

THE EFFECT OF NURSES' WORKLOAD ON THE IMPLEMENTATION OF PATIENT SAFETY IN THE INPATIENT RULES OF BANDUNG CITY REGIONAL PUBLIC HOSPITAL

Annisa Nadzira¹, Tasya Aspiranti², Agus Rahim³

¹Master of Management Study Program, Hospital Management Concentration, Bandung Islamic University, Indonesia

²Master of Management Study Program, Hospital Management Concentration, Bandung Islamic University, Indonesia

³Master of Management Study Program, Hospital Management Concentration, Bandung Islamic University, Indonesia

ABSTRACT

Workload is a process in determining the number of hours of human resources that work, are used, and are needed to complete a job for a certain period of time. The duties and responsibilities of nurses are not easy to bear. Workloads that do not comply with nursing standards will have impacts such as errors in reporting patient status, work fatigue, leaving unfinished work during the work shift, disrupting the workflow, to errors in administering medication to patients, thus affecting patient safety aspects.

The research method used is regression analysis to assess the influence between variables. The population in this study were all nurses in the inpatient room of Bandung City Hospital. The research instrument used a questionnaire about workload and implementation of patient safety that will be filled out by respondents. This study will use a simple linear regression test.

The results of the study found that there was a negative influence of Workload on the Implementation of Patient Safety. Furthermore, it was found that workload had a significant impact on the implementation of Patient Safety in inpatient nurses at Bandung City Hospital.

Keywords : *Workload, Patient Safety, Inpatient Nurses.*

1. Introduction

Hospitals are health care institutions that provide inpatient, outpatient, and emergency care services. The government aims to provide high-quality health care, with nurses as one of the main health workers.

Nurses' workloads include complex physical and mental tasks. Physically, they perform activities such as lifting patients, administering IVs, and checking vital signs. Mentally, they must prepare patients and families, communicate well, and handle special cases.

Studies have shown that nurses' workloads vary widely. Some hospitals report that nurses experience heavy workloads, while others report moderate levels. Factors that influence workload include changing patient conditions, documentation of nursing care, and the amount of work to be completed.

Patient safety is a major focus in healthcare. The World Health Organization (WHO) reports that approximately 1 in 10 hospitalized patients experience an adverse event due to unsafe healthcare, with 50% of these events being preventable.

In Indonesia, reporting of patient safety incidents showed an increase from 1% to 12% between 2015-2019. In 2019, out of 7,465 incident reports,

Research at Bandung City Hospital revealed that nurses face significant challenges, including a surge in the number of patients, high mobility between rooms, and the need to serve patients' families. This can affect the quality of care and potentially lead to medical errors.

This study aims to investigate the effect of nurses' workload on the implementation of patient safety in the inpatient ward of Bandung City Hospital in 2022.

1.1 Problem Identification

Based on the background that has been described, the identification of problems in this research is:

1. What is the workload of inpatient nurses at Bandung City Hospital?
2. How is the implementation of patient safety carried out by inpatient nurses at Bandung City Hospital?
3. How big is the influence of workload on the implementation of patient safety carried out by inpatient nurses at Bandung City Hospital?

1.2 Research Objectives

The objectives to be achieved in this research are to analyze:

1. Workload of inpatient nurses at Bandung City Hospital.
2. Implementation of patient safety carried out by inpatient nurses at Bandung City Hospital?
3. The effect of workload on the implementation of patient safety carried out by inpatient nurses at Bandung City Hospital?

2. LITERATURE REVIEW

2.1 Hospital Management

Based on Government Regulation of the Republic of Indonesia Number 47 of 2021, a Hospital is a health service institution that provides comprehensive individual health services that provide inpatient, outpatient, and emergency services. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 30 of 2019, a Hospital can be in the form of a static Hospital, a mobile Hospital, and a field Hospital. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 80 of 2020 concerning the Hospital Quality Committee, hospitals are obliged to improve the quality and maintain hospital service standards through the implementation of good hospital quality governance. A committee can be formed in a hospital according to the needs and developments in science and technology in order to improve the quality of service and patient safety. To meet the needs of the community and hospitals for the implementation of good hospital quality governance, it is necessary to form an organizational unit within the hospital that functions to coordinate the implementation of the quality of each service governance carried out by other organizational units in the hospital. So it can be concluded that to achieve complete service quality in a Hospital, an organizational structure is needed in order to provide maximum service.

2.2 Nurse Workload

According to Suci Koesomowidjojo (2017:33) To identify the workload, in the world of work there are several indicators to determine how much workload must be carried out by employees. These indicators include:

1. Job Conditions
The working conditions in question are how well an employee understands the job.
2. Use of Working Time
Working hours in accordance with SOP will certainly minimize employee workload. However, there are times when an organization does not have SOP or is inconsistent in implementing SOP, the use of working hours imposed on employees tends to be excessive or very narrow.
3. Targets to be achieved

The work targets set by the company will of course directly affect the workload received by employees. The narrower the time provided to carry out certain work or the imbalance between the completion time of the implementation target and the volume of work given, the greater the workload received and felt by employees.

4. Work environment.

The work environment is something that is around workers and that influences them in carrying out their duties.

2.2 Nurse Workload Indicators

According to Suci Koesomowidjojo (2017:33) To identify the workload, in the world of work there are several indicators to determine how much workload must be carried out by employees. These indicators include:

1. Job Conditions

The working conditions in question are how well an employee understands the job.

2. Use of Working Time

Working hours in accordance with SOP will certainly minimize employee workload. However, there are times when an organization does not have SOP or is inconsistent in implementing SOP, the use of working hours imposed on employees tends to be excessive or very narrow.

3. Targets to be achieved

The work targets set by the company will of course directly affect the workload received by employees. The narrower the time provided to carry out certain work or the imbalance between the completion time of the implementation target and the volume of work given, the greater the workload received and felt by employees.

4. Work environment.

The work environment is something that is around workers and that influences them in carrying out their duties.

Nursalam (2017) explains that there are three methods that can be used to calculate the workload on a personal basis, including the following:

1. *Work sampling.*

This technique was developed in the industrial world to see the workload carried by personnel in a unit, field or certain type of workforce. In the work sampling method, specific things about the work can be observed, including:

- a. What activities are personnel doing during working hours;
- b. Are personnel activities related to their functions and duties during working hours;
- c. The proportion of working time spent on productive or unproductive activities;
- d. The workload pattern of personnel used with the time and work hour schedule.

In the work sampling technique we will get thousands of observations of activities from a number of personnel that we observe. Therefore, due to the large number of observations of research activities, a normal distribution of research activity observation samples will be obtained. This means that the data is large enough with a distribution so that it can be analyzed properly.

2. *Time and motion study.*

In this technique we observe and follow closely the activities carried out by the personnel we are observing. Through this technique we will get the workload of the personnel and the quality of their work.

3. RESEARCH METHODS

The research method used in this study is a quantitative method with descriptive and verification research with a survey approach. The analysis tools that will be used in this study are simple regression and statistical tabulation to describe variables quantitatively. The population of this study were all nurses in inpatient care at Bandung City Hospital, totaling 47 people.

4. RESEARCH RESULTS AND DISCUSSION

4.1 Nurses' Workload on Inpatient Nurses at Bandung City Hospital

In the nurse workload variable consists of 4 dimensions, namely the dimensions of Patient to Nurse, Activity Type, Time Pressure and Physical Expenditure. These dimensions consist of several indicators that are outlined in the

designed questions and have gone through a validation process. The data that has been obtained will be grouped. To make it easier to read and analyze the data, the data that has been grouped will be interpreted using a continuous line with a predetermined scale range. Next, steps are taken to group the data.

Overall, the nurse workload variable based on patient to nurse is measured through 6 statements with a total average of 4.15. The highest value is 4.28 in the statement "My intensity in patient rescue actions" while the lowest value is 4.06 in the statement "My intensity to be responsible in carrying out client care".

Respondents' answers for the Patient to Nurse dimension were 33.73% always, 64.56% often, 0.51% sometimes, 0.34% rarely, and 0.85% never. The average value obtained was 4.15 and was on the continuum line in the frequent category, meaning that nurses observed patients during working hours, were responsible for carrying out care, administering medication, and rescue were said to be frequent.

4.1.1 Workload of Nursing Nurses Hospitalization at Bandung City Hospital Based on Patient to Nurse

Overall, the nurse workload variable based on patient to nurse is measured through 6 statements with a total average of 4.15. The highest value is 4.28 in the statement "My intensity in patient rescue actions" while the lowest value is 4.06 in the statement "My intensity to be responsible in carrying out client care".

Respondents' answers for the Patient to nurse dimension were 33.73% always, 64.56% often, 0.51% sometimes, 0.34% rarely, and 0.85% never. The average value obtained was 4.15 and was on the continuum line in the frequent category, meaning that nurses observed patients during working hours, were responsible for carrying out care, administering drugs, and rescue were said to be frequent.

4.1.2 Nursing Care Workload Hospitalization at Bandung City Hospital Based on Activity type dimension

Overall, the nurse workload variable based on active type is measured through 5 statements with a total average of 4.09. The highest value is 4.15 in the statement "My intensity in patient rescue efforts" while the lowest value is 4.02 in the statement "The intensity of the various types of work that I do for patient safety".

Respondents' answers for the Activity type dimension with details of 32.74% answered always, 60.71% answered often, 4.99% answered sometimes, 1.04% answered rarely and 0.52% answered never. The average value obtained was 4.09% and was on the continuum line in the frequent category, meaning that the types of work carried out by nurses are very diverse, often nursing staff, nurse safety is less considered than patient safety.

4.1.3 Nurses' Workload on Inpatient Nurses at Bandung City Hospital Time Pressure Dimension

Overall, the nurse workload variable based on time pressure was measured through 4 statements with a total average of 4.16. The highest value was 4.28 in the statement "The intensity of my duties in providing intensive medication" while the lowest value was 4.06 in the statement "The intensity of observing patients during my working hours".

It is known that the respondents' answers for the time pressure dimension with details of 34.53% answered always, 63.43% answered often, 0.77% answered sometimes, 0.51% answered rarely and 0.77% answered never. The average value obtained was 4.16 and was on the continuum line in the high category, meaning that the intensity of observing patients, the intensity of direct contact with patients with various characteristics and giving medication to patients was said to be frequent.

4.1.4 Nurse Workload Physical Expenditure Dimension

Overall, the nurse workload variable based on physical expenditure is measured through 4 statements with a total average of 4.05. The highest value is 4.13 in the statement "The intensity of hospital management's expectations for my quality service" while the lowest value is 4.02 in the statement "The intensity of my responsibility in carrying out client care".

It is known that the respondents' answers for the Physical Expenditure dimension with details of 32.15% answered always, 58.79% answered often, 7.09% answered sometimes, 1.57% answered rarely and 0.39% answered never. The average value obtained was 4.05 and was on the continuum line in the frequent category, meaning that the many types of work that must be done, the knowledge and skills possessed are not able to keep up with the demands of the job, the high expectations of hospital leaders for services and the intensity of nurses' responsibilities in carrying out patient care.

Table 4.8 Recapitulation of Respondents' Responses Based on the Dimensions of Nurses' Workload Variables

No	Dimensions	Average	Information
1	<i>Patient to nurse</i>	4.15	Often
2	<i>Activity type</i>	4.09	Often
3	<i>Time pressure</i>	4.16	Often
4	<i>Physical Expenditure</i>	4.05	Often
	Total	4.11	Often

Source: Processed data, 2022

Respondents' answers for the workload variable on nurses were 4.12 and were in the frequent category, which means that the workload is often felt by nurses in inpatient care at the Bandung City Hospital. From these results, it is stated that what often makes the workload higher is the patient to nurse dimension, namely the intensity of a nurse in providing nursing care to patients, such as patient observation, taking action or giving medication intensively, or taking rescue actions on patients. This increases the workload on inpatient nurses at the Bandung City Hospital. In line with the results of interviews conducted with respondents, they often feel tired when patients suddenly increase, or there are patients who must be observed closely at the same time which can increase the workload felt by inpatient nurses at the Bandung City Hospital.

4.1.5 Implementation of Patient Safety for Nurses at Bandung City Hospital

The results of interviews conducted by researchers related to the implementation of patient safety by inpatient nurses at Bandung City Hospital found that there was still a lack of awareness among nurses in implementing patient safety while on duty, and several things were felt to be able to cause a decrease in the implementation of patient safety itself due to a lack of concentration caused by fatigue that occurred while carrying out their shifts.

Based on the results of interviews conducted by researchers with the management of Bandung City Hospital regarding the implementation of patient safety carried out by nurses at Bandung City Hospital, the management of Bandung City Hospital has conducted several evaluations related to patient safety carried out at Bandung City Hospital, this is done as an effort to improve the quality of service in the hospital. The management of Bandung City Hospital stated that there is still a lack of reports, both personally and as a unit, related to patient safety, so the management feels that they cannot follow up further on this issue.

Implementation of Patient Safety is a practice that is directly related to patient safety such as prevention of drug side effects, and the practice can be considered more relevant to quality initiatives, such as conducting periodic re-examinations based on competency and knowledge of safety practices. In the variable of patient safety implementation, there are 5 dimensions, namely Patient identification, Effective communication, Drug safety, Risk of infection and risk of injury/patient. These dimensions consist of several indicators that are stated in the designed questions and have gone through a validation process. The data that has been obtained will be grouped. To make it easier to read and analyze the data, the data that has been grouped will be interpreted using a continuum line with a predetermined scale range.

4.1.6 Responses of Inpatient Nurses at Bandung City Hospital Regarding the Implementation of Patient Safety Based on the Dimension of Patient Identification

Overall, the variable of patient safety implementation based on patient identification is measured through 5 statements with a total average of 3.37. The highest value is 3.68 in the statement "Patients are identified before administering medication" while the lowest value is 2.98 in the statement "Patients are identified when I take blood and other specimens for examination".

Respondents' answers for the patient identification dimension with details of 10.75% answered always, 51.58% answered often, 31.10% answered sometimes, 4.55% answered rarely and 2.02% answered never. The average value obtained was 3.37 and was on the continuum line in the sometimes category, meaning that there is still a lack of awareness among nurses regarding the importance of identifying patients, whether in administering drugs, blood samples, taking specimens or in carrying out procedures. It can be concluded that this can occur due to a lack of concentration so that nurses are not focused on providing nursing care. This can occur due to fatigue caused by a sudden increase in the number of patients in the room so that the workload felt by nurses increases.

4.1.6 Responses of Inpatient Nurses at Bandung City Hospital Regarding the Implementation of Patient Safety Based on the Dimension of Effective Communication

Overall, the variable of patient safety implementation based on effective communication is measured through 4 statements with a total average of 3.44. The highest value is 3.57 in the statement "Effective communication that I do with fellow health nurses" while the lowest value is 3.34 in the statement "Intensity of writing and rereading (read back) the information/instructions that I receive".

Respondents' answers for the effective communication dimension with details of 69.89% answered often, 26.43% answered sometimes, 1.85% answered rarely and 1.85% answered never. The average value obtained was 3.44 and was on the continuum line in the often done category, meaning that fellow nurses often communicate well, hand over patients before the end of working hours, write/reread information/instructions received and reread (read back) by spelling out in radio language instructions related to drugs. Although in some aspects there are still some that are sometimes done, overall nurses in inpatient care at Bandung City Hospital have often communicated effectively with fellow nurses, especially to reduce errors in providing nursing care to patients being treated.

4.1.7 Responses of Inpatient Nurses at Bandung City Hospital Regarding the Implementation of Patient Safety Based on the Dimension of Drug Safety

Overall, the variable of patient safety implementation based on drug safety is measured through 4 statements with a total average of 3.20. The highest value is 3.49 in the statement "My intensity in labeling drugs" while the lowest value is 3.36 in the statement "My intensity in identifying drugs".

Respondents' answers to the dimensions of drug safety with details of 5.81% answered always, 61.13% answered often, 25.42% answered sometimes, 2.66% answered rarely and 4.98% answered never. The average value obtained was 3.20 and was on the continuum line in the category of sometimes which means that nurses' awareness in doing things related to drug safety is still lacking. In identifying drugs and identifying the location of drugs, nurses sometimes do this. This is because nurses feel that it is the task of the pharmacy department. While in providing labeling and compiling a list of drugs that are on alert, nurses often do it because this is also related to patient safety and security so that nurses feel responsible for doing so.

4.1.8 Responses of Inpatient Nurses at Bandung City Hospital Regarding the Implementation of Patient Safety Based on the Dimension of Infection Risk

Overall, the variable of patient safety implementation based on infection risk is measured through 2 statements with a total average of 3.24. The highest value is 3.53 in the statement "My intensity in carrying out hand washing procedures with the correct stages and at the right time" while the lowest value is 2.96 in the statement "My intensity in paying attention to sterile, aseptic and antiseptic principles".

Respondents' answers to the dimensions of infection risk with details of 63.83% answered often, 31.91% answered sometimes, 1.70% answered rarely and 2.55% answered never. The average value obtained was 3.33 and was on the continuum line in the category sometimes, meaning that nurses had paid attention to several things related to the risk of infection. In the results of interviews with nurses in the inpatient care of the Bandung City Hospital, they said that they often washed their hands according to the procedure at the right time, namely before holding patients, before taking action, and after taking specimens or after taking action. However, they admitted that they paid less attention to the principles of sterile, septic, and aseptic. When carrying out procedures at certain times, for example, when there is a sudden increase in patients being hospitalized, it requires them to work quickly in providing nursing care.

4.1.9 Responses of Inpatient Nurses at Bandung City Hospital Regarding the Implementation of Patient Safety Based on the Dimension of Injury Risk/Patient

Overall, the variable of patient safety implementation based on the risk of injury/patient is measured through 4 statements with a total average of 3.22. The highest value is 3.49 in the statement "My intensity in taking preventive measures for patients to fall according to the predetermined scoring" while the lowest value is 2.53 in the statement "My intensity in reassessing patient risk when there is a change in therapy".

Respondents' answers for the risk dimension of injury/patient with details of 7.94% answered always, 58.96% answered often, 23.81% answered sometimes, 3.17% answered rarely and 6.12% answered never. The average value obtained was 3.13 and was on the continuum line in the category of sometimes, meaning that nurses in inpatient care at Bandung City Hospital have often assessed the initial risk of patients falling, and taken preventive measures for patients falling according to the predetermined scoring. In the results of the interviews conducted, nurses admitted that sometimes they pay less attention to the scoring of the risk of falling in patients, this usually happens when they feel they are doing a lot of work on that shift so they forget to assess or score patients with a risk of falling.

Table 1 Recapitulation of Respondents' Responses Based on the Variable Dimensions of Patient Safety Implementation

No	Dimensions	Average	Information
1	Patient Identification	3.37	Sometimes
2	Effective Communication	3.44	Often
3	Drug safety	3.20	Sometimes
4	Risk of infection	3.22	Sometimes
5	Risk of Injury/Patient	3.24	Sometimes
	Total	3.29	Sometimes

Source: Processed data, 2022

Based on table 4.15 on the recapitulation of respondents' responses based on the variable of patient safety implementation, it can be concluded that there is still a lack of understanding in the implementation of patient safety carried out by nurses in inpatient care at Bandung City Hospital. This can be seen from 5 dimensions, there are 4 dimensions, namely patient identification, drug safety, risk of infection, and risk of injury are still sometimes carried out by nurses. This is in line with the results of interviews conducted by researchers with nurses in the inpatient care, they admitted that awareness of the importance of implementing patient safety is still lacking, especially when there is a spike in patients entering inpatient care at one time, this is due to their lack of concentration while working due to fatigue so that they pay less attention to the implementation of patient safety.

In the dimension of effective communication, nurses in inpatient care at Bandung City Hospital have often done it well, this is in line with the results of interviews conducted that they consider communication with fellow nurses and patients to be important, especially to fellow professionals. They explained that good communication with fellow nurses can reduce misunderstandings between individuals and misunderstandings related to the patient's condition so that they can provide better services.

4.2 Simple Linear Regression Analysis

Linear regression can be described by an equation, based on the table above, below is the equation between the nurse workload variable and the implementation of nurse patient safety at the Bandung City Hospital during the Covid-19 pandemic:

$$Y = a + bX$$

$$Y = 4.626 - 0.296X$$

Where:

a = Constant Regression Coefficient

Y = Implementation *patient safety*

X = Nurse workload

The linear regression equation above can be interpreted as:

- The regression coefficient for the constant of 4.626 shows that if the variable X, namely the nurse's workload (X) is assumed to be zero or fixed, it will increase the implementation of patient safety (Y) by 4.626 units.
- The Regression Coefficient Value of the nurse workload variable (X) is 0.296 and has a negative sign, meaning that if the nurse workload variable increases by 1 unit, the implementation of patient safety (Y) will decrease by 0.296, which means that the increasing workload of nurses felt by nurses at Bandung City Hospital during the Covid-19 pandemic will decrease the implementation of patient safety for these nurses.

4.3 Analysis of Determination Coefficient

To answer certain phenomena and social problems, scientific evidence or answers are needed. These answers are obtained by conducting research, research requires analysis and interpretation of the collected data, so that data analysis is the process of simplifying data into a form that is easier to read and interpret. The first thing to do is to formulate the null hypothesis and alternative hypothesis as follows:

H01: $b_1 \leq 0$: there is no influence of nurse workload on implementation *patient safety*

Ha1: $b_1 > 0$: there is an influence of nurses' workload on the implementation of *patient safety*

The significance level value is a value needed to measure how much error is made by a study. This study sets an alpha value of 5%, with that value, this study may make an error with a maximum value of 0.05 or 95% of the study can be trusted.

5. Conclusion

Based on the results of research and discussion regarding the workload of inpatient nurses on the implementation of patient safety at Bandung Regional General Hospital, the author concludes as follows:

1. The description of the workload of inpatient nurses at the Bandung City Regional General Hospital based on the average value obtained is 4.14 and is in the frequent category, meaning that the nurse's workload can be said to be high. The nurse's workload variable that has the highest average is the Type Pressure dimension, which is 4.16 in the high category, while the dimension below the average is the Activity type dimension, which is 4.05 and is still in the high category.
2. The description of the implementation of patient safety in inpatient care at the Bandung City Regional General Hospital has an average value of 3.13 and is in the sometimes category, meaning that patient safety during the pandemic was not given proper attention.
The variable for the implementation of patient safety has the highest average for the effective communication dimension, namely 3.44, and the lowest average for the risk of injury/patient dimension, namely 3.13. Thus, it is necessary to implement patient safety correctly to avoid the risk of patient injury.
3. There is an influence between the workload of inpatient nurses on the implementation of patient safety at the Bandung City Regional General Hospital with a calculated t value of -2.338 and a t table of -2.014. The hypothesis is accepted. This means that the nurse workload variable with the patient safety variable has a negative relationship direction, which means that the higher the nurse workload, the lower the implementation of patient safety. The determination coefficient of 0.108 indicates that the workload provides diversity to the implementation of patient safety by 10.8% while the remaining 89.6% is influenced by other factors that were not studied.

6. REFERENCES

- [1] Aditama, YT 2003. Hospital Administration Management. Second Edition. Jakarta: University of Indonesia-Press
- [2] Afandi, M. 2013. Relationship between Workload and Nurse Performance at Saras Husada Purworejo Regional Hospital. Journal of Nursing Management. Published in <http://thesis.ums.ac.id/datapublik/t33529.pdf> accessed December 21, 2018
- [3] Ahmad, S., Wasim, S., Irfan, S., Gogoi, S., Srivastava, A., & Farheen, Z. (2019). Qualitative vs. Quantitative Research. population, 1, 2. <https://www.5staressays.com/blog/qualitative-vs-quantitative-research/qualitative-vs-quantitative-research.pdf>
- [4] Andi Nur Azizah, Ella Andyanie. 2020. Factors Related to the Target of Patient Safety Implementation of Inpatient Nurses at Lamadukelleng Regional Hospital 2020. Window of Public Health Journal, Vol. 1 No. 2 (August, 2020): 148-156.
- [5] Anita, Julia; Aziz, Nasir; and Yunus, Mukhlis. 2013. The Influence of Placement and Workload on Work Motivation and Its Impact on Work Performance of Employees of the Aceh Manpower and Population Mobility Service. Postgraduate Management Journal of Syiah Kuala University vol. 2, no. 1, 67-77.
- [6] Aprilia, Shelly. Factors Influencing Nurses in the Implementation of IPSG (International Patient Safety Goal) in JCI (Joint Commission International) Accreditation in the Inpatient Installation of Private Hospital X in 2011. Thesis. University of Indonesia. Jakarta, 2011.
- [7] Arikunto, S. 2010. Research Procedures: A Practical Approach. Jakarta: Rineka Cipta.
- [8] Aspiani, A., & Iskandar, AS (2019). The Effect of Service Quality on Customer Satisfaction on Grab Online Transportation Service Users in Makassar City. Scientific Journal of Accounting Education, 5(1), 1-12. <https://ojs.unm.ac.id/jipan/article/view/25607/12838>
- [9] Atmowardoyo, H. (2018). Research methods in TEFL studies: Descriptive research, case study, error analysis, and R & D. Journal of Language Teaching and Research, 9(1),197-204. <http://academypublication.com/issues2/jltr/vol09/01/25.pdf>
- [10] Azwar, Saifuddin. 2016. Research Methods. Yogyakarta: Student Library.
- [11] Carroll, R. 2009. Risk Management Handbook for healthcare Organizations. Student Edition. Jossey Bass. New York.
- [12] Carroll, R. 2010. Risk Management Handbook for healthcare Organizations. Student Edition. Jossey Bass. New York.

- [13] Conway PH, Coyle S, Sonnenfeld N. Partnership For Patients: Innovation And Leadership For Safer Healthcare. *J Healthc Manag.* 2017;62(3):166-170. doi:10.1097/JHM-D-17-00039
- [14] Ministry of Health of the Republic of Indonesia. 2008. Indonesian health profile 2007. Jakarta: Ministry of Health of the Republic of Indonesia Jakarta.
- [15] Efraliza, E., & Mulyadi, M. (2017). The Relationship between the Effectiveness of the Head of the Room's Leadership and the Implementation of Patient Safety in the Inpatient Room of the Muhammadiyah Hospital, Palembang. *Aeromedical Health Journal*, 3(2), 45-50.
- [16] Febriyanti, Bahirah Mustika & Fasliah, Roni. 2013. The Relationship Between Workload and Performance of Class I South Jakarta Correctional Institution Employees (Bapas) in East Jakarta. *Journal of Economic and Business Education*. Vol 1. No. 2. Pages: 104-116
- [17] Gani, I., & Amalia, S. (2015). *Data Analysis Tools Statistical Applications for Economic and Social Research*. Yogyakarta: Andi.
- [18] Ghozali, I. (2018). "Multivariate Analysis Application with IBM SPSS Program" Ninth Edition. Semarang: Diponegoro University Publishing Agency.
- [19] Ghozali, Imam. 2012. *Multivariate Analysis Application with IBM SPSS 20 Program*. Semarang: UNDIP.
- [20] Jackson, j. & Flynn, R. 2003. *Modeling the Key Factors in Patient Safety*.
- [21] Joint Commission International. 2013. *Hospital Patient Safety Goals*. 4th Edition.
- [22] Oarkbrook Terrace-Illinois: Department of Publication Joint Commission Resources.
- [23] Ministry of Health of the Republic of Indonesia. (2017). Regulation of the Minister of Health of the Republic of Indonesia Number 38 of 2014. Concerning Nursing
- [24] Ministry of Health of the Republic of Indonesia. 2015. National Guidelines for Hospital Patient Safety (Patient Safety): Prioritize Patient Safety. Jakarta: Ministry of Health of the Republic of Indonesia. <http://www.rsmatasmec.com/wp-content/uploads/sites/2/2019/04/pedoman-nasional-keselamatan-pasien-rs-edisi-3-2015.pdf>
- [25] Indonesian Minister of Health Decree No. 80 of 2020 concerning Hospital Quality Committee
- [26] Koesomowidjojo, SRM 2017. *Practical Guide to Compiling Workload Analysis*. Jakarta: Raih Harapan Sukses
- [27] Kohn et al. 2000. *To Err Human: Building a Safer Health System*. Washington DC: National Academy Press. K3 Management in Hospitals. 2016
- [28] Menik Kustriyani & Mariyati. 2020. The Relationship Between Nurses' Job Stress and the Implementation of Patient Safety in the Hospital. *South East Asia Nursing Research*, Vol 2 No 2, June 2020/ page 19-24
- [29] Moekijat. 2016. *Human Resource Management Planning*, Ninth Edition. Bandung: CV. Mandar Maju.
- [30] Manado's Ray of Love. *Nursing Journal*, 7(1).
- [31] Panesar, SS, Stevens, AC-S., Salvilla, SA, & Sheikh, A. 2014. At a Glance patient safety and improving the quality of health services. Jakarta: Erlangga
- [32] Government of the Republic of Indonesia 2009. Law of the Republic of Indonesia Number 44 of 2009 Concerning Hospitals. Jakarta. 2009;(Hospital):40. Doi:10.1017/CBO9781107415324.004
- [33] Regulation of the Minister of Health of the Republic of Indonesia. Number 52. Concerning Occupational Safety and Health in Health Facilities. 2018
- [34] Regulation of the Minister of Health of the Republic of Indonesia. Number 66 Concerning the Implementation of the System Regulation of the Minister of Health of the Republic of Indonesia No. 1691/Menkes/Per/VII.2011 Concerning Hospital Patient Safety. 2011.
- [35] Government Regulation of the Republic of Indonesia Number 47 of 2021 concerning the Implementation of Hospital Midwives. PERSI, Patient Safety Incident Reporting System. Arjaty Daud Head of Incident Reporting Division KNKP 2016
- [36] Ratih, Yohan and Suwandi, Tjipto. 2013. Analysis of the Relationship Between Individual Factors and Physical Workload with Job Stress in the Production Department of PT. X Surabaya. Vol.2, No.2, Jul-Dec 2013. Pages: 97-105
- [37] Regional Strategy For Patient Safety In The WHO South-East Asia Region (2016–2025).; 2019
- [38] National Committee on Patient Safety. Patient Safety Incident Reporting Guideline. 2015.'
- [39] Schein, Edgar H. 2013. *Organizational Culture and Leadership*. San Francisco: Jossey Bass.
- [40] Soekidjo Notoatmodjo. 2010. *Health Research Methodology*. Jakarta: Rineka Cipta.
- [41] Suci R. Mar'ih Koesomowidjojo. 2017. *Practical Guide to Compiling Workload Analysis (1st ed.)*. Jakarta: Penebar Suadaya.

- [42] Tunggaleni, Heln Susianti & Rochmah, Thinni Nurul. 2013. Job Satisfaction and Performance Based on the Workload of Nursing Staff at Bhayangkara Hospital, Lumajang. Indonesian Journal of Health Administration Vol. 1 No. 3, July-August 2013. Pages 225- 233.
- [43] Umansky, J and Rantanen, E. 2016. Workload in Nursing. Proceedings of the Human and Ergonomics Society 2016 Annual Meeting. Rochester Institute of Technology New York. 551-555.
- [44] Law of the Republic of Indonesia No. 38 of 2014 concerning Nursing
- [45] Wandy. 2007. Factors Affecting Nurses' Workload. Indonesian Nursing Journal
- [46] WHO. 2018. Classification Of Patient-Safety Incidents In Primary Care. <https://www.who.int/bulletin/volumes/96/7/17-199802/en/>
- [47] Yudi, D., Tangka, JW, & Wowiling, F. 2019. The Relationship between Physical and Mental Workload of Nurses and the Implementation of Patient Safety in the Emergency Room and ICU of Gmim Hospital Afia, Atep. 2013. Scientific Writing Layout. Jakarta: UMB Teaching Materials Development Center.

