CARING NURSES IN THE PREVENTION OF FALL RISK PATIENTS IN THE INPATIENT ROOM

*Arifianto, Mariyati

Universitas Widya Husada Semarang

Email Korespondensi: arif.dok82@gmail.com

ABSTRACT

The inpatient treatment room is a room that has the potential to have a risk of falling in patients with heart, lung and nerve diseases such as strokes who experience decreased consciousness, muscle weakness and impaired mobility which are at risk of falling from bed or when going to the bathroom. Nurses who are not Caring for patients can result in the risk of falling for patients. The inability of nurses to carry out fall risk assessments will be detrimental to patients during hospitalization. The purpose of this study was to explore the description of caring for nurses in preventing patients at risk of falling in the inpatient room of Permata Medika Ngaliyan Hospital, Semarang City. The research method uses a qualitative research design with a phenomenological approach. Research informants are implementing nurses. Determination of the sample using purposive sampling. Collecting data by in-depth interviews with informants using a voice recorder. The results of the study identified several themes related to the research objectives, namely the caring behavior of nurses when providing nursing care to patients, the impact of caring for patients on patients, the implementation of patient fall risk assessments in hospitals, and the efforts of nurses to prevent the risk of falling in patients. Conclusion: Nurses' caring behavior is a dynamic approach, where nurses work to increase their concern for patients, especially patients at risk of falling as an effort to prevent unexpected events in maintaining the quality of nursing care services.

Keywords**:** Nurse, Fall Risk, Caring

BACKGROUND

The hospital is a form of health facility that deals directly with patients and must prioritize safe, anti-discrimination, quality and effective health services. According to Law No. 44 Article 32 of 2009 concerning patient rights states that "every patient has the right to obtain security and safety for himself while in treatment at the hospital". Patient safety is a top priority that must be implemented by the hospital. This is closely related to the image of the hospital and patient safety. The implementation of patient safety in hospitals is to prevent and reduce the occurrence of Patient Safety Incidents in health services. (Depkes RI, 2008).

Based on the results of research by Pramudio (2017) at RSI Klaten, it shows that the incidence of patient falls at Klaten Hospital was as many as 8 cases (16%) of all patient safety incidents in the period January 2015 - October 2016. The actual prevention has been carried out by the Committee for Quality Improvement and Patient Safety at RSI Klaten which plays the role of patient safety management. Furthermore, the results of research on the relationship between the level of independence in daily activities and the risk of falling in the elderly by Yulinda Permata Sari in 2015, the risk of falling in the elderly at the PSTW Unit Budhi Luhur Bantul Yogyakarta found that the majority of respondents had as many as 36 respondents at risk of falling (76.6%).

Prevention of patient falls can be done starting from conducting an initial assessment when the patient is admitted for treatment, and further assessment if there is a change in the patient's condition using the Morse Fall Scale. The role of the nurse in implementing steps to reduce falls by setting policies and placing a special bracelet marking the patient as a patient falling high, monitoring and evaluating periodically the success of reducing injuries due to falls and other impacts using the form: and creating Standard Operating Procedures and procedures to support sustainable reduction of the risk of injury to patients falling in hospital. (Depkes, 2011).

Dwidiyanti (in Suweko, 2019) states that caring is a form of attention to other people, respect for self-worth and humanity, centered on other people, commitment to prevent something from getting worse, giving attention and concentration, respect for other people and human life, bonds love, existence, always together, empathy, knowledge, appreciation and fun (Juwariyah, Joyo, & Santosa, 2014) Based on the results of a preliminary study conducted at RSPM, it is known that the inpatient treatment room is a room that has the potential to have a risk of falls in patients with heart disease and stroke who experience decreased consciousness, muscle weakness and impaired mobility who are at risk of falling out of bed. There were 3 patients who fell while receiving treatment in 2018 and in 2019 there were 5 patients. Patient falls can occur from the patient's bed or when going to the patient's bathroom. The results of interviews with nurses showed that not all nurses carry out fall risk assessments, both in initial assessments and

repeated assessments of patients so that patients who are at risk of falling do not use a fall risk label in the form of a yellow bracelet. This is an example of nurses not caring about patients when assessing the risk of falls. The impact of the nurse's inability to carry out this assessment will be detrimental to the patient by increasing the risk of falls. Efforts to implement caring for nurses in preventing the risk of falls still need to be a concern for hospitals.

METHODS

This research used a qualitative research design with a phenomenological approach which was carried out in June 2023. The research informants were executive nurses at Permata Medika Ngaliyan Hospital Semarang with a sample size of 4 informants. The sampling technique was purposive sampling with the criteria of implementing nurses who work in the RSPM Inpatient Room, nurses who are able to communicate well or cooperatively, and nurses who are willing to become research informants.

Before carrying out the research, an ethical test was carried out by the research ethics committee of Widay Husada University, Semarang. The instruments used were 1). a notebook to record the informant's questions, movements and expressions. 2). Voice recorder for recording during conversations with informants. This activity was carried out with agreement with the informant. Data analysis techniques by carrying out 1) Data reduction, namely selecting the main things and focusing on the important things, looking for themes and patterns so that the data that has been reduced will provide a clear picture. 2) Presentation of data in the form of short descriptions to make it easier to understand what is happening, plan further work based on what has been understood. 3) Carrying out verification or drawing conclusions is a new finding in the form of a description or picture of an object

RESULTS

Researchers conducted interviews to get an overview of Caring Nurses in Preventing Patients at Risk of Falling in the Inpatient Room of Permata Medika Ngaliyan Hospital, Semarang. Based on the results of the analysis through interviews conducted by researchers, researchers have identified several themes related to research objectives. These themes consist of: 1) caring behavior of nurses when providing nursing care to patients, 2) the impact of caring nurses on patients, 3) Implementation of patient fall risk assessments in hospitals, 4) efforts of nurses in preventing the risk of falling in patients

1. Caring behavior of nurses when providing nursing care to patients
    a. Caring forms of nurses in providing nursing care services to patients. This form of caring for nurses is based on the results of interviews, namely caring for patients, well-came, listening to patient complaints, with touch. The following are the results of informant statements that support this:

    Yes.. care about patients like that, for example a patient needs help or something like that, we can welcome the patient. (I1)

    Asking what the patient is feeling at the moment, listening to patient complaints, continuing to chat, be close to the patient.. (I2)

    We really have to be caring for patients, maybe if something goes wrong maybe it's because of the individual, right sir, maybe he has problems being carried around at work (I3)

    all of that is done from the heart, for example if maybe we do it from the heart to feel what the patient is feeling, maybe we become empathetic usually like that. (I4)

    b. Caring attitude of nurses to patients
    The nurse's caring attitude can be manifested in the form of giving attention, empathy, being present at the patient's place, listening to patient complaints, and giving touch. Following are the results of interviews with informants:

    Give attention to patients like that sir, uh... what is it, empathy, we feel what patients feel like that (I1)

    Ask what the patient is feeling at the moment, listen to the patient's complaints, continue to chat, be close to the patient, look him in the eye, if you are of the same sex, you can hold his hand by touch (I2)

    Nurses should all be caring because we carry out nursing care for patients, so we must have uh... what... a caring attitude towards patients, the term must... the nurse is not allowed to not be caring, all nurses must be caring (I3)

    all of that is done from the heart, for example if maybe we do it from the heart to feel what the patient is feeling, maybe we become empathetic usually like that.. (I4)

2. Caring impact of nurses on patients

This impact can be in the form of patients being happier, easier to communicate with, reducing patient anxiety, accelerating patient healing, and friendly relations between patients and nurses. The following are the results of interviews with several informants:

can speed up the healing process, reduce anxiety because there is trust with the nurse and there is tras, so the patient feels confident in the nurse because they take care seriously, the possibility of good treatment, meaning that the treatment process itself will be faster (I1)

of course there is an impact on caring, the patient is happy when he is visited, in fact he often talks even though the conversation is sometimes not important so he often talks to his nurse (I2)

yes sir, automatically the relationship is like that of a sibling, the relationship can go on and on so it can be like your own family like that (I3)

what is clear is that he often calls the nurse (I4)

3. Implementation of patient fall risk assessment in the hospital
    a. The place for screening the risk of falling in patients
    Fall risk screening can be done when security opens the door, patients come to the emergency room, and in the poly room. Here are the results of interviews with informants.

    Fall risk screening is done immediately after the patient comes from the ER, (I1)

    when the patient arrives security opens the door should be able to screen the patient, the patient can be seen bouncing (I2)

    We have screening for patients who have fallen, from the front in the emergency room, Poly, they have already done screening, (I3)

    we will do the screening in front of the emergency room, we will do the screening later in the room, we will also do a re-assessment for the risk of falling (I4)

    b. Fall risk screening can be done when security opens the door, patients come to the emergency room, and in the poly room. Here are the results of interviews with informants.

    Fall risk screening is done immediately after the patient comes from the ER, (I1)

    when the patient arrives security opens the door should be able to screen the patient, the patient can be seen bouncing (I2)

    We have screening for patients who have fallen, from the front in the emergency room, Poly, they have already done screening, (I3)

    we will do the screening in front of the emergency room, we will do the screening later in the room, we will also do a re-assessment for the risk of falling (I4)

    c. Officers who do screening risk of falling on patients
    The officers who do the initial screening when the patient enters the hospital are security and nurses in the ER and Poly wards. Following are the results of interviews with informants.

    in the room we also do screening. The initial patient arrives, we do the screening (I1)

    screening will be carried out later in the room and a re-assessment will be carried out for the risk of falling (I2)

    if for screening the risk of falling is not only from the nurse, when at the entrance for example when a security patient opens the door they should be able to screen the patient (I3)

    d. *The* officers who do the initial screening when the patient enters the hospital are security and nurses in the ER and Poly wards. Following are the results of interviews with informants.

    in the room we also do screening. The initial patient arrives, we do the screening (I1)

    screening will be carried out later in the room and a re-assessment will be carried out for the risk of falling (I2)

    if for screening the risk of falling is not only from the nurse, when at the entrance for example when a security patient opens the door they should be able to screen the patient (I3)

    e. Identify the risk of falling in yellow.
    To identify patients who are at risk of falling, patients who are being treated at the hospital must be given a sign in the form of a yellow bracelet, ribbon, sticker. Following are the results of interviews with informants:

    For a fall risk sign we wear a yellow bracelet (I1)

    If the patient is treated as an outpatient, we use yellow tape (I2)

Patients who are treated in the inpatient room wear a yellow sticker attached to the patient's wristband (I3)

we can also use the yellow sign hanging on the patient's IV pole (I4)

f. Evaluation of fall risk implementation.
Evaluation to monitor the patient's progress whether the patient is at risk of falling or not is carried out every day by nurses. The following is one of the results of interviews with several informants.

if we do an evaluation every day to find out the development of the risk of falling (I1)
We monitor it every day sir (I2)
Monitor it every day because our format is for daily (I3)

g. The time needed to evaluate the risk of falling.
When evaluating a patient at risk of falling, the nurse does not take long, about 5 minutes. Berik The following is one of the results of interviews with several informants.

We do not need a long time to evaluate, just a moment (I1)
The implementation takes less than five minutes, so it doesn't take long (I2)
There is already a form, it shouldn't take long, so it doesn't take long (I3)

h. Causes the patient is at risk of falling.
The causes of patients falling are lack of grip on walls, slippery floors, lack of lighting, patients with SNH and age factors. Berik The following is one of the results of interviews with several informants.

diagnosed at the same age, sir, a patient with SNH can't really do anything, (I1)
it could be because the floor is slippery the patient could fall sir (I2)
due to the patient's age, poor environment and lighting can also cause the patient to fall (I3)
lack of handrails, but in the bathroom there are handles (I4)

4. Nurse's efforts to prevent the risk of falling in patients.
a. Provide education to patients and their families
Nurses' efforts to prevent patients at risk of falling by providing education to patients and their families. The following is one of the results of interviews with several informants.

educate patients and their families, for example, the family explains that the mother has this condition and at this age, the patient is at risk of falling, so ask for help from the family later, as much as possible don't leave the patient alone in the room (I1)
if the family cannot help the patient, later they can ask for help from the nurse (I2)
patient education and assistance to at-risk patients (I4)

b. Install safety guards and place food or drink within easy reach of the patient.
To keep the patient safe so they don't fall, the nurse's efforts are carried out by bringing the patient's food or drink closer so that it is easily accessible to the patient, helping the patient to the bathroom, using non-slip sandals, installing a safety bed and ensuring that the bed is not damaged and safe. The following is one of the results of interviews with several informants.

then what is needed, for example, is bringing food or drink closer to the patient, if you go to the bathroom you have to be helped, you also have to wear sandals to go to the bathroom so that it is not slippery (I1)
if the family cannot help the patient, later they can ask for help from the nurse (I2)
install a safety bed, then for the bed itself it is ensured that the bad is not damaged the savety bed is safe (I4)

DISCUSSION

Caring behavior of nurses in nursing services is very important to improve the quality of service and patient safety, especially patients who are at risk of falling. The risk of falling in patients can be prevented by increasing good nurse caring. Forms and attitudes of nurses caring for patients such as caring for patients, well-came, listening to patient complaints, giving attention, empathy, being present at the patient's place, listening to patient complaints, and giving touch.
1. Caring behavior of nurses when providing nursing care to patients.

Caring behavior is expressed as a feeling to provide security, change behavior, and work according to standards. The caring behavior of nurses displayed in providing nursing care services to patients can be manifested in the form of paying attention to patients, well-being, empathy, listening to patient complaints, looking at patients when communicating, and giving touch. Nurse's caring behavior like that will encourage patients to change their physical, psychological, spiritual, and social aspects for the better. (Jek Amidos Pardede et al., 2020) Nurses who treat patients with a caring attitude well, the patient will give a positive response to the nurse, and vice versa. Nurses' caring behavior can give patients a sense of trust in the services provided by nurses, patients will feel happy and will say that nurses are friendly and pleasant. Nurses who can convince the patient/family will gain the trust of the patient, so that it can indirectly help shape the patient's positive attitude towards nurses. (Tiara & Arena Lestari, 2013) According to (Cindy Oktaviana et al., 2019) Caring is a way of behavior of nurses towards patients, where nurses work to further increase their concern for patients. The caring attitude of nurses in improving nursing services can be in the form of a friendly attitude towards patients in serving patients such as smiling facial expressions, greeting, asking about the patient's condition and speaking politely to patients and their families

2. Caring impact of nurses on patients

Providing simple nursing care is not just an emotional feeling, because caring is a form of caring to achieve better patient care. Caring behavior is very important in influencing the quality of service and patient satisfaction, especially in hospitals, where the quality of service determines the image of service institutions which will later be able to improve the quality of hospital services. (Tati Nurbiyati, 2013) The impact of caring for patients on nurses is that patients become happier, easier to communicate with, reduce patient anxiety, accelerate patient healing, and have a brotherly relationship between patients and nurses. Nurses who do caring also have an impact on increasing self-confidence and reducing anxiety in patients, reducing anxiety and stress will increase the body's defenses and help improve patient healing. (Jek Amidos Pardede et al., 2020) The results of the study (Tati Nurbiyati, 2013) also state that the caring behavior of nurses can have a positive impact on nurses and also for patients, namely establishing a family relationship or treating patients as their own family. If this family atmosphere has been created, nurses in carrying out nursing actions will not be awkward and patients will be more cooperative with nurses in all matters, especially nursing actions. Patients who are sick if treated properly and lovingly like their own family will definitely have a good impact, patients will trust nurses more in nursing actions and also help the healing process go faster. (Tutu April Ariani & Nur Aini, 2018)

3. Implementation of patient fall risk assessment in the hospital.

Prevention of patient falls is carried out from the beginning of the patient's admission to the hospital. This risk assessment is part of the duties and responsibilities of the nurse in identifying patient-related risks, reporting and analyzing incidents. Reassessment of fall risk is an assessment process carried out by nurses for all patients to identify any changes in the patient's condition, either in the form of worsening or improving conditions. (Susi Nurhayati et al., 2020) Nurse Caring behavior is very important to improve the quality of nursing services and patient safety, especially in patients at risk of falling. Patients at risk of falling can be prevented by good nurse caring behavior. Patient safety at risk of falling if managed properly then the risk of falling for patients will not occur. Patient safety at risk of falling will also reduce unexpected events at the hospital. (Rini Setyowati & Indasah, 2022) The implementation of a fall risk assessment can be done by screening the risk of falling when the patient arrives at the hospital, the initial screening can be done when security and nurses help patients arrive in the emergency room and also when patients are patients in the poly room. Identification of the risk of falling is done by giving a yellow sign to the patient which can be in the form of a bracelet, ribbon, sticker to facilitate identification of the risk of falling. Evaluation of the implementation of fall risk is carried out to monitor the patient's progress whether the patient is still at risk of falling or not. The implementation of the fall risk screening assessment is carried out every day by nurses, it takes about 5 minutes to do a fall risk screening

4. Nurse's efforts to prevent the risk of falling in patients

In an effort to prevent unexpected events, it is necessary to build a patient safety culture in the hospital. The Patient Safety Program is a system that ensures hospitals provide health services to patients to be safer. The components included are: risk assessment, patient risk identification and management, reporting and analysis of fall risk incidents, the ability to learn from incidents, and their follow-up and implementation of solutions to minimize risks. This system prevents injuries caused by errors both from various factors in (patient's condition), the environment and the accuracy of the officer's assessment of the incidence of injuries to patients. All units in the hospital must strive for quality indicators based on the International Patient Safety Goal, one of which is the identification of a fall risk assessment. 2022) Nurses in preventing the risk of falling by providing education to patients and the patient's family so that undesirable events do not occur. To keep the patient safe so they don't fall, the nurse's efforts are carried out by bringing the patient's food or drink closer so that it is easily accessible to the patient, helping the patient to the bathroom, using non-slip slippers, installing a safety bed and ensuring that the

bed is not damaged and safe. Caring is a dynamic approach, where nurses work to further increase their concern for patients, especially patients at risk of falling, where caring is also the key to the quality of nursing care services. (Rini Setyowati & Indasah, 2022)

CONCLUSION

Nurses' caring behavior in providing nursing care services to patients is manifested in the form of attention, well-being, empathy, listening and providing touch. The impact of caring felt by the patient is that the patient becomes happier, more communicative, reduces anxiety, speeds up healing, and fosters a brotherly relationship between the patient and the nurse. Nurses who carry out caring also have an impact on increasing self-confidence and reducing patient anxiety and healing. Good nursing caring behavior can reduce the risk of patient falls by conducting fall risk screening and educating patients and families as an effort to prevent unexpected events. Caring is a dynamic approach, where nurses work to increase their concern for patients, especially patients at risk of falling, where caring is also the key to the quality of nursing care services.

REFERENCES

Abdul, Ariyanti Saleh, Elly L. Sjattar. 2014. Hubungan Perilaku Caring Perawat dengan Tingkat Kepuasan Pasien Rawat Inap Rumah Sakit. Jurnal Ilmu Keperawatan. Universitas Hasanudin.

Arini Clara (2017). Pelaksanaan Pencegahan Resiko Jatuh Yang Dilakukan Perawat Di Rumah Sakit Universitas Sumatera Utara. Fakultas Keperawatan Universitas Sumatera Utara

Bagus Dwi (2017). Gambaran Upaya Pencegahan Resiko Jatuh Oleh Perawat Di Ruang Rawat Inap RSUD Kajen Kabupaten Pekalongan. Program Studi Ners STIKES Muhammadiyah Perkajangan Pekalongan.

Budiono, Sugeng, Arief Alamsyah dan Wahyu. (2014). Pelaksanaan Program Manajemen Pasien Dengan Resiko Jatuh di Rumah Sakit. Jurnal Kedokteran Brawijaya, vol 28, Supleman No.1, 2014.

Burnard Philip & Morrison Paul. 2009. Caring & Communicating alih bahasa Widyawati. Edisi 2. Jakarta: ECG.

Creswel JW. (2013). Research Design Pendekatan Kualitatif dan Mixed edisi 3. Yogyakarta: Pustaka Pelajar.

Cindy Oktaviana, Andy Aryoko, & LilikPranata. (2019). Hubungan Caring Perawat Dengan Pencegahan Pasien Jatuh Di Ruang Rawat Inap. Publikasi Penelitian Terapan Dan Kebijakan, 2(2621–8119), 108–112

Depkes RI. (2008). Panduan Nasional Keselamtan Pasien Rumah Sakit (patient safety). Jakarta : Departemen Kesehatan RI.

Departemen Kesehatan RI. Peraturan Menteri Kesehatan Nomor 1691 Tahun (2011). tentang Keselamatan Pasien Rumah Sakit, 2011.

Dharma, Kelana Kusuma (2011). Metodologi Penelitian Keperawatan Pnduan Melaksanakan dan Menerapkan Hasil Penelitian. Jakarta: CV Trans Info Media.

Eka Febri (2015). Hubungan Beban Kerja Dengan Perilaku Caringperawat Menurut Persepsi Kliendi IGD Rs PKU Muhammdiyah Yogyakarta. Program Studi Ilmu Keperawatan STIKES Aisyiyah Yogyakarta.

Fitriana, dkk (2013). Hubungan Pengetahuan dengan Kepatuhan Perawat Dalam Pelaksanaan Standar Prosedur Operasional Pencegahan Resiko Jatuh Pasien di Rumah Sakit Panti Waluyo. Program Studi Ilmu Keperawatan STIKES Kusuma Husada Surakarta.

Gabriel Naibaho. (2015). Hubungan Motivasi Kerja Dengan Perilaku Caring Perawat Di Ruangan Interna Rumah Sakit Santa Elizabeth. STIKES Santa Elizabeth Medan

Nuryaningsih (2014). Hubungan Perilaku Caring Perawat Terhadap Penerapan Pencegahan Pasien Resiko Jatuh Di Ruang Rawat Inap RSUD Cingkareng Jakarta Barat.

Hidayat. (2017). *Riset Keperawatan*. Jakarta: Salemba Medika

Jek Amidos Pardede, Eva Kartika Hasibuan, & Helpianus Siswanto Hondro. (2020). *Perilaku Caring Perawat Dengan Koping Dan Kecemasan Keluarga . Indonesian Journal of Nursing Science and Practice , 3*, 15–23

Juwariyah, T., Joyo, N. B. W., & Santosa, W. R. B. (2014). *Relationship Between Caring Behavior of Nurse with Patient Satisfaction in VCT Clinic Gambiran Hospital with Watson Theory Approach*

Khotdijah, Erna (2014). *Hubungan Motivasi KerjaTerhadap Carig Perawat Di Ruang Rawat Inap Rumah Sakit Jiwa Tampam Provinsi Riau*. Prodi Ilmu Keperawatan STIKES Hang Tuah Pekanbaru.

Komariah, S. (2012). *Peran Keperawatan dalam menurunkan Insiden Keselamatan Pasien.* http://manajemenrumahsakit.net/files/siti%20komariah%20_PERAN%20KEP%20DALAM%20IKP.pdf diakses padajanuari 2017.

Komite Keselamatan Pasien Rumah Sakit (KKPRS).(2010). Pedoman Pelaporan Insiden Keselamatan Pasien (IKP). Jakarta: KKPRS

Kusmiran, E. (2015). *Soft Skill Caring*: Dalam Pelayanan Keperawatan. Jakarta: Trans Info Media.

Laschinger, H. K. S, Gilbert S, & Smith L, (2011). *Patient Satisfaction as a Nurse-Sensitive Outcome*. In D. M. Doran(Ed), Nursing Outcome; the state of the sciene (2ed.pp.359). London: Jones&Bartlett Learning.

Martiningtyas, *et al*. (2013). *Hubungan Caring Perawat Pelaksana dengan Kepuasan Pasien Di Rawat Inap RSUD Dr. H. Soewondo Kendal*. http://ejournal.stikestelogorejo.ac.id

Morrinson, Paul dkk (2009). *Caring & Communicating*. Jakarta : EGC.

Moleong, L. (2011). Metode Penelitian Kualitatif edisi revisi. Bandung: PT Remaja Rosda Karya.

Pramudio BS. (2017). *Penerapan Manjemen Keselamatan Pasien Dalam Usaha Pencegahan Kejadian Pasien Jatuh di Rumah Sakit Islam Klaten.* Prodi Kesehatan Masyarakat Fakultas Ilmu Kesehatan Universitas Muhammadiyah Surakarta.

Potter, C.J, Taylor. P.A., & Perry, C. (2009). *Potter &Perry's Fundamentals of Nursing, Edition*. Australia : Mosby-Elsevier

Rini Setyowati, & Indasah. (2022). *Analisis Perilaku Caring Tenaga Keperawatan Dalam Menerapkan Budaya Pasien Safety Risiko Jatuh Di Ruang Perawatan Bedah Rsud Prof. Dr. Soekandar Kabupaten Mojokerto. Avicenna : Journal of Health Research*, *5*, 87–97

Riyanto, Agus (2011). *Aplikasi Metodologi Penelitian Kesehatan*. Yogyakarta: Nuha Medika

Sanjoto, Hary Agus. (2014). *Pencegahan Pasien Jatuh Sebuah Strategi Keselamatan Pasien*. Sebuah Sistematik Review.

Sugiyono. (2009). *Metode Penelitian Keperawatan Kuantitatif*. Bandung. CV Alfa Beta.

Sugiyono. (2013). *Metode Penelitian Kuantitatif Kualitatif dan* & D: CV. Alfabeta

Susi Nurhayati, Merlinda Rahmadiyanti, & Shindi Hapsari. (2020). *Kepatuhan Perawat Melakukan Assessment Resiko Jatuh Dengan Pelaksanaan Intervensi Pada Pasien Resiko Jatuh. Jurnal Ilmiah Keperawatan Stikes Hang Tuah Surabaya*, *15*, 278–284.

Tati Nurbiyati. (2013). *Persepsi Pasien Tentang Perilaku Caring Perawat Dalam Pelayanan Keperawatan . Prosiding Konferensi Nasional Ppni Jawa Tengah* 2013, 256–261.

Tiara, & Arena Lestari. (2013). *Perilaku Caring Perawat Dalam Meningkatkan Kepuasan Pasien Rawat Inap*. Jurnal Keperawatan, ix, 115–119.

Tutu April Ariani, & Nur Aini. (2018). P*erilaku Caring Perawat Terhadap Kepuasan Pasien Rawat Inap Pada Pelayanan Keperawatan.*

Http://Ejournal.Umm.Ac.Id/Index.Php/Keperawatan/Issue/View , 9, 58–64

Wilkinson, Judith M & Ahem, Nancy R. 2014. Buku Saku Diagnosis Keperawatan Edisi 9 Nanda Nic Noc. Jakarta : EGC.

Yulinda PS. (2015). Hubungan Tingkat Kemandirian Aktifitas Sehari-hari dengan Resiko Jatuh pada Lansia di PSTW Unit Budhi Luhur Kasongan Bantul Yogyakarta. Prodi Keperawatan STIKES Aisyiyah Yogyakarta.