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Original Article

The Relationship of the Role of Supervision Model 4S with the Assessment Element of Patient Prevention of Fall Risk Mediated by the Competence of the Nurse

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Abstract *- One of the targets of patient safety is to reduce the risk of falling patients, contained in the Minister of Health of the Republic of Indonesia no. 11 of 2017. One of the efforts to prevent patients at risk of falling in the hospital is to conduct periodic fall risk assessments to identify the root cause of the patient's risk of falling. To achieve this* outcome, *clinical supervision is needed to help nurses' self-development, increase nurse knowledge and skills, foster* self-efficacy, *and support professional development. The role of supervision in the prevention of fall patients includes the role of a director, adviser, guide, motivator, and assessor. This study aimed to analyze the relationship of the role of 4S model supervision with elements of fall patient prevention assessment mediated by nurses' competence in preventing fall patients. This is a quantitative study with a* cross-sectional *approach, with48 nurses with a total sampling technique. This study used questionnaires and observation sheets tested for validity and reliability and data analysis with univariate analysis and SEM PLS. The results showed that based on the sub-variable role of supervision model 4s, 37.5% were related to nursing competence, and there was a relationship between the competence of the implementing nurse in the prevention of fall patients with the element of assessment of falling patient prevention (p-value = 0.019) in HOSPITAL X. The author recommends that the role of nursing supervision be further improved so that it can improve the competence and compliance of nurses in the implementation of patient fall prevention to improve patient safety while in the hospital*

Keywords *- Supervising relationships, Nurse competence, Risk of falling.*

1. Introduction

One of the targets of patient safety practice is reducing the risk of falling patients (Bouldin et al., 2014). *The Joint Commission International* (JCI, 2015) states that the incidence of falling patients is in the second order after drug administration errors and has caused 684,000 deaths. The prevalence of fall patients in America ranges from 1000 fall patients per day; in Japan, it is around 416 patients falling per day. Through the report of the XII Congress of the Indonesian Hospital Association in 2012, data was obtained showing 34 cases (14%) of fall incidents in Indonesian hospitals.

Nurses have an important role to play in ensuring patient care and safety. The role of the nurse is also to monitor the patient from clinical aggravation, detect errors and risk of injury, understand the treatment process and weaknesses in some systems, identify and communicate changes in the patient's condition and carry out quality care (Ganz et al., 2013; Luzia et al., 2020)

The competence of nurses in preventing the risk of falling has been carried out by (Putrina, 2019) in "Analysis of the implementation of the fall risk prevention assessment by nurses at Tanjung Pura Pontianak University hospital", data was obtained that nurses had carried out a comprehensive general assessment. Still, the nurses did not have a special format to assess patients with fall risk. Nurses cannot play their part in ensuring patient care and safety because nurses do not have a standard assessment format by SPO *patient safety* as a target for achieving their competencies.

Clinical supervision is very helpful for nurses in self-development, *fostering self-efficacy*, and supporting professional development. Clonic supervision is a method used in the formal process of professional support and learning processes to enable nurses to develop their knowledge and competencies, accept responsibility in the implementation of nursing care practices and protect patient safety in complex clinical situations (Dilworth, S., Higgins, I., Parker, V., Kelly, B., & Turner, 2013; Sharrock et al., 2013)

Supervision activities carried out may include supervision of fall risk assessment, supervision of fall risk interventions based on risk factors that have been studied, conducting staff education in fall risk reduction programs, conducting patient and family education, and evaluating the effectiveness of all fall risk prevention activities ranging from assessment, intervention to education (*Nursing Care Centre National Patient Safety Goals*, 2015).

One of the nursing supervision models of the head of the room that is often applied is the supervision of the 4S model *(Structure, Skills, Support, and Sustainable*) (Supratman & Sudaryanto, 2008). 4S-based supervision is the process of directing, monitoring performance, *problem-solving*, motivating, and supporting staff so that staff can do work effectively (Bernard & Goodyear, 2014; Waskett et al., 2008) 4S-based supervision is more complex not only to improve performance but more to improve the quality of *care*. 4S supervision is an effective supervision strategy for supervisors to motivate and improve the performance of nursing staff through the structure, skills, support, and sustainability strategies of supervision. 4S supervision has stages that make the supervision process more composed from the beginning to the end of the supervision and supervision process carried out on an ongoing basis so that the learning process and knowledge development of the attitudes and skills of nursing staff continue to be improved through 4S supervision activities (Oktariani et al., 2020).

The study (Sesrianty et al., 2020) entitled the relationship of knowledge and supervision with the application of risk reduction in fall patients stated that there was a meaningful relationship between knowledge (p-value = 0.002) and supervision (p-value = 0.001) with the application of risk reduction in fall patients. Through this study, researchers saw a relationship between the role of supervisors and nurse competence in applying patient safety goals, especially in reducing the risk of patients falling.

In a preliminary study conducted by researchers at RS X, data were obtained that one of the indicators of patient safety that increased above normal standard was an increase in the number of falling patients. From 2018 to 2020, there were no incidents of patients falling in the hospital, but in 2021 there was a significant increase in patients falling where there were 13 incidents of patients falling in the inpatient room of RS X. The incident of falling patients is closely related to the quality indicators of nursing and patient safety in the hospital. The management has made various RS X efforts to eliminate the incidence of patients falling in the hospital. These efforts include revising Standard Operating Procedures (SOPs), making *Risk and Control Assessments* (RCA), conducting case presentations and nursing *case studies*, and supervising. Still, so far, the number of patients falling has not decreased.

Through researchers' observations when conducting a residency program at RS X, it can be seen that the head of the room has carried out supervision activities. Still, this activity is not structured and is related to unscheduled supervision time and erratic supervision frequency. It is only combined with *handover* activities between shifts, and the head of the room has documented not all the supervision results well. Based on the above background, researchers are interested in researching "The relationship between the role of 4S model supervision with the ability to implement nurses in the prevention of fall patients and the elements of assessment of fall patient prevention. "

2. Research Objectives

Analyzing the relationship of the Role of 4S Model Supervision With The Fall Patient Prevention Assessment Element Mediated by the Competence of the Implementing Nurse In The Prevention of Fall Patients.

3. Research Methods

This type of research is a quantitative study with *a cross-sectional* approach. The population and samples in this study were all nurses in the medical inpatient and maternal and child care rooms of 48 implementing nurses. The questionnaires in this study were classified into 3 categories, namely the supervisor role questionnaire (24 questions), the questionnaire on the elements of falling patient prevention (observation sheet of the incidence of falling patients, the patient knowledge questionnaire (10 questions), and the family about the risk of falling and the patient and family satisfaction questionnaire (5 questions). In contrast, the observation sheet is a structured observation and will be used by researchers to observe the competence of the implementing nurse in preventing falls patients. The data obtained were processed with SPSS software to obtain the univariate analysis. This study also used Structural Equation Modeling (SEM) Partial Least Square (PLS) to see the relationship between research variables.

4. Research Results

The results showed that most of the implementing nurses in this respondent were aged 25-35 years, all women with almost all of them educated in S1 Nursing Ners. And almost half of these nurses have been working for less than 1 year and less than 3 years, while those who work for more than 3 years are only a small part of it.

Table 1. Frequency Distribution of the Supervisor's Role in carrying out 4S Supervision at RS X in 2022 (n=48)

No.	The role of 4S model supervision	1. Category	f	(%)
1.	Referring	Good Not good enough	35 13	72.9 27.1
2.	Advisers	Good Not good enough	33 15	68.8 31.3
3.	Supervisor	Good Not good enough	30 18	62.5 37.5
4.	Motivator	Good Not good enough	30 18	62.5 37.5
5.	Assessment	Good Not good enough	34 14	70.8 29.2
6	Supervisor Role	Good Not good enough	32 16	67.5 23.5

Table 1 shows most of all supervisor roles in the good category. The highest proportion of good roles is the role of the director, while the lowest proportion of roles is the role of the guide and motivator

Table 2. Frequency Distribution of Nurse Competencies In The Prevention of Patients at Risk of Falling at Hospital X in 2022 (n=48)

No.	Competence of nurses in the prevention of patients at risk of falling	Category	f	(%)
1.	Preliminary review	Good Bad	48 0	100 0
2.	Re-assessment	Good Bad	40 8	83.3 18.7
3.	Education of the patient's family	Good Bad	44 4	91.7 9.3

Table 2 shows that almost all nurse competencies are categorized as good. The proportion of nurse competence in the initial assessment is entirely good because it reaches 100%, while the nurse's competence in the review and education of the patient's family is almost entirely good

Table 3
Frequency Distribution of Fall Patient Prevention Assessment Elements in Hospital X in 2022 (n=48)

No.	Elements of Fall Patient Prevention Assessment	Category	f	(%)
1.	Aforesee the incidence of the patient falling	Exist None	0 48	0 100
2.	Knowledge of the patient's family	Good Not good enough	40 8	83.3 18.7
3.	Patient Satisfaction	Satisfied Unsatisfied	44 4	91.7 9.3

Table 3 shows that the sub-variables of the incidence of falling patients are entirely categorized as good because there is no falling patient incidence rate. In contrast, for the sub-variables of patient family knowledge and patient satisfaction, almost all of them are categorized as good.

The relationship of the competence of the implementing nurse in the prevention of fall patients with the elements of assessment of the prevention of fall patients in HOSPITAL X

Table 4. Relationship of mediation variables with dependent variables

Line	Sample Mean (M)	T Statistics (| O/STDEV|)	P Values	Information
Y -> Z	0,356	4,984	0,019	hypothesis accepted
Y1 -> Z1	-0,001	2,013	0,031	hypothesis accepted
Y1 -> Z2	0,003	0,041	0,485	hypothesis rejected
Y1 -> Z3	-0,010	2,283	0,035	hypothesis accepted
Y2 -> Z1	0,081	1,930	0,037	hypothesis accepted
Y2 -> Z2	0,097	2,342	0,032	hypothesis accepted
Y2 -> Z3	-0,077	1,414	0,146	hypothesis rejected
Y3 -> Z1	-0,309	2,482	0,036	hypothesis accepted
Y3 -> Z2	-0,092	0,578	0,311	hypothesis rejected
Y3 -> Z3	-0,140	2,948	0,049	hypothesis received

Table 4 shows that most nurse competencies show a significant relationship with the assessment element of falling patient prevention with a p-value (probability) of < 0.05. However, there are indicators of this nurse's competence that are not significant because of the p-value

(probability) of > 0.05, namely the nurse's competence in preliminary assessment with the patient's family's knowledge of falling patient prevention, nurse competence in re-assessment with patient satisfaction in fall prevention, nurse competence in educating the patient's family with patient knowledge about the risk of falling.

5. Discussion

5.1. The relationship between the role of Model 4S Supervision and the competence of the implementing nurse in the prevention of fall patients

Based on data analysis with *Smart PLS* 3.0, it was found that supervision has motivated the implementing nurse to prevent falls patients. At the same time, the lowest proportion of roles is the role of the adviser. The role of supervision as a motivator means that the supervisor can provide motivation and support to the implementing nurse as a professional colleague so that the implementing nurse is motivated to be better. The results of this study are similar to the results of the study (Agustina et al., 2020), which states that nursing supervision can increase the knowledge of nurses implementing fall patient prevention and nurse compliance in implementing SOPs for preventing patients at risk of falling.

Research (Marwiati & Komsiyah, 2017) explained that the role of clinical supervision is proven to increase the competence of nurses in providing nursing care, empathy, nurse responsiveness, and nurse responsibilities, effectively stimulating new knowledge, initiation of new steps (innovation), and harmonious relationships in work and efforts to improve the quality of nurse performance. This is also the same as the research conducted at Kafer EL-Sheikh General Hospital by (El-Shawadfy Saleh et al., 2015) on 69 head nurses and 162 implementing nurses, which showed an increase in the knowledge and quality of implementing nurses after the supervision program by the head nurses. Likewise, the statement (Gilles, 2000) that supervision includes the role of director, adviser, motivation, training, guidance, and assessment.

Meanwhile, according to research (Esfahani et al., 2016), The results of statistical tests showed that before and after the application of the clinical supervision model, there was a statistically meaningful difference between the average safety scores of heparin treatment (15.7 vs 18.73), warfarin (11.08 vs 15.67), norepinephrine (14.60). (13,80 vs 19,30), and dopamine (14.25 vs 19.47), Based on the results of this study, it seems that the provision of a clinical supervision model in intensive care units can lead to an increase in the safety status of high alert drugs.

With the comparison between the results of the research conducted by the researchers compared to the results of previous researchers, the researchers assumed that the supervision of the 4S model could indeed improve the competence, knowledge, and skills of nurses in preventing fall patients.

5.2. The relationship of the competence of the implementing nurse in the prevention of fall patients with the element of assessment of the prevention of falling patients

Causality analysis in smart PLS applications can determine the influence between the nurse competency variable as a mediation variable and the patient prevention assessment element variable falling as a dependent variable. In this study, it was found that this mediation variable was stated to have a significant effect on the variable of the patient prevention assessment element falling if the p-value (probability) of < 0.05, but there are indicators of this nurse's competence that are not significant because of the p-value (probability) of the > 0.05, namely the nurse's competence in the initial assessment with the patient's knowledge of falling patient prevention, the nurse's competence in the re-assessment with satisfaction patients in fall prevention, nurse competence in educating the patient's family with patient knowledge about the risk of falling.

Efforts to prevent the risk of falling in hospitals can be carried out by conducting periodic fall risk assessments (initial assessment or re-assessment) so that the root cause of the patient's risk of falling can be identified, so that nurses can develop and test alternative solutions to the risk of falling, based on the results of existing studies (Budiono et al., 2013). Meanwhile, researchers (Tambun et al., 2020) conducted this study to explore nurses' perceptions about clinical supervision of implementing patient and family education at the University of North Sumatra Hospital. The type of research used is qualitative research with phenomenological design. The results of this study obtained five main themes, namely (1) the purpose of supervision related to the implementation of patient and family education, (2) methods in carrying out supervision, (3) obstacles experienced in carrying out supervision, (4) future expectations related to the implementation of supervision and (5) the benefits of implementing supervision and the conclusion is that nurses' perceptions of clinical supervision activities for the implementation of patient and family education are important to be carried out even in its implementation is still not optimal.

According to research conducted (Cruz et al., 2016) by conducting a fall risk assessment and monitoring with *a Morse Fall Scale* (MFS) in 132 hospitalized patients and through the implementation of the clinical supervision model, it was found that the correct application of MFS 69.2% Fall risk was monitored 48 hours in 98.5% of cases with MFS there was an increase in the assessment and monitoring of fall risk with MFS and related to the implementation of the model clinical supervision after the implementation of the clinical supervision model in nurses,

there are many nursing interventions that are suitable for identifying fall risk.

5.3. Research implications

The implications for nursing services from the results of this study in the future are as follows: there is an improvement in patient safety efforts in hospitals and avoiding patients from falling events, can be an effort to evaluate supervision carried out by managers in every supervision activity carried out, The implementation of model supervision activities 4S scheduled in each room in the hospital where the study is conducted, The creation of behavior of implementing comprehensive patient safety goals by the implementing nurse, the implementation of this supervision can be one of the interventions that can be carried out by the head of the room or the nursing manager when other patient safety problems arise in the hospital where the research is conducted

5.4. Research implications

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5.5. Limitations of the study

In this study, the limitation was that the researcher's observation period on the incidence of falling patients was not the same as the period in the empirical data; namely, the incidence rate fell in the 12 months in 2021 while the researcher only observed during the study period. So there is still a possibility of the emergence of the incidence of patients falling after the researcher has finished conducting the study. Because this is a quantitative study with a correlation method through the *Cross-Sectional* approach, this study only looks at the relationship between independent and dependent variables, so the researcher does not study in depth the factors that can affect the role of supervision. This is against nurse competence, nor does the researcher address the factors influencing nurse competence towards the elements of the assessment of the prevention of fall patients

6. Conclusion

The frequency distribution of the role of the nursing supervisor, which includes the role of directing, advising, motivating, adviser, adviser, and assessor, shows that most all supervisor roles are categorized as good. The frequency attribution of the competence of the implementing nurse in preventing falling patients shows the results of almost all nurse competencies in the good category. The frequency attribution of the assessment element of the prevention of falling patients shows that the sub-variables of the incidence of falling patients are entirely categorized as good because there is no incidence of falling patients while the sub-variables of knowledge of the patient's family the achievement is 83.3% and patient satisfaction is almost entirely categorized as good 91.7%

Based on the $R^{value\ of\ 2}$ obtained, it can be explained that the nurse competency variable can be explained by the Model 4S Supervision Role variable of 3%, and the rest is explained by other variables that are not studied or included in this study model and the fall patient prevention assessment variable can be explained by the model 4S Supervision Role variable and nurse competence of 24.3%, the rest is explained by other variables that were not studied or included in this research model

The relationship between the role of Model 4S Supervision and the nurse's competence in the prevention of fall patients can be seen through sub-variables:

1. The role of supervision as a director with the competence of the implementing nurse in the re-assessment of patients at high risk of falling.
2. Role of supervision as a motivator with the competence of the implementing nurse in the initial assessment of patients at risk of falling.
3. Role of supervision as a motivator with the competence of the implementing nurse in the initial assessment of patients at risk of falling.
4. Role of supervision as a supervisor with the competence of the implementing nurse in the initial assessment of patients at risk of falling.
5. Role of supervision as a supervisor with the competence of the implementing nurse in patient and family education.
6. Supervising Iran as an assessor with the competence of the implementing nurse in the re-assessment of patients at high risk of falling.
7. Eran supervises as an assessor with the competence of the implementing nurse in patient and family education.

The relationship between the competence of the implementing nurse in the prevention of fall patients and the assessment element of the prevention of fall patients has a significant relationship with *a p-value of* 0.019.

Suggestion

1. For Hospitals

The results of the study can be used as input for hospital nurses to improve the quality of hospital services through increasing nurse compliance in the implementation of patient fall prevention and optimization in the implementation of supervision of the head of the room or senior nurse who also acts as supervision to improve patient safety while in the hospital.

2. For Nurses

From this study, it is proven that nurse competence is related to patient safety in hospitals based on data obtained and analyzed by researchers; it is hoped that nurses can continue to maintain and even improve their competence through formal and informal education because this will be a reflection of the quality of hospital services, especially the quality of nursing services.

3. For scientific development

The results of this study are expected to enrich insights and science and as an additional reference to supervise nursing, especially in patient safety practices.

4. For Researchers

The results of this study are expected to be additional data, input, consideration, and contribution of thoughts as well as a correction so that subsequent researchers can conduct better research than previous research.

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