**WORK LOADS AFFECTING NEGATIVE ON PATIENT SAFETY IN RSIA BUNDA ALIYAH HOSPITAL**

**(Case Study in Jakarta)**

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***Abstrak***

Patient safety is a serious global health problem. The results showed that in developed countries one in ten patients who get injured during treatment in the hospital. In developing countries, patients who are harmed during the hospitalization process are likely to be more likely than those in developed countries. Based on the results of the 2018 evaluation at RSIA Bunda Aliyah, it shows that compliance with the risk of injury due to a patient falling in the inpatient department reaches 99% of the 100% standard, where only 1% is still a problem in preventing the risk of falling. Compliance in hand washing was 65.3% with a standard of> 85%, the data also showed that patient and family satisfaction reached 70.9% with a standard of> 80%. The purpose of this study was to analyze the effect of nurses' workload on the implementation of patient safety at RSIA Bunda Aliyah with service quality as an intervening variable. The method used in this research is multiple regression path analysis, which was conducted on 74 respondents. The results of this study indicate that there is a significant influence between the workload of nurses on patient safety, but service quality cannot be an intervening variable on both variables and service quality does not have a significant effect on patient safety. The results showed that the dominant influence was the workload of nurses on patient safety. Where the significant value of workload and service quality for patient safety is P = 0.044, workload on patient safety is P = 0.012, workload on service quality is P = 0.019, and service quality for patient

***Keywords: Workload, Patient Safety***

**Preliminary**

More than 100 million people need surgical treatment every year for different medical reasons. Problems associated with surgical safety in developed countries are avoiding causes that result in death or disability, the economic benefits of efforts to increase patient safety are numerous. Studies show that the cost of hospitalization, litigation costs, nosocomial infections, lost income, disability in some countries between US $ 6 billion and US $ 29 billion per year, industries with higher risks such as airlines and nuclear plants have a far better safety record rather than health services. There is one in a million opportunities someone experiences an accident on an airplane. In comparison, there is one in 300 chances of a patient getting injured during the health care process, the patient's experience and their health are at the heart of the patient safety movement. The World Alliance for Patient Safety works with 40 people who have suffered in the past because of a lack of patient safety measures, as well as to help make safer health care worldwide. Patient safety incidents, hereinafter referred to as incidents, are any accidental events and conditions that result in or have the potential to cause preventable injury to patients, consisting of unexpected events, near misses, non-injuries and potential injuries. (WHO 2012)

The 55th WHO Health Assembly of May 2002 adopted a resolution encouraging (urge) countries to pay attention to patient safety problems to improve safety and monitoring systems. October 2004 WHO and various institutions establish "World Alliance for Patient Safety" with the aim of lifting patient safety Goals "First do no harm" and reducing morbidity, injuries and deaths suffered by patients. (WHO: World Alliance for Patient Safety, Forward Program, 2004). This patient safety activity is more than just activity programs, but rather a system where the hospital makes safer care including risk recognition, identification and management of matters related to patient risk, reporting and analysis of incidents, ability to learn from incidents, actions and implementing solutions that impact the patient, and the patient's family. In the Ministry of Health (2008) the factors contributing to the occurrence of KTD (events not expected) KNC (near injury) are hospital external factors, organizational and management factors, work environment, teamwork, officers, workload or tasks, patients and communication factor. (MOH 2008)

The patient safety indicator is a measure used to determine the level of patient safety during hospitalization. This indicator can be used in conjunction with inpatient data that has been allowed to leave the hospital. Indicators of patient safety are useful to illustrate the magnitude of problems experienced by patients during hospitalization, especially those related to various medical actions that have the potential to pose risks on the patient's side. By basing on these patient safety indicators, the hospital can establish efforts that can prevent the emergence of unexpected clinical outcomes in patients (Mulyati and Sufyan, 2008).

Regarding patient safety at RSIA Bunda Aliyah, based on the results of the 2018 evaluation, the compliance with the risk of injury due to patients falling on the inpatient department reached 99% of the 100% standard, where only 1% is still a problem in preventing fall risk. but for compliance in washing hands is still below the standard of 65.3% with a standard of> 85%, this will greatly affect the risk of infection for patients so it needs to be revisited what are the factors nurses are not compliant in doing hand washing before touching with patients, and the data also shows that patient and family satisfaction reaches 70.9% with a standard of> 80% which affects the quality assessment of the hospital where patients feel satisfied and dissatisfied so that factors that make patients less satisfied can be seen and reviewed again .

**Method**

The research method in this research is associative qualitative using multiple regression, paths analysis. The population in this study was 74 nurses. The sample in this study was 74 nurses who were taken based on a nonrandom sampling method in which all populations were sampled.

**Literature Review**

Patient safety is a absence of error or injury-free. Patient safety is a system where the hospital makes patient care safer, prevents injury caused by mistakes due to carrying out an action or not taking the action that should have been taken. The system includes risk recognition, identification and management of matters related to patient risk, reporting and analysis of incidents, ability to learn from incidents, follow-up and implementing solutions to minimize risk. Includes: risk assessment, identification and management of matters relating to patient risk, reporting and analysis of incidents, the ability to learn from incidents and their follow-up, implementation of solutions to minimize risk. (Kohn, Corrigan & Donaldson in 2000).

Workload is something that arises from the interaction between the demands of tasks, the work environment which is used as a workplace, the skills, behavior and perceptions of workers. (Hart and Staveland (1988).

Quality of service is a must that must be done by the company in order to be able to survive and still get the trust of customers. Consumption patterns and customer lifestyles require companies to be able to provide quality services. The success of the company in providing quality services can be determined by the service quality approach (Parasuraman, Berry and Zeithaml)

**Hypothesis Development**

1. H1: there is an influence of nurse workload on the application of patient safety at RSIA Bunda Aliyah with the quality of service as an intervening variable
2. H2: there is an influence of the nurse's workload on the application of patient safety at RSIA Bunda Aliyah.
3. H3: there is an influence of workload with the quality of services provided by nurses at RSIA Bunda Aliyah
4. H4: there is an influence on the quality of service with the application of patient safety

**Results and Discussion**

**1. Characteristics of Respondents**

**Table 1**

**Characteristics of respondents**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Factor** | **Total** | **%** |
| 1 | **Years Old** |  |  |
|  | 21-25 year old | 30 | 40.5 |
|  | 26-30 year old | 29 | 39.2 |
|  | 31-35 year old | 6 | 8.1 |
|  | 36-40 year old | 6 | 8.1 |
|  | 40-50 year old | 3 | 4.1 |
|  | Total | 74 | 100.0 |
| 2 | **Education**  |  |  |
|  | D3 | 65 | 87.8 |
|  | S1 | 2 | 2.7 |
|  | Profesi (Nurse) | 7 | 9.5 |
|  | Total | 74 | 100.0 |
| 3 | **Employee Status** | **Jumlah** | **%** |
|  | Parmanent | 29 | 39.2 |
|  | Contrac  | 39 | 52.7 |
|  | Other  | 6 | 8.1 |
|  | Total | 74 | 100.0 |
| **4** | **Years of Service** |  |  |
|  | < 3 year | 31 | 41.9 |
|  | 3 year | 15 | 20.3 |
|  | 5 year | 7 | 9.5 |
|  | >5 year | 12 | 16.2 |
|  | 10 year | 9 | 12.2 |
|  | Total | 74 | 100.0 |

 Primary data sources that have been processed data 2019

Based on table 1 found the characteristics of respondents namely, most respondents aged 21-25 years with the number of 30 people from 74 people with a percentage of 40.5%, the characteristics of respondents according to education most of the respondents have a D3 education level with a total of 65 people from 74 people and the percentage of 87.8%, the characteristics of respondents based on employee status that is, respondents with employee status as contract employees with a total of 39 people from 74 people with a percentage of 52.7% and the working period of the respondents ie tenure <3 years with a total of 31 people of 74 with a percentage of 41.9%

**2. Hypothesis Testing**

**Table 2**

**Hypothesis Test Analysis**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variabel** | **R** | **R2** | **Std coeficient beta** | ***P*** | Information |
| Workload (X1), Quality of service as an intervening variable (Z), on Patient Safety (Y) | 0,335 | 0,112 | - | 0,015 | H1 : Received |
| Workload (X1) on patient safety (Y) | 0,323 | 0,104 | 0,323 | 0,005 | H2 : Received |
| Workload (X1) on service quality (Z) | 0,272 | 0.74 | 0,272 | 0,019 | H3 : Received |
| Quality of Service (Z) on Patient Safety (Y) | 0,173 | 0,030 | 0,173 | 0,142 | H4 : Rejected |

Primary data sources that have been processed data 2019

In table 4.12 it can be seen that the interactions between the variables are all significant (p <0.05) with a strong correlation coefficient (R2> 0.6) but the variable quality of service to patient safety is not significant. Based on the calculation of these correlations, the following path coefficients are found:

**Picture 1. Variable Path Coefficient**

**3. Description of Research Results**

1. **Effect of nurse workload (X1) on the application of patient safety (Y) with service quality (Z) as an intervening variable**

Based on data has been processed it is known that the significant value of the variable workload and quality of service to patient safety is 0.015. These results give the meaning that workload and service quality affect patient safety. The direct effect of the workload variable on patient safety is 0.323. While the indirect effect of workload and service quality on patient safety is 0.323x 0.173 = 0.040. Thus the total effect of patient safety is 0.323 + 0.040 = 0.363 The direct effect of service quality on patient safety is 0.173 while the indirect effect is 0.173x0.272 = 0.047. Thus the total effect given by the service quality variable on patient safety is 0.363 + 0.047 = 0, 41. Based on the results of the three box calculations also indicate that the workload is in the medium category, patient safety is in the category performed and the quality of service is in the good category. The three box descriptive results show that some of the most dominant statements have the highest and lowest values. The highest index workload on the target indicator that must be achieved is "My working hours in shifts are too burdensome. (BK2) and my type of work is relatively low, which makes me uncomfortable. (BK21) "that is equal to 49.6 and included in the medium category. The lowest index is on the condition indicator item "In carrying out nursing services I work well with other friends (BK13), which is 25.2 and is categorized as low, the highest quality of service is on the target indicator that must be achieved is 45 with a sufficient category well, contained in the statement "Nurses do not discriminate service to each patient (MP15)" while the lowest index on the indicator that must be achieved is 8 with excellent category found in the statement "Patients find the drug administration as expected (MP8)", and patient safety The highest index is the target indicator that must be achieved is 47.8 with the category of infrequent, contained in the statement "Washing hands after handling equipment in patients such as infusion sets, catheters, urine drainage pockets, minor operative measures and respiratory equipment. (KP18) "while the lowest index on the indicator that must be achieved is 24 with the category performed contained in the statement" Patients are identified using two patient identities (the patient's name matches the patient's identification and date of birth) (KP1). Based on the results above, this description shows that there is an influence of workload and service quality on patient safety at the hospital, but the workload and service quality in this study show a negative effect. Because the results of the three boxes show that the workload of nurses is still in the moderate category, the safety of patients is still in the category and the service quality is still in the good category.

1. **Effect of nurse workload (X1) on patient safety (Y)**

Based on the data has been processed with the regression model shown in table 4.10 it can be seen that the significant value of the workload variable p = 0.005 is smaller than 0.05. However, the R2 results showed an R2 value of 0.104, thus a workload of as much as 10.4% of the patient's safety, the remaining 89.6% was caused by other factors affecting patient safety. Value of e\_1 √ (1-0,323) = 0.8228. Contribution of workload to patient safety is 0.323. Based on the results of three box calculations also indicate that the workload is in the medium category, and patient safety is in the category carried out. The three box descriptive results show that some of the most dominant statements have the highest and lowest values. In the workload the highest index is on the target indicator that must be achieved item "My working hours in shifts are too burdensome. (BK2) and my type of work is relatively low, which makes me uncomfortable. (BK21) "that is equal to 49.6 and included in the medium category. The lowest index is on the condition indicator item "In carrying out nursing services I work well with other friends (BK13), which is 25.2 and belongs to the low category, and patient safety. The highest index is on the target indicator that must be achieved is 47.8 with the category of infrequent, contained in the statement "Washing hands after handling equipment in patients such as infusion sets, catheters, urine drainage bags, minor operative measures and respiratory equipment. (KP18) "while the lowest index on the indicator that must be achieved is 24 with the category performed contained in the statement" Patients are identified using two patient identities (the patient's name matches the patient's identification and date of birth) (KP1). Based on the results above, this description shows that the influence of workload on patient safety in the hospital has a negative effect because the results obtained from the three boxes of the two variables are still in the appropriate category where the nurse's workload is still in the moderate category so that in carrying out patient safety is still done well this can also be seen in the results of the three boxes where the results show that nurses continue to carry out patient safety standards according to the SOP.

1. **Effect of workload (X1) on service quality (Z) as an intervening variable**

Based on data that has been processed with the regression model shown in table 4.10 it can be seen that the significant value of the workload variable p = 0.019 is smaller than 0.05. But the results of R2 show R2 value of 0.74, thus the workload on quality has an effect of 74%, the remaining 26% is influenced by other factors. The value of e\_1 = √ (1-0.272) = 0.8532. The contribution of workload to service quality is 0.272.

Based on the results of the three box calculation also shows that the workload is in the medium category, and the service quality is in the good category. The three box descriptive results show that some of the most dominant statements have the highest and lowest values. The highest index workload is on the target indicator that the item must reach "My work hours in shifts are too burdensome. (BK2) and my type of work is relatively low, which makes me uncomfortable. (BK21) "that is equal to 49.6 and included in the medium category. The lowest index is on the condition indicator item "In carrying out nursing services I work well with other friends (BK13), which is 25.2 and is categorized as low, the highest quality of service is on the target indicator that must be achieved is 45 with a sufficient category good, which is contained in the statement "Nurses do not differentiate service to each patient (MP15)" while the lowest index on the indicator that must be achieved is 8 with a very good category contained in the statement "Patients find the administration of drugs as expected (MP8)" , Based on the results above, this description shows that the influence of workload on the quality of service in the hospital has an effect, but the negative effect is seen from the results of the three boxes which show that nurses have workloads that are still in the medium category and the quality of services in hospitals in good category.

1. **The effect of service quality on patient safety**

Based on the data has been processed with the regression model shown in Table 4.10 it can be seen that the significant value of the variable quality of service to patient safety is p = 0.142 greater than 0.05. Thus the quality of service does not affect patient safety.

1. **Intervening Test**

Test the Effect of Intervening Variable Path Analysis (Path Analysis). Path Analysis is the use of regression analysis to estimate the causality relationship between variables (causal models or causation. Direct relationship occurs if one variable affects the other variables without a third variable that mediates (intervening) the relationship between the two variables. Indirect relationship is if there is a third variable which mediates the relationship between these two variables Intervening test is calculated by seeing the valid value of the estimation parameter where the indirect effect is greater than the indirect effect (PTL> PL)

**Picture 2. Intervening test path analysis**

Where :

a = 0.274

b = 0.272

c = 0.173

intervening test: PTL> PL

0,272x0,173 = 0,47056

Based on the calculation above, it can be concluded that the quality of service cannot be intervening or has a direct relationship with workload and patient safety at the hospital.

**Discussion**

1. **Effect of workload on patient safety with service quality as an intervening variable**

Based on this study found the contribution of workload to patient safety with intervening service quality amounted to 0.112 with a value of p = 0.015. This shows that there is a significant positive effect between workload on the application of patient safety and service quality as an intervening variable.

At the hospital nurses who work have different backgrounds ranging from years of service, age, education level and employment status. The average employee who works is a contract employee therefore nurses are not fully familiar with their work environment as a whole.

In this study shows that the variable workload and service quality can affect patient safety. Based on the results of the description outlined in the three box model shows that the workload is in the medium category with a percentage of 35.3%, the quality of service is in the very good category with a percentage of 24.4% of Patient Safety included in the category yes with a percentage of 34%. According to Hart and Staveland (1988) that workload is something that arises from the interaction between the demands of tasks, the work environment where it is used as a workplace, skills, behavior and perceptions of workers. According to Kohn, Corrigan & Donaldson in 2000, Patient Safety was the absence of error or freedom from injury due to accidents. Patient safety is a system where the hospital makes patient care safer, prevents injury caused by mistakes due to carrying out an action or not taking the action that should have been taken. The system includes risk recognition, identification and management of matters related to patient risk, reporting and analysis of incidents, ability to learn from incidents, follow-up and implementing solutions to minimize risk. Includes: risk assessment, identification and management of matters related to patient risk, reporting and analysis of incidents, the ability to learn from incidents and their follow-up, implementing solutions to minimize risks. According to Parasuraman, Berry and Zeithaml Quality of service is a necessity that must be done by the company in order to be able to survive and continue to get customer trust. Consumption patterns and customer lifestyles require companies to be able to provide quality services. The success of the company in providing quality service can be determined by the service quality approach. In this case the theory of understanding each variable explains the characteristics of the variable itself, its relation in this study that every nurse has different working conditions, work environment and level of work. so that it can provide services to patients who need services. The link with patient safety is that patients will very much expect to get excellent service as well as getting comfort and safety when getting medical treatment.

1. **Effect of workload on patient safety**

Based on this study found the contribution of workload to patient safety is 0.323 with a value of p = 0.005. This shows that there is a positive influence between the two variables. This research is in line with research conducted by Dwi Retnaningsih, Diah Fatmawati (2016). The results showed that the workload of nurses in the inpatient room was high (58.7%), whereas most patient safety implementations were poor (60.6%) . Chi Square analysis results obtained X2 = 6,807 (p = 0,0009). It can be concluded that there is a significant relationship between the workload of nurses and the implementation of patient safety in the inpatient room of the Tugurejo Regional Hospital Semarang. work, skills, behavior and perception of workers. According to Kohn, Corrigan & Donaldson in 2000, Patient Safety was the absence of error or freedom from injury due to accidents. Patient safety is a system where the hospital makes patient care safer, prevents injury caused by mistakes due to carrying out an action or not taking the action that should have been taken. The system includes risk recognition, identification and management of matters related to patient risk, reporting and analysis of incidents, ability to learn from incidents, follow-up and implementing solutions to minimize risk. Includes: risk assessment, identification and management of matters related to patient risk, reporting and analysis of incidents, the ability to learn from incidents and their follow-up, implementing solutions to minimize risks. Based on the results of research and theories raised by severe experts about these two variables, and the relation of this study to workload

very influential on patient safety. Research shows nurses workload is in the medium category with an average value of 35.3 or 35.3% and implementation of patient safety is included in the category of yes with an average value of 34 or 34%. With the three box results which also show the most dominant statement is the workload The highest index is on the target indicator that must be achieved item "My working hours in shifts are too burdensome. (BK2) and my type of work is relatively low, which makes me uncomfortable. (BK21) "that is equal to 49.6 and included in the medium category. The lowest index is on the indicator condition item "In implementing nursing service cooperates well with other friends (BK13), which is 25.2 and belongs to the low category, and patient safety. The highest index is on the target indicator that must be achieved is 47.8 with a rare category, which is stated in the statement " Washing hands after handling equipment in patients such as infusion sets, catheters, urine drainage bags, small operative measures and respiratory equipment. (KP18) "while the lowest index on the indicator that must be achieved is 24 with the category performed contained in the statement" Patients are identified using two patient identities (the patient's name matches the patient's identification and date of birth) (KP1). The research shows that although the workload of nurses is in the category while nurses continue to live the patient safety standards in accordance with applicable SOP in hospitals. Thus the workload negatively affects patient safety

1. **Effect of workload on service quality**

Based on the research found the contribution of workload to service quality is 0.272 with the value of p = 0.019. This shows the positive influence between the two variables. This study is in line with Yesiana Dwi Wahyu Werdani's research which shows the results of the Statistical Test using ordinal regression P <0.05. Results: There is a significant influence between the mental workload of nurses on the level of patient satisfaction that is p = 0,000. " According to Hart and Staveland (1988) that workload is something that arises from the interaction between the demands of tasks, the work environment where it is used as a workplace, skills, behavior and perceptions of workers. Quality of service is the expected level of excellence and control over the level of excellence to meet the desires of the customer's wishes. According to Parasuraman, Berry and Zeithaml Quality of service is a necessity that must be done by the company in order to be able to survive and continue to get customer trust. Consumption patterns and customer lifestyles require companies to be able to provide quality services. The success of the company in giving quality service can be determined by the service quality approach. Based on the results of research and theories raised by severe experts about the two variables, the workload is something that is very important to be considered in carrying out duties as nurses who provide services to patients. If the workload is not high, the quality of services provided will also be very good. Based on the results of the three box calculation also shows that the workload is in the medium category, and the service quality is in the good category. The three box descriptive results show that some of the most dominant statements have the highest and lowest values. The highest index workload is on the target indicator that the item must reach "My work hours in shifts are too burdensome. (BK2) and my type of work is relatively low, which makes me uncomfortable. (BK21) "that is equal to 49.6 and included in the medium category. The lowest index is on the condition indicator item "In carrying out nursing services I work well with other friends (BK13), which is 25.2 and is categorized as low, the highest quality of service is on the target indicator that must be achieved is 45 with a sufficient category good, which is contained in the statement "Nurses do not differentiate service to each patient (MP15)" while the lowest index on the indicator that must be achieved is 8 with a very good category contained in the statement "Patients find the administration of drugs as expected (MP8)" , Based on the results of the calculation of workload regression affects the quality of service but based on the results of three boxes that show the workload is in the medium category and the service quality is in the good category. This shows that although nurses have a workload, nurses are able to run good service standards so that the quality of service created is good and in accordance with patient expectations. Based on the results of the study and the results of the three box workload has a negative effect on service quality.

1. **The effect of service quality on patient safety**

Based on the research found the contribution of service quality to patient safety is 0.173 with the value of p = 0.142. This shows that the quality of service does not have a significant influence on patient safety. According to Parasuraman, Berry and Zeithaml Quality of service is a necessity that must be done by the company in order to be able to survive and continue to get customer trust. Consumption patterns and customer lifestyles require companies to be able to provide quality services. The success of the company in providing quality services can be determined by the service quality approach. According to Kohn, Corrigan & Donaldson in 2000, Patient Safety was the absence of error or freedom from injury due to accidents. Patient safety is a system where the hospital makes patient care safer, prevents injury caused by mistakes due to carrying out an action or not taking the action that should have been taken. The system includes risk recognition, identification and management of matters related to patient risk, reporting and analysis of incidents, ability to learn from incidents, follow-up and implementing solutions to minimize risk. Includes: risk assessment, identification and management of matters related to patient risk, reporting and analysis of incidents, the ability to learn from incidents and their follow-up, implementing solutions to minimize risks. This study is not in line with the research conducted by Faizatul Muawanah Zakaria (2017) showing a correlation coefficient (r) of 0.904. This shows a positive and strong relationship between variable service quality and patient safety goals with patient satisfaction. "Based on calculations using three boxes also found that the quality of service in hospitals is very good with a percentage of 24.4% of patient safety contained in yes category, with a percentage of 34%. Based on the results of the three boxes obtained with the dominant statement having the highest index and lowest, the highest service quality index is on the target indicator that must be achieved is 45 with a fairly good category, which is contained in the statement "Nurses do not discriminate service to each patient (MP15)" while the lowest index on the indicator that must be achieved is 8 with a very good category found in the statement "Patients find the administration of drugs as expected (MP8)", patient safety itself is contained in the statement "Washing hands after handling equipment in patients such as infusion sets, catheters, urine drainage bags, small operative measures and respiratory equipment . (KP18) "while the lowest index on the indicator that must be achieved is 24 with the category performed contained in the statement" Patients are identified using two patient identities (the patient's name matches the patient's identification and date of birth) (KP1). Thus the quality of service does not affect patient safety at the hospital

**Research Findings**

1. Workload and service quality negatively affect patient safety
2. Service quality cannot be an intervening variable
3. Workload has a negative effect on service quality
4. Workload negatively affects patient safety

**Conclusions**

Based on the analysis conducted, the conclusions in this study are as follows:

1. There is an influence between workload on patient safety service quality cannot be an intervening variable in this study. A moderate workload with excellent service quality can also affect patient safety.
2. There is an influence between workload on patient safety. Workloads that are in the moderate category are found to have a significant influence on patient safety, even though the application of patient safety is carried out according to the SOP.
3. There is an influence of workload with service quality. The current workload was also found to affect the quality of services in the excellent category.
4. There is no influence on the quality of service on patient safety.

**Managerial Implications**

1. Give a fee to the nurse when running a double job
2. Conduct routine getrin to relieve work stress and maintain the spirit of nurses in carrying out work so as to be able to maintain the services provided well to patients
3. Career development for each nurse so that the work cycle that is done can be maintained properly
4. Maintain patient safety standards by conducting regular training
5. Monitoring and evaluating the implementation of patient safety is more specifically for the behavior of washing hands by nurses and the workload of nurses

**Suggestion**

Based on the research results that have been described above, the researchers submit suggestions that can be used for several parties as follows:

1. For the Management of RSIA Mother Aliyah
2. Efforts to overcome the workload included in the medium category, by looking at the work cycle and jobdesks of each nurse, as well as looking at factors internally, and analyzing the level of patient visits that vary so that they can rearrange HR especially nurses.
3. Efforts to improve the implementation of patient safety, this is more to the routine monitoring measures, in improving the implementation of patient safety, especially in the behavior of washing hands, so that it can be done in accordance with applicable SOP.
4. Efforts to improve service quality by looking at workload factors and implementing patient safety in hospitals, so that they can carry out regular monitoring to maintain the quality of services that are already very good.
5. For further researchers

The results of this study are expected to be used and developed in accordance with the needs of researchers to assess the workload on patient safety and service quality as intervening.

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