

An Overview of Patient Safety Supervision in Government Hospitals

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Abstract

Background: Effective supervision is needed to achieve optimal implementation of patient safety goals, where patient safety is prioritized in every activity. Nurses' performance in implementing patient safety goals is influenced by several factors.

Objective: To know the description of patient safety supervision in hospitals in 2024.

Method: This study is a quantitative study with a cross-sectional design conducted in April-June 2024 at the Hospital. The study population was all executive nurses in the hospital inpatient room. The population was 42 people with total sampling technique. The research instrument used a questionnaire to collect data on the characteristics of respondents consisting of nurse identity, namely: level of education, length of work, and supervision.

Results: Patient safety supervision is mostly in the good category (78.57%).

Conclusions: Patient safety supervision in hospitals in 2024 is mostly in the good category. This indicates that nurses have implemented various safety standards and effective procedures to protect patients from injury or harm during treatment.

Keywords: Nurse, Supervision, Hospital

INTRODUCTION

Patient safety is a top priority in healthcare worldwide. Hospitals, as healthcare institutions, are responsible for ensuring that every patient they treat receives safe and quality care. Patient safety supervision is a key element in this effort, which includes oversight of medical procedures, staff training and education, and the implementation and oversight of safety policies. In Indonesia, government hospitals play a very important role in providing health services to the wider community, especially for those who cannot afford to access private health services. However, challenges in maintaining and improving patient safety are still significant. Reports from the Ministry of Health show that patient safety incidents, such as medical errors and nosocomial infections, still occur with alarming frequency in various government hospitals. Medication errors, surgical complications, and healthcare-associated infections as major issues in patient safety. Factors contributing to patient safety incidents include understaffing, inadequate training for healthcare professionals, and poor communication among healthcare teams. This study emphasizes the importance of a strong safety culture in healthcare organizations, which prioritizes open communication and continuous learning to improve patient safety. To improve patient safety, the implementation of standardized protocols, advanced training programs for healthcare professionals, and the integration of health information technology such as electronic health

records (EHRs) and computerized physician order entry (CPOE) systems are recommended. Fostering a non-punitive environment is considered essential to encourage reporting and addressing errors without fear of retribution, thereby promoting a culture of safety and learning within the healthcare environment. This research emphasizes the importance of interdisciplinary collaboration and continuous evaluation of safety practices to adapt to the changing healthcare landscape, as well as the need for ongoing efforts to safeguard patient well-being and improve healthcare outcomes (1).

Safety oversight plays an important role in improving healthcare quality and preventing adverse events. Studies emphasize the importance of overseeing critical patient safety measures to prevent and manage risks, linking the implementation of patient safety to reduced incidents and errors in medical units (2). Factors that influence patient safety culture in hospitals include leadership, teamwork, organizational learning, and stress levels among nurses (3). Peran pekerjaan, pembelajaran organisasi, dukungan manajemen, dukungan pemimpin, dan kemudahan pertukaran informasi semuanya terkait dengan keselamatan pasien yang dirasakan di hospital environment, with supervisors showing higher safety perceptions compared to nurses (4). Strategies to improve patient safety culture involve education, simulations, teams, and comprehensive programs, all of which have shown a positive impact on patient safety culture in hospitals. By focusing on these aspects, government hospitals can strengthen patient safety practices and improve overall healthcare outcomes (5).

Patient safety supervision is a key element in ensuring quality healthcare in hospitals. Nurses' performance in implementing patient safety goals is influenced by several factors. According to experts, this performance can be influenced by individual factors, organizational factors, and psychological factors (6, 7, 8). Individual factors include abilities and skills, physical and mental conditions, family background, experience, and demographics such as age and gender. Organizational factors include resources, leadership, rewards, and job structure and design. Meanwhile, psychological factors consist of perception, attitude, personality, job satisfaction, and motivation. Several studies have shown that leadership in organizations plays a significant role in patient safety performance. Effective leadership involves the skills and willingness to motivate, guide and direct others to achieve specific goals in the implementation of supervision (9).

Effective supervision is necessary to achieve optimal implementation of patient safety goals, where patient safety is prioritized in every activity (10). Conventional supervision, which is commonly implemented in almost all hospitals in Indonesia, has not been able to significantly improve patient safety performance. Based on data from the National Patient Safety Reporting and Learning System, patient safety incidents in Indonesia are still high with 38% of near misses, 31% of non-injuries, and 31% of adverse events (11). This shows that conventional supervision has poor planning and data processing and analysis is not optimal (12, 13).

Based on the background description above, it is important to conduct research on the description of patient safety supervision in government hospitals. This study aims to describe patient safety supervision in government hospitals in 2024. Through this research, it is expected to find a clear picture of the implementation of patient safety supervision, identification of strengths and weaknesses in the existing supervision system, and factors that affect the effectiveness of supervision. This study is also expected to provide constructive recommendations to improve patient safety in government hospitals, which in turn will have a positive impact on the overall quality of health services.

OBJECTIVE

To know the description of patient safety supervision in hospitals in 2024.

METHOD

This type of research is a quantitative study with a cross-sectional design to determine the description of patient safety supervision in one of the Riau Islands Hospitals conducted in April-June 2024. The population in the study were all executive nurses in the hospital inpatient room. The total population was 42 people. The sample in this study amounted to 42 with total sampling technique. Prior to data collection, permission was granted and obtained from respondents. The questionnaire was used to collect data on the characteristics of respondents consisting of nurse identity, namely: level of education, length of work, and supervision. The questionnaire instrument used has been tested for validity and reliability. The final interpretation stated that the instrument used was valid and reliable. Ethical approval was obtained from the Ethics Committee of the Faculty of Nursing, Andalas University (No.262.laiketik/KEPKFKEPUNAND). Data were analyzed using computerized software. The analysis included descriptive statistical tests such as frequency distribution and percentage.

RESULTS

Table 1. Frequency Distribution Based on Demographics of Nurse Executives in Hospitals in 2024 (n = 42)

Sociodemographics	Frequency (f)	Percentage (%)
Age		
- Early adulthood (26-35 years)	28	66,67
- Late Adult (36-45 years old)	13	30,95
- Early Elderly (46-55 years old)	1	2,38
Gender		
- Female	36	85,71
- Male	6	14,29
Education		
- Vocational	27	64,29
- Professional	15	35,71
Length of Service		
- New (< 7 years)	13	30,95
- Long enough (≥ 7 - 15 years)	28	66,67
- Long-time (≥ 15 - 22 years)	1	2,38

Table 1 shows that the sociodemographics of executive nurses are almost entirely female and most of them are in early adulthood, have a vocational education, and have worked for a long time (≥ 7 - 15 years).

Table 2: Distribution of Patient Safety Supervision in Hospitals in 2024 (n = 42)

Variables	Category	Frequency	Percentage (%)
Supervision	Good	33	78,57
	Less Good	9	21,43

Table 2 shows that patient safety supervision is mostly in the good category 78.57% and 21.43% in the

bad category.

DISCUSSION

Patient safety supervision is a critical component in efforts to improve the quality of health services. The age distribution of executive nurses in the hospital showed that most nurses were in the Early Adult category (26-35 years) with a frequency of 28 (66.67%). The Late Adult group (36-45 years) had a frequency of 13 (30.95%) and only one nurse was in the Early Elderly category (46-55 years) representing 2.38% of the total. Age can affect job satisfaction and organizational commitment. Younger nurses tend to be more dynamic but may have higher stress levels due to lack of experience (14). The majority of executive nurses were female with a frequency of 36 (85.71%) while only 6 (14.29%) were male. This reflects the general trend in the nursing profession which is dominated by women. Difference in performance between men and women in the health sector (11). The study found that women tend to have higher work performance than men.

Most nurses had vocational education (Diploma) with a frequency of 27 (64.29%) while nurses with professional education (Bachelor of Nursing) amounted to 15 (35.71%). This shows that there is diversity in the education level of executive nurses. Higher education levels usually correlate with higher job satisfaction and better performance. Nurses with professional education may have better opportunities for career advancement and professional development (15).

In terms of length of work, nurses who worked in the New category (<7 years) amounted to 13 (30.95%). Nurses who have worked for a long period of time (7-15 years) have the highest frequency of 28 (66.67%). Only one nurse falls into the Old category (15-22 years) with a percentage of 2.38%. Length of service can affect burnout levels among nurses. Nurses who have worked longer tend to experience higher levels of burnout even though they also have more experience and better coping skills (15). Good patient safety supervision was demonstrated by the majority of health institutions with a good supervision category of 78.57%. This indicates that nurses have implemented various safety standards and effective procedures to protect patients from injury or harm during treatment. Adherence to patient safety protocols includes implementation of safety standards, training, education, supervision and evaluation.

Some of the factors that support good patient safety supervision include effective leadership, safety culture and information technology. Effective leadership at the hospital management level plays a critical role in ensuring that patient safety is a top priority. Strong leadership helps foster safety performance by promoting open communication, addressing issues, and prioritizing safety initiatives (16). Building a culture of safety among healthcare staff is essential. The National Institute for Occupational Safety and Health, (2022) explains that creating an environment where staff feel comfortable reporting errors or near misses without fear of sanctions can improve patient safety. In addition, the use of information technology such as electronic medical record systems and automated reminders are helpful in monitoring and reducing human error.

However, although patient safety supervision has been well implemented, there are still some obstacles. Conventional supervision has less careful planning and less optimal data processing and analysis (13). Another thing that can be done to improve patient safety is the development of health information technology, this development plays an important role in improving patient safety. Some of the technologies that can be implemented include electronic health records that allow quick and accurate access to patient information, computerized physician order entry systems that help reduce medical errors by ensuring all physician orders are recorded clearly and accurately, and systems that alert medical staff

to potential risks or issues that need to be addressed immediately. Patient safety culture is strongly associated with the incidence of patient safety incidents. By increasing patient safety culture, the number of patient safety incidents can be minimized. One of the efforts that can be made to improve the implementation of a patient safety culture to minimize patient safety incidents is to report patient safety incidents, both Near Injury Events, Potential Injury Events, Non-Injury Events let alone Unexpected Events, and this will also not be separated from supervision in ensuring the quality of services provided (18, 19).

Patient safety supervision is a crucial aspect of improving the quality of healthcare and reducing the risk of adverse patient events. The development of patient safety supervision encompasses a variety of strategies and approaches designed to strengthen patient safety systems in hospitals. Here are some steps that can be taken to develop patient safety supervision It is important to provide comprehensive and ongoing training to medical and non-medical staff to ensure all members of the healthcare team understand and are able to implement patient safety protocols effectively. This training program should include introducing Standard Operating Procedures (SOPs) related to patient safety, providing opportunities for staff to practice through simulations of real situations, as well as providing continuing education programs such as trainings to update staff knowledge and skills according to the latest developments in patient safety practices (20).

Training and development of nursing clinical supervision has a positive influence on nurse performance. In addition, training and development of nursing clinical supervision is a way to motivate and improve work skills. Therefore, the person in charge of the room and team leader in the hospital needs to be given socialization about nursing supervision so that they can supervise properly and there are significant differences before and after supervision training, where supervision carried out by the person in charge of the room and or team leader becomes better and optimal after attending socialization (21).

Patient safety supervision training plays an important role in reducing hospital patient safety incidents by improving feedback and supervision processes (22). Supervisors in general practice training use indirect correction strategies to build trainees' confidence, promote patient trust and ensure patient safety (23). Training programs for healthcare professionals focus on recognizing adverse incidents, understanding human factors related to patient safety, and developing strategies to improve patient safety culture (24). However, clinical supervision is often overlooked as a method to teach patient safety skills to advanced trainee clinicians, with limited on-the-job training in non-technical patient safety skills, although one-off training courses are sometimes used. Improving supervisory training, promoting a culture of help-seeking, and integrating patient safety skills into clinical supervision are important steps to improve patient safety outcomes in healthcare settings (25).

This suggests the need for the development of e-supervision to address these issues. Electronic-based supervision can improve patient safety performance by providing more accurate data and more effective analysis. In conclusion, good patient safety supervision requires effective leadership, a strong safety culture, and the utilization of information technology. By implementing electronic-based supervision, hospitals can improve patient safety performance and reduce adverse patient safety incidents.

CONCLUSIONS

The conclusion of this study is that patient safety supervision in hospitals in 2024 is mostly in the good category. This indicates that nurses have implemented various safety standards and effective procedures to protect patients from injury or harm during treatment. Factors that support good patient safety

supervision include effective leadership, safety culture, and utilization of information technology. However, there are still some obstacles in planning and analyzing data in conventional supervision so it is recommended to develop electronic-based supervision to improve patient safety performance.

ACKNOWLEDGEMENTS

The author would like to thank the supervisor and the campus who have helped in the research.

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