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Analysis of Nurse Role Determinants in Patient Safety Implementation at Royal Prima Marelan Hospital Inpatients

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Abstract

Patient safety incidents are still a significant problem at Royal Prima Medan Hospital, where various types of services have risks that threaten patient safety. This study aims to analyze the determinants of nurses' role in implementing patient safety in the Royal Prima Marelan Hospital Inpatient in 2023. This cross-sectional study examines the relationship between independent variables (risk factors) and dependent variables (effects) concerning nurses' roles in patient safety in home inpatient settings. This study included 51 Royal Prima Marelan Inpatient Hospital nurses who were Saturated Sampling. Research variables include the nurse's function, knowledge, attitudes, facilities, and work experience. Univariate, bivariate, and multivariate analyses are used in this research as statistics in determining the frequency distribution or proportion of independent and dependent variables. In implementing patient safety, nurses' roles are primarily good (64.7%), their knowledge is high (60.8%), their attitudes are positive (51.0%), their facilities are reasonable (60, 8%), and their work experience is mostly > three years (64.7%). Based on the analysis of patient safety implementation, knowledge, attitudes, facilities, and work experience all significantly impacted nurses' roles (p=0.008, 0.000, and 0.002, respectively). Hospital nurses have a good attitude toward implementing patient safety, especially if they get good training. Nurse length of service affects patient safety training frequency. More frequent training and better patient safety implementation are associated with longer nursing careers.

Introduction

Patient safety is a fundamental principle of health care (Lippera et al., 2021; World Health Organization, 2009; Wu & Busch, 2019). Several high-income countries have published studies showing significant numbers of patients are harmed during healthcare, resulting in permanent injuries, increased length of stay in healthcare facilities, or even death (World Health Organization, 2021). According to a new study, medical errors are the third leading cause of death in the United States (Allen, 2013; Anderson & Abrahamson, 2017; Kohn et al., 2008; McCann, 2014). In the U.K., recent estimates show that one incident of patient harm is reported every 35 seconds on average (Domer et al., 2016). Similarly, in low- and middle-income countries, many unfavourable factors, such as shortages, inadequate and overcrowded structures, lack of commodity health care, shortages of essential equipment, and poor hygiene and sanitation, contribute to insufficient patient care (World Health Organization, 2021). Weak safety and quality cultures, flawed care processes, and disinterested leadership teams further weaken the ability of healthcare systems and organizations' ability to ensure safe healthcare (Pittet & Donaldson, 2006).

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Patient safety incidents are still a significant problem in hospitals where various types of services have risks that threaten patient safety in hospitals (World Health Organization, 2021). Hospital Patient Safety is a system where hospitals make patient care safer, which includes Risk Assessment, identification and management of matters related to patient risk, incident reporting and analysis, ability to learn from incidents and their follow-up, and implementation of solutions to minimize the emergence of risks. For this reason, the government has tried to prioritize patient safety in hospital services (Azyabi et al., 2021; Campione & Famolaro, 2018).

Errors due to the misidentification of patients often occur in almost all aspects or stages of diagnosis and treatment, so accurate patient identification is required. Concern for correct patient identification has been proven in the 2013 National Patient Safety Goals, with patient identification being the first patient safety goal. Related recommendations also state that at least two data points exist for patient identification, excluding the patient's room. JCAHO (Joint Commission on Accreditation of Healthcare Organizations) published several reports of sentinel events resulting from errors in patient identification. This incident was classified as a type of wrong-position surgery. The JCAHO report shows that 13% of patients with incorrect surgical positions occurred on the wrong patient. False identification results in patients undergoing procedures they should not experience. One such error was reported in the article "The Wrong Patient." In this article, the author describes a 67-year-old woman who underwent an invasive heart procedure that she should not have had due to a health worker's error in carrying out the procedure, resulting in a misidentification (Beyea, 2003).

Patient misidentification can occur in all aspects of diagnosis and treatment (WHO, 2008). Several circumstances can lead to errors in identifying patients, including patients who are anaesthetized or sedated, experiencing disorientation or complete unconsciousness, allowing changing beds, rooms, and locations within the hospital, may have sensory disabilities, and the consequences of other situations (Rodziewicz & Hipskind, 2019; Suclupe et al., 2023). Efforts to achieve excellent and correct patient identification require methods that can be trusted/reliable. Therefore, hospitals must develop approaches to improve or increase the accuracy of patient identification (Pelzang & Hutchinson, 2020).

In providing nursing care to patients, nurses must implement patient safety (Suwarno, 2023). Nurses must involve cognitive, affective, and action that prioritizes patient safety. Nurses in providing nursing care must be full of care. The attitude of nurses to maintain patient safety plays a crucial role in preventing, controlling, and improving patient safety (Suwarno et al., 2023). Internal and external factors influence nurses in implementing patient safety (Wu & Busch, 2019). Internal factors are innate characteristics of nurses identified in the form of intelligence, emotional, and personal experience. External factors influencing nurse behaviour are the environment, such as the influence of other people considered essential or leadership, culture, and organizational systems. This factor often becomes the dominant factor that colours a person's behaviour. External factors, such as the influence of other people, can also influence nurses' attitudes towards implementing patient safety (Mihdawi et al., 2020).

Nurse behaviour that does not maintain patient safety contributes to patient safety incidents (Alquwez, 2020). Nurses who do not have an awareness of a rapidly deteriorating situation fail to recognize what is happening and ignore crucial clinical information that occurs in patients that can threaten patient safety (Alquwez, 2020). Unsafe behaviour, forgetfulness, lack of attention, motivation, carelessness, and fatigue are at risk for errors. Furthermore, error reduction can be achieved by modifying nurses' behaviour (Alshehry, 2022). This research aims to analyze the determinants of the role of nurses in implementing patient safety in inpatient hospitals.

Methods

This research is analytical, with a cross-sectional design carried out simultaneously (Notoatmodjo, 2022). Independent or independent variables are variables that influence or cause change due to the existence of a dependent (bound) variable, and a dependent variable is defined as a variable controlled by an independent variable (Suwarno & Nugroho, 2023). To look for the influence between independent variables (risk factors) and dependent variables (effects), namely analysis of the determinants of nurses' role in implementing patient safety in home inpatient settings. Royal Prima Marelan Hospital in 2023. This research will be carried out at the Royal Prima Marelan Hospital, estimated to be in September 2023. The population in this study was 51 nurses who worked at the Royal Prima Marelan Inpatient Hospital. The sampling technique in this study used the saturated sampling technique, where the entire population was sampled, namely 51 nurses who worked at the Royal Prima Marelan Inpatient Hospital. Data collection was collected directly from the source using primary data regarding analyzing the determinants of nurses' role in implementing patient safety in the Royal Prima Marelan Hospital inpatient unit in 2023. Researchers also used secondary data, namely collecting supporting or complementary data from the Royal Prima Hospital Marelan. The research variables include the nurse's role, knowledge, attitudes, facilities, and work experience. Univariate analysis aims to determine the frequency distribution or proportion of each independent and dependent variable studied. Next, bivariate analysis was conducted to determine the influence between the independent and dependent variables, using the chi-square statistical test with a confidence level of 95% (Ghozali, 2018). Using questionnaire data, variables with statistical significance criteria are entered into a multivariate logistic regression analysis using the Enter method to obtain factors that have a significant influence, and the estimated values of the parameters can be calculated.

Result and Discussion

The analysis of this research was carried out in three ways, namely univariate, bivariate, and multivariate analysis. In the univariate analysis, the frequency of each variable will be seen. The bivariate analysis will show the influence between the independent and dependent variables. In contrast, the most dominant results will be seen in the multivariate analysis, influencing the dependent variable.

Table 1. Characteristics of Respondents Based on Age

Age Characteristics	Total
Minimal	25 years old
Maximum	31 years old
Mean	28 years old

Based on Table 1 of the characteristics of respondents based on age, it is known that the youngest age of a nurse working at the Royal Prima Hospital is 25 years, while the highest age is 31 years, and the average respondent is 28 years old.

Table 2. Characteristics of Respondents Based on Education

Characteristics		Total	(%)
Education	Diploma	40	78,5%
	Bachelor	11	21,5%
Job/position	Head of the room	4	7,8%
	Nurse (regular employee)	47	92,2%
Gender	Male	13	25,5%
	Female	38	74,5%

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Based on Table 2, based on the latest education of nurses working at the Royal Prima Hospital, the majority are diploma nursing graduates, 78.5%, 92.2% are ordinary employees, and the majority are female, 74.5%.

Table 3. Frequency Distribution of Respondents Based on the Role of Nurses in the Implementation of Patient Safety in Inpatients at Royal Prima Marelan Hospital

Characteristics	Total	Percentage (%)
Nurse's Role		
Not Good	18	35,3%
Good	33	64,7%

The research results on 51 respondents showed that 18 respondents (35.3%) had a poor role in implementing patient safety, and 33 (64.7%) did it well.

Table 4. Distribution of Respondents Based on Nurses' Knowledge in the Context of Implementing Patient Safety in Inpatients at Royal Prima Marelan Hospital

Characteristics	Total	Percentage (%)
Knowledge		
Low Level	20	39,2%
High Level	31	60,8%

The research results on 51 respondents were 20 respondents (39.2%) nurses with a low level of knowledge and 31 respondents (60.8%) with a high level of expertise.

Table 5. Distribution of Respondents Based on Nurses' Attitudes in the Context of Implementing Patient Safety in Inpatients at Royal Prima Marelan Hospital

Characteristics	Total	Percentage (%)
Attitudes		
Negative	25	49,0%
Positive	26	51,0%

The research results were on 51 respondents; 25 (49.0%) nurses had a negative attitude, and 26 (51.0%) had a positive attitude.

Table 6. Distribution of Respondents Based on Facilities in the Context of Implementing Patient Safety in Inpatients at Royal Prima Marelan Hospital

Characteristics	Total	Percentage (%)
Facilities		
Not Good	20	39,2%
Good	31	60,8%

The research results on 51 respondents whose facilities were provided by the hospital showed that 20 respondents (39.2%) stated that the facilities available were not good, and 31 respondents (60.8%) stated that the facilities provided were good.

Table 7. Distribution of Respondents Based on Nurse Work Experience in the Context of Implementing Patient Safety in Inpatients at Royal Prima Marelan Hospital

Characteristics	Total	Percentage (%)
Work Experience		
≤3 tahun	18	35,3%
>3 tahun	33	64,7%

The results of research on 51 respondents, there were 18 respondents (35.3%) who had work experience of ≤ 3 years and 33 respondents (64.7%) who had work experience of > 3 years.

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Table 8. Influence of Knowledge, Attitudes, Facilities, and Work Experience on the Role of Nurses in the Context of Implementing Patient Safety in Inpatients at Royal Prima Marelan Hospital

Variable	The role of the nurse				p-value
	Not Good		Good		
	n	%	n	%	
Knowledge					0,008
Low Level	12	60,0%	8	40,0%	
High Level	6	19,4%	25	80,6%	
Attitudes					0,000
Negative	17	68,0%	8	32,0%	
Positive	1	3,8%	25	96,2%	
Facilities					0,000
Not Good	14	70,0%	6	30,0%	
Good	4	12,9%	27	87,1%	
Work Experience					0,002
≤3 tahun	12	66,7%	6	33,3%	
> 3 tahun	6	18,2%	27	81,8%	

Table 8 above shows that of the 20 respondents with low-level knowledge, eight (40.0%) carry out their role as nurses well, while of the 31 respondents with high-level knowledge, six (19.4%) have a good role as a nurse is not good. The statistical test results show the p-value = 0.008 ($p < 0.05$). In other words, there is a significant influence between knowledge and the role of nurses in implementing patient safety in the Royal Prima Marelan Hospital. Table 8 above shows that of the 25 respondents who have a negative attitude, eight respondents (32.0%) have the role of a good nurse, and with 26 respondents who have a positive attitude, there is one respondent (3.8%) who has the role of a good nurse. The nurse needs to be better. The statistical test results show a p-value = 0.000 ($p < 0.05$); in other words, there is a significant influence between attitudes toward nurses' role in implementing patient safety in inpatient care at the Royal Prima Marelan Hospital.

Table 1.8 above shows that of the 20 respondents who stated that the facilities were not good, six respondents (30.0%) had a good role as nurses. In contrast, among the respondents who noted that the facilities were good, four respondents (12.9%) had a good role as nurses. As a nurse, it could be better. The results of statistical tests show a p-value = 0.000 ($p < 0.05$); in other words, there is a significant influence between facilities and the role of nurses in implementing patient safety in the Inpatient Hospital at Royal Prima Marelan Hospital. Table 8 above shows that of the 18 respondents who have work experience, ≤3 Years, there are six respondents (33.3%) who have the role of good nurses, while among the 30 respondents who have work experience > 3 years, there are six respondents (18.2%) who have a poor role as a nurse. The statistical test results show a p-value = 0.002 ($p < 0.05$); in other words, there is a significant influence between work experience and the role of nurses in implementing patient safety in the Inpatient Hospital at Royal Prima Marelan Hospital.

The multivariate model in Table 1.9 shows that each variable is a parsimony model because the probability value of the four independent variables is below 0.05. Based on the multivariate model above, the independent variable affects the dependent variable because it has a β exponent value greater than 1.5. The knowledge variable with a low value of the role of nurses has an adjusted OR or (Exp) β value of 6.250, which means that knowledge of the role of nurses has a probability of not implementing patient safety at the Royal Prima Hospital of 6.250 times compared to respondents who know with a value tall. The attitude variable with a low value of the role of the nurse has an adjusted OR or (Exp) β value of 53.125, which means that

knowledge of the role of the nurse is likely to result in not implementing patient safety at the Royal Prima Hospital of 6.250 times compared to respondents who know with a value of tall.

There is an influence of facilities on the role of nurses in implementing patient safety (sig p = 0.000, Exp (β) = 15.750). The risk of not implementing patient safety among respondents who stated that the facilities provided by the hospital were not good was 15,750 times higher than that of respondents who had good facilities. Work experience influences nurses' implementation of patient safety (sig p = 0.001, Exp (β) = 9.000). The risk of not implementing patient safety in respondents with work experience ≤ 3 years is 9,000 times compared to respondents with work experience > 3 years.

Table 9. Analysis of the Effect of Independent Variables on Dependent Variables Based on Multivariate Logistic Regression Test (Enter Method)

Independent Variable	Sig (P-value)	Exp (β)
Knowledge	0,004	6,250
Attitudes	0,000	53,125
Facilities	0,000	15,750
Work Experience	0,001	9,000

Table 10. Analysis of the Effect of Independent Variables on Dependent Variables Based on Multivariate Logistic Regression Test (Enter Method) Model 2

Independent Variable	Sig (P-value)	Exp (β)
Knowledge	0,454	2,954
Attitudes	0,006	193,205
Facilities	0,008	57,609
Work Experience	0,120	8,929

The multivariate model in Table 1.10 shows that each variable is an economic model because the probability value for the two independent variables is below 0.05. So, variables with a Sig value (P-value) above 0.05 cannot be candidates for carrying out multiple regression tests to the next stage, so the independent variables that are candidates have a more significant influence on the role of nurses in patient safety, namely attitudes and facilities.

The attitude variable with a low value on the role of the nurse has an adjusted OR or (Exp) β value of 193.205, which means that knowledge of the role of the nurse is likely to result in not implementing patient safety at the Royal Prima Marelan Hospital of 193.205 times compared to respondents who know the role of the nurse High value. There is an influence of facilities on the role of nurses in implementing patient safety (sig p = 0.008, Exp (β) = 57.609). The risk of not implementing patient safety among respondents who stated that the facilities provided by the hospital were not good was 57,609 times higher than that of respondents who had good facilities.

Table 11. Analysis of the Effect of Independent Variables on Dependent Variables Based on Multivariate Logistic Regression Test (Enter Method) Model 4

Independent Variable	Sig (P-value)	Exp (β)
Attitudes	0,001	193,205
Facilities	0,005	57,609

The multivariate model in Table 11 shows that each variable is a parsimony model because the probability value of all independent variables is below 0.05. Based on the multivariate model above, the independent variable affects the dependent variable because it has an Exponent β value greater than 1.5. The attitude variable with a low value of the role of the nurse has an adjusted OR or (Exp) β value of 87.535, which means that knowledge of the role of the nurse

is likely to not implement patient safety at the Royal Prima Marelan Hospital of 87.535 times compared to respondents who know with a value tall.

There is an influence of facilities on the role of nurses in implementing patient safety (sig p = 0.005, Exp (β) = 27.517). The risk of not implementing patient safety among respondents who stated that the facilities provided by the hospital were not good was 27,517 times higher than that of respondents who had good facilities. By paying attention to the β exponent value and the significance value of models 1, 2, and 3, it can be concluded that the most influential influence on the role of nurses in the context of patient safety is the attitude with an β exponent value of 87.535 with a p-value = 0.001.

The Influence of Knowledge on the Role of Nurses in the Context of Implementing Patient Safety in Inpatients at Royal Prima Marelan Hospital

According to Notoatmodjo, knowledge is an impression in the human mind due to using the five senses, which is very different from beliefs, superstitions, and misinformation (Notoatmodjo, 2012). Knowledge is the result of remembering something, including events that have been experienced, either intentionally or unintentionally, and this occurs after people make contact with or observe a particular object (Notoatmodjo, 2022). Poor knowledge of nurses about patient safety will be dangerous. Nurses should strengthen their educational status and awareness of patent security. Hospital leaders must facilitate patient safety training (Biresaw et al., 2020).

Based on the research results, it shows that of the 20 respondents who have low knowledge, there are eight respondents (40.0%) who carry out their role as nurses well, while of the 31 respondents who have high knowledge, there are six respondents (19.4%) who have the role of nurses is not well. The statistical test results show a p-value = 0.008 ($p < 0.05$); in other words, there is a significant influence between knowledge and the role of nurses in implementing patient safety in the Inpatient Hospital at Royal Prima Marelan Hospital.

The picture of nurses' knowledge about patient safety in each room is good, as shown by the research results, showing that each respondent's knowledge is good, with a total of 60.8%. Based on observations made by researchers, it is known that the picture above is influenced by nurses' compliance with the Standard Operating Procedures (SOP) that have been given, the leadership role (hospital head nurse) who continues to monitor and evaluate the actions taken by each implementing nurse, and communication both the head of the room and the executive nurse as well as between the administrative nurses in all inpatient rooms. So, from the results obtained, it can be concluded that the higher a person's knowledge, the better they are at implementing patient safety.

The existence of a relationship between the level of nurses' knowledge regarding patient safety and the practice or implementation of patient safety programs is in line with Lawrence Green's behavioural theory, which states that knowledge is included in the predisposing factors that will influence a person's health practices. Knowledge results from knowing, which occurs after people sense particular objects. Determining attitudes based on knowledge and awareness will be more firmly embedded in one's personality than attitudes not based on knowledge or concepts one understands. Before someone takes a stand, he must know the benefits of this action for him and his organization. One way to increase knowledge that helps improve employee effectiveness in achieving specified work results for patient safety and satisfaction is by conducting outreach.

The results of this research are from several previous studies. Based on the Chi-Square test, a p-value of 0.000 (0.05) was obtained, meaning that H0 was rejected and Ha was accepted. So, it can be concluded that statistically, it shows a relationship between knowledge and practice, in this case related to patient safety. The results of statistical tests demonstrate a positive relationship. These results illustrate that the higher the score for nurses' knowledge regarding

patient safety, the higher the score for nurses' practice of implementing patient safety (Aminayanti et al., 2021; Hijrianti et al., 2022; T.A & Pratiwi, 2023).

Hijrianti et al.'s research shows no significant influence on the level of knowledge and application of patient safety with a p-value of 0.000<0.05 (Hijrianti et al., 2022). T.A. & Pratiwi's research indicates a relationship between the level of knowledge and the application of patient safety with a p-value of 0.006 < 0.05 (T.A. & Pratiwi, 2023). Meanwhile, Aminayanti et al.'s research shows that knowledge is a supporting variable for the nursing attitude variable in implementing patient safety efforts with a p-value of 0.000<0.05 (Aminayanti et al., 2021). According to researchers, good nursing knowledge is influenced by internal factors within the nurse herself. Nurses know, understand, and apply the knowledge they have gained. This good nursing knowledge allows nurses to provide the information needed by clients and their families as a source of information (consultant) and maintain patient safety (patient safety). The nurse's desire to continue to develop and continue to strive to provide nursing care that is as optimal as possible can motivate nurses to continue to increase their knowledge, in this case, knowledge in the context of implementing patient safety. It is recommended that respondents with low knowledge increase their understanding by expanding their understanding of implementing nurses so that nurses perform well in executing the patient safety program in the future, which will run according to what is desired.

The Influence of Attitudes on the Role of Nurses in the Context of Implementing Patient Safety in Inpatients at Royal Prima Marelan Hospital

Nursing is a professional profession providing comfortable attention to patients so they feel happy to be served. As a nurse, you must have a fair, honest, kind attitude, keep secrets, keep promises, and not harm treating patients (Miles & Scott, 2019). Interactions between fellow nurses can influence the formation of positive attitudes from nurses because attitudes are formed through interactions where information is exchanged regarding matters related to the implementation of nursing care. The nurse is willing and attentive to the client's needs, does and completes what is given, and invites others to work on or discuss a problem (Ågård & Maindal, 2009; O'Hagan et al., 2014; Walker et al., 2017).

The research results show that of the 25 respondents who have a negative attitude, there are eight respondents (32.0%) who have the role of a good nurse, with 26 respondents who have a positive attitude, there is one respondent (3.8%) who has the role of a nurse is not suitable. The statistical test results show a p-value = 0.000 (p < 0.05); in other words, there is a significant influence between attitudes towards nurses' role in implementing patient safety in inpatient care at the Royal Prima Maryland Hospital.

It was found that 51.0% of hospital nurses had a good attitude towards implementing patient safety in hospitals. Respondents' attitudes regarding patient safety in each room were reasonable, based on the research results. Meanwhile, the attitude of respondents regarding implementing patient safety in inpatient rooms is primarily good. In contrast, the attitude of respondents regarding the implementation of patient safety is poor, namely 49.0. Based on the researcher's observations, this picture is influenced by the compliance and responsibility of each implementing nurse toward patient safety.

Leaders influence the improvement of safety and resolution of patient safety problems in the organization. Leaders interpret, assume, and assess issues and will provide solutions regarding knowledge, attitudes, and actions that must be carried out. If patient safety is implemented well, services prioritizing safety and optimal quality will have a broad impact. Especially for the community, they will get better quality, safer services that meet their expectations. It is an added value for hospitals to achieve national and international standard services. Safe and quality services are also expected to increase public trust in hospitals. For health workers, it

can foster new values, especially the importance of implementing patient safety in every service activity provided (U.S. Department of Health and Human-Agency-Services, 2011).

This is to the attitude level theory by Notoatmodjo, namely that attitudes have various levels, the first being receiving. The second is responding, the third is appreciating (valuing), and the last is being responsible. The nurse's attitude has reached the level of responsibility, namely being responsible for everything he chooses with all the risks that may occur (Notoatmodjo, 2012). The supportive attitude shown is related to factors influencing attitudes, as Irwan (2017) stated. First, the influence of other people is considered necessary. In general, individuals tend to have an attitude that is conformist or in line with the attitude of someone considered necessary. Second, the influence of culture, without realizing it, culture has instilled a guiding line in our attitudes toward various problems. The last one is the emotional factor; sometimes, a form of mentality is a statement based on emotion (Irwan, 2017).

In line with Hijrianti et al.'s research, it shows a significant influence of nurses' attitudes on patient safety (p-value 0.000 <0.05) (Hijrianti et al., 2022)—Likewise, research by Aminayanti et al. Their research also stated that the higher the Attitude value, the higher the Implementation of Patient Safety (p-value 0.000 <0.05) (Aminayanti et al., 2021). Hernawati's research showed that statistically, there was an influence between attitude and nurse compliance in implementing patient safety culture (p-value 0.041<0.05) (Herawati et al., 2021). Based on this, the author believes that the supervisory technique of a room head has a big responsibility in the organization and determines the achievement of organizational goals, in this case, to improve patient safety and prevent patient safety incidents. Based on the interviews and the author's observations, each room has a clear organizational structure consisting of a case manager, head of the room, deputy head, team leader, and executive nurse. Most room heads have carried out their functions and roles in directing, encouraging, providing information, and evaluating the performance of nurses.

The Influence of Facilities on the Role of Nurses in the Context of Implementing Patient Safety in Inpatients at Royal Prima Marelan Hospital

The research results show that of the 20 respondents who stated that the facilities were not good, six respondents (30.0%) had a good role as nurses. In contrast, among the respondents who noted that the facilities were good, four respondents (12.9%) had a role as nurses. The nurse is not good. The results of statistical tests show a p-value = 0.000 ($p < 0.05$); in other words, there is a significant influence between facilities and the role of nurses in implementing patient safety in the Inpatient Hospital at Royal Prima Marelan Hospital.

Nurses in providing nursing care to patients must implement patient safety. Nurses must involve cognitive, affective, and action that prioritizes patient safety. Nurses in providing nursing care must be full of care. Implementing patient safety depends on the facilities available, such as a cool room for the comfort of patients and nurses while on duty, a place that is not noisy, complete equipment used in the nursing process (never short of consumables), a clean room, and everything. The facilities provided function well.

It has been proven that to support hospital business, it is necessary to design safe and quality facilities to improve patient outcomes and safety, encourage healing, increase patient satisfaction, and reduce costs (Reiling et al., 2014). Much research is needed to determine whether public health issues should be addressed through facility regulations and, if so, which facility characteristics can result in consistent improvements in patient safety and not adversely impact the patient experience or availability of services (Berglas et al., 2018).

Facilities are tools or anything that simplify and expedite a business or job. Hospital facilities are critical in assisting the medical care and treatment process. Therefore, the hospital should not ignore the role of patient facilities in the hospital, which is very important for patients and nurses in carrying out their duties, including other medical personnel, who are also very

dependent on the facilities provided by the hospital, so the hospital plays a significant role in providing facilities for patients, doctors, nurses and other medical personnel in hospitals has helped patients carry out the rehabilitative process, because directly the existence of facilities is one way to make it easier for nurses to implement all nursing care, in this case, exceptionally patient safety.

The Influence of Work Experience on the Role of Nurses in the Context of Implementing Patient Safety in Inpatients at Royal Prima Marelan Hospital

Based on the research results, it shows that of the 18 respondents who have work experience ≤ 3 years, there are six respondents (33.3%) who have the role of good nurses, while among the 30 respondents who have work experience > 3 years, there are six respondents (18.2%) who have a less good role as a nurse. The statistical test results show a p-value = 0.002 ($p < 0.05$); in other words, there is a significant influence between work experience and the role of nurses in implementing patient safety in the Inpatient Hospital at Royal Prima Marelan Hospital.

Nurses with more extended work experience tend to have more work experience than nurses who have just worked. The length of time they have worked in the current nursing unit determines the amount of experience the nurse has had or is close to experiencing regarding patient safety. Many work experiences provide expertise and work skills. This causes the implementation of patient safety to avoid unexpected events that could harm patients.

In this research, it is hoped that there is a tendency that the longer nurses work in the current nursing unit, the higher their implementation of patient safety will be. Most inpatient care agency nurses have worked in the unit for over three years, as much as 64.7%. This shows that most respondents have been carrying out their profession as nurses for a long time. The results of statistical tests show a significant relationship between work experience and nurses' role in implementing patient safety in the inpatient room at Royal Prima Marelan Hospital. According to researchers' assumptions, nurses with work experience or the role of nurses in implementing patient safety should take part in training. Training, including patient safety training, is necessary and integral for a nurse. The length of a virgin's work relates to the frequency of patient safety training that has been attended. The longer a nurse's work period, the greater the frequency of training they have observed and the better the implementation of patient safety.

Conclusion

To achieve hospital patient safety, nurses must be self-aware and actively participate. To provide safe nursing care, nurses must be familiar with the six patient safety targets outlined by the Key Performance Requirements for Safe Practices in Healthcare and how to implement them. These targets include improving the accuracy of patient identification, enhancing effective communication, reducing the risk of infections related to operation in the right location, and reducing the risk of falls. Optimistic respondents will execute patient safety risk-free according to established protocols. An attitude of value awareness, leadership, support, integration of risk management activities, reporting system development, face-to-face communication with patients, learning from experiences, and injury prevention through system implementation are the pillars upon which patient safety is built.

Health service facilities such as hospitals should prioritize patient safety by having safe, functional, and supportive facilities for patients, families, staff, and visitors. Hospitals must achieve reasonable goals in physical facilities, and medical and other equipment must be managed effectively. Work experience makes nurses more adept at carrying out their duties, so the more experienced the nurse, the lower the risk of causing an incident. However, in this study, professional and non-experienced nurses could also make mistakes in patient safety measures. So, it can be concluded that nurses with more work experience regarding patient safety incidents are the same compared to nurses with less than three years of work experience.

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Hospital nurses are cheerful about implementing patient safety protocols in healthcare facilities, particularly when receiving comprehensive training. The duration of a nurse's employment impacts the frequency of patient safety training. Increased frequency of training and improved execution of patient safety measures are correlated with extended durations of nursing careers.

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