected that inpatients throughout the United States range from 44,000 to 98,000 people per year., Unexpected events with a range of 3.2-16.6% occur during the January-December 2004 period. The United States publishes a report with the title "To Err Is Human, Building a Safer Health System" which surprised many. The report suggests research in hospitals in Utah and Colorado and New York. In Utah and Colorado, there were 2.9% of unwanted events (Adverse Events), of which 6.6% died. Whereas in New York KTD was 3.7% with a sentinel/death rate of 13.6% (Depkes, 2008). In the XXI Persi Congress in Jakarta on November 8, 2012, reported that the incidence of patients falling in Indonesia from January to September 2012 was 14%. This makes the percentage of patients falling included in the top five medical incidents other than medicine error (Komariah, 2012). Based on Suparna and Tenti Kurniawati's research in 2015 in the emergency unit at the Kalasan Sleman Panti Rini hospital with the title "Evaluation of falling risk patient safety implementation" indicates the application of risk patient safety falls based on the Standard Operating Procedure with the aspects examined including the writing of

documentation 100%, risk assessment fell 50% carried out, while aspects of the installation of risk signs of implementation fell only 51%. From the results of these studies indicate the implementation of risk patient safety falls based on SOP cannot be implemented 100% (Suparna, 2015).

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Nurses in providing nursing care to patients must apply patient safety. Nurses must involve cognitive, effective, and actions that prioritize patient safety. Nurses in providing nursing care must be cared for. Nurses' perceptions to maintain patient safety play a role in preventing, controlling and improving patient safety (Choo j., 2010). Nurse compliance in the implementation of Standard Operating Procedures is very influential in preventing patients from falling into the Inpatient Installation, because the patient's family may not be directly involved in the implementation of prevention of falling patients. Obedient can be interpreted individual behavior that obeys the rules or orders of superiors in accordance with the rules or regulations that apply to an agency. Officers can be said to be disobedient if what is done is not in accordance with the instructions or rules that have been set in the agency where the officer works (Niven, 2000). The non-compliance of officers in implementing Standard Operating Procedures can cause patients to fall which can cause various effects on the patient. The impact of falls can cause various types of injuries, physical and psychological damage (Stanley, 2006). Consequently, in

order to ensure effective nurses performance, patients' safety outcomes should be measured against predetermined performance criteria express in specific and measurable/observable terms that are acceptable to safety outcomes (Dawood, El-, Salem, & Hussein, 2016).

MATERIALS AND METHODS

No	Gender	n	%
1	Male	14	46,7
2	Female	16	53,3
Total		30	100

This research is a descriptive research which is a research method that is carried out with the main objective to make an illustration or description of a situation objectively. The population in this study were all nursing nurses in the inpatient installation, amounting to 30 nurses. Sample in this study was the nurse in the hospital inpatient installation which amounted to 30 people with total sampling technique. This study uses an observation sheet instrument with 23 statements. The variables in this study are nurses' compliance in implementing standard operating procedures to prevent patients from falling in hospital inpatient installations.

RESULTS

1. Age

Table 1. Characteristics of respondents by age

No	age	n	%
1	16–25 year	4	13,3
2	26–35 year	19	63,3
3	36–45 year	7	23,4
Total		30	100

Based on Table 1, it was obtained data that most respondents aged 26-35 years were 19 respondents (63.3%).

2. Gender

Table 2. Distribution of Respondents Frequency Based on gender

No	category	Low risk	
		Frekwensi	%
1	obedience	0	0
2	disobediance	30	100
Total		30	100

Based on table 2 it was found that more than 50% of respondents were female, namely 16 respondents (53.3%)

3. Nurse compliance

Table 3. Nursing Compliance Against SPO Prevention of Falling Patients

No	category	Middle risk & high risk	
		Frekwensi	%
1	obedience	0	0
2	disobedience	30	100
Total		30	100

Based on table 3, it was obtained data that all respondents were not compliant in carrying out the Operational Standards. Preventive procedures for patients fell at mild risk, moderate risk and high risk, namely 30 respondents (100%).

DISCUSSION

Based on the results of the study all respondents did not carry out the patient's preventive measures in accordance with the Operational Standards for the prevention procedure of patients falling. Where none of the respondents carried out 11 SPO

statements to prevent low-risk patients and 12 SPO statements to prevent patients from being at moderate and high risk. Someone is said to be Compliant if the individual's behavior or actions are in accordance with the provisions or rules that apply and do not comply if the individual's behavior or actions are not appropriate and show disobedience to the provisions or rules that apply (Niven, 2000). Standard operating procedures are a specific set of practices that are required to be initiated and followed when specific circumstances arise. For example, emergency room physicians have SOPs for patients who are brought in an unconscious state; nurses in an operating theater have SOPs for the forceps and swabs that they hand over to the operating surgeons; and laboratory technicians have SOPs for handling, testing, and subsequently discarding body fluids obtained from patients (Sathyanarayana Rao, Radhakrishnan, & Andrade, 2011).

The impact of the inability to implement the risk of patient safety falls if the patient has fallen, which results in various types of injuries, physical and psychological damage. The most feared physical damage from falls is a hip fracture. Other types of fractures that often occur due to falls are fractures of the wrist, upper arm and pelvis and soft tissue damage. The psychological impact is that although physical injury does not occur, shock after a fall and the fear of falling again can have many consequences including anxiety, loss of confidence, restrictions on daily activities, fallal phobias or phobias (Stanley, 2006). This study shows that all respondents do not adhere to the implementation of the Operational Standards. Preventive procedures for patients falling, both preventions of patients falling low or medium and high levels. There are several factors that influence respondents' non-compliance with the implementation of the Standard Operating Procedure for preventing patients from falling, namely the level of understanding of instructions, attitudes towards instruction, age, years of service and education.

Based on the results of the Observation of Standard Implementation of Falling Patient Prevention Operational Procedures from 11 statements preventing patients from falling low-risk respondents on average only carried out 8.97 (81.52%). Whereas in the Standard Operating Procedure the prevention of patients falling in medium and high risk the respondent on average carried out 9.5 (79.17%) of the 12 statements that had to be done. According to (Niven, 2000) someone will not do instructions if they do not understand the instructions to be carried out. Health care providers contribute to the occurrence of errors that threaten the safety of patients, especially nurses, the longest service (24 hours continuously) and the most frequent interaction with patients in various procedures and nursing actions. This can provide a great opportunity for errors and patient safety. In addition, fatigue in nurses is a contributing factor to the occurrence of errors (Mattox, 2012).

This study shows that the respondents' understanding of the instructions carried out is still lacking. No matter how good an instruction will be carried out without a good understanding of the nurse who will carry out the instruction. With an understanding of good instruction, a nurse will try to do the instruction as well as possible.

Based on the results of the Standard Implementation Observation Operational Procedure for prevention of falling patients preventive measures of fall patients that are always carried out by nurses is to assess the level of risk of falling patients according to the assessment format, determine the level of risk of falls (mild, moderate, severe), put a fence on both sides of the bed, lock wheel of the bed, put a risk sign of falling (yellow button) and involve and inform the family about the risk of falling while the patient's preventive fall is most rarely done by the nurse is to bring all the needs of the patient closer and observe patient comfort and elimination needs every 2 hours.

According to the theory, the positive attitude of nurses to instruction will increase nurses' compliance in carrying out these instructions

(Notoatmodjo, 2007). This shows that nurses are positive and obedient to instructions that are considered important. Whereas in the instruction which is considered insignificant the nurse tends to ignore and not comply. According to (White, 2012) the characteristics of nurses affect their daily work and the potential for errors in patient safety.

Based on the results of the study the majority of respondents have aged 26 - 35 years as many as 19 respondents (63.3%). In this study, data was obtained that nurses with an age of fewer than 35 years did not carry out the prevention of patients falling according to Standard Operating Procedures. Characteristics of a nurse based on age are very influential on the performance in nursing practice, where the older the age of the nurse, in accepting a job will be more responsible and experienced (Suparna, 2015). This shows that age affects the disobedience of nurses in implementing SPO. Nurses at the age of fewer than 35 years are not mature enough to be responsible and obedient in carrying out a job.

Based on the results of the research period, the majority of respondents were less than 5 years, as many as 12 respondents (40%). The working period of a person can be known from the beginning the nurse works until the time of stopping or the current period while still working in the Hospital. The lower the level of one's experience, the lower the level of compliance (Notoatmodjo, 2007). In this study, the respondent with a work period of fewer than 5 years did not carry out the prevention of patients falling according to the Standard Operating Procedures. This shows that the working period also affects the non-compliance of nurses in implementing the Standard Operating Procedures. Nurses with a working period of fewer than 5 years are not experienced enough to carry out Standard Operating Procedures.

Based on the results of the study the level of education of respondents was dominated by diploma graduates as many as 20

respondents (66.7%). In this study, respondents with a diploma education did not carry out the prevention of patients falling according to Standard Operating Procedures. According to the theory, the lower the level of education of officers, the lower the level of compliance of officers in carrying out instructions (Notoatmodjo, 2007). This study shows the level of education of respondents also influences nurses' disobedience to the implementation of the Operational Standards for the prevention procedure of patients falling where education is related to their personality. Nurses with D3 education in conducting nursing practices are not yet effective and efficient so they have not produced high-quality health services.

It is important to stress that, according to the study results, the SOP aims to clarify doubts. However, neither this process nor continuing education should be interrupted. Therefore, specific training on the SOP use is needed, with a view to a better understanding of the reasons why not all professionals follow standardized techniques. Automated performance of techniques is not desirable. On the contrary, knowledge combined with action is essential, even in situations considered simple. Therefore, professionals need to be engaged with care towards common results, to be involved with the institution's philosophy and to be able to cooperate and include the whole team, so that they can participate in the processes to improve care (Guerrero, Beccaria, & Trevizan, 2008).

CONCLUSIONS

In carrying out preventive measures of falling patients installed inpatient hospitals all nurses implement actions not in accordance with Standard Operating Procedures. Where no nurse performs 11 prevention statements low-risk patients and 12 prevention statements of patients falling medium and high risk. Thus it can be concluded that all nurses do not comply in implementing Standard Operational Procedures prevention of falling patients. Non-compliance of nurses is caused by several factors such as the level of

understanding of the instructions that are still lacking, the attitude of respondents who are less supportive, the age of respondents who are mostly less than 35 years, the work period of respondents majority of fewer than 5 years and education that majority nursing diploma

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