

ANALYSIS OF THE IMPLEMENTATION OF THE WEIGH-IN OF EXECUTIVE NURSES IN THE PATIENT ROOM OF UNDATA HOSPITAL

Sugyarso, Syahir Natsir , Harnida Wahyuni Adda
Master of Management Study Program Postgraduate Program, Tadulako University, Palu
Corresponding Author : sugysanan@gmail.com

Abstract

The purpose of this study was to understand the process of weighing and receiving by executive nurses in 10 inpatient rooms of Undata Hospital, Palu, Central Sulawesi Province. The research subjects included 65 executive nurses working in the hospital. *Purposive sampling* was the sampling method used in this study, where the researcher selected respondents from the population based on criteria determined by the researcher. The conclusion of the results of this study states that a series of nurse handover processes in the inpatient room of Undata Hospital, Palu, Central Sulawesi Province have been implemented, but 45 respondents (69%) stated that the handover mechanism was in accordance with the SOP and 20 respondents (31%) stated that the implementation was not in accordance with the SOP. In the handover method, there were 39 respondents (60%) who stated that it was in accordance with the SOP and 26 respondents (40%) who stated that it was not in accordance with the SOP. Regarding the content / information of the weigh-in, 47 respondents (72%) stated that it was in accordance with the SOP and as many as 18 respondents (18%) stated that it was not in accordance with the SOP. As well as obstacles such as things that are forgotten to be conveyed, noise, patient calls and critical situations of patients during weigh-in, 50 respondents (77%) stated that they could handle it well and as many as 15 respondents (23%) stated that there were obstacles in the process of weigh-in in the Undata Hospital inpatient room that could not be handled at all, but could be minimized.

Keywords: *Weigh-in, Nurse Executive*

INTRODUCTION

With the increasing needs in health services and handling cases of disease, nursing practitioners and health care providers both in hospitals, health centers, and clinics feel increasingly urgent to continue to improve the quality of health services. Nursing services as one of the sub-systems of health services in hospitals is a central component for the realization of quality health services. Nursing is an activity of providing care to individuals, families, groups or communities, both in sickness and health (Permenkes RI no 26 2019).

Patient handover is an important component of patient care. Handover, also known as weigh-in, is one of the key activities used in providing care to patients. During the weigh-in process, there is discussion, recording, and communication between nurses, peers, and patients. The information conveyed in this process is vital to understanding the patient's progress, so it needs to be done attentively. Weigh-in is usually done during a shift exchange, where the nurse on duty reports to the nurse who will be taking over responsibility, so that they can continue the nursing care that has been done and will be done to the patient.

In a study conducted by Mairoso et al. (2019) at Padang Pariaman Hospital, in the last three years, a number of patient safety parameters were found, including 15 occurrences of KTD (unexpected events), 41 occurrences of KNC (near-injury events), and 76 occurrences of KTC (non-injury events). Interviews with 10 nurses showed that patient safety is affected by inadequate infrastructure, one of which is the lack of SPO (standard operating procedures) and communication models used during the weigh-in process.

Patient weigh-in between shifts in the inpatient ward is often implemented based on tradition and lacks a clear framework. Incomplete information during the weigh-in process in nursing can have serious repercussions. Errors such as forgetting to administer therapy, providing unplanned care, delayed resolution of patient problems, negligence and other errors can disrupt the care process and even put patients at risk. Therefore, it is important to ensure that proper and complete communication occurs during patient handover for safe and effective patient care.

This study aims to analyze the process of implementing the handover of executive nurses in the inpatient room of Undata Hospital, Palu, Central Sulawesi Province. With a specific purpose to analyze the mechanism, method, content and obstacles during the implementation of the executive nurse's weigh-in at the *shift* change in the treatment room of Undata Hospital, Palu, Central Sulawesi Province. The preliminary study found that the implementation of weigh-in at Undata Hospital still needs improvement, especially in terms of training and education for nurses. Ineffectiveness of the weigh-in process in the care process can have a negative impact on patients, including errors in the continuation of services and inappropriate treatment. The impact can also include errors in ongoing service delivery and inappropriate treatment, potentially harming patients. Therefore, it is important to ensure that the weigh-in process is properly and completely performed to maintain the safety and quality of patient care.

This study is expected to provide useful information for hospital management, the nursing profession, educational institutions, and researchers in an effort to improve the quality of nursing services and patient safety. Referring to the phenomena described above and the results of the researcher's interviews, the purpose of this study is to analyze the implementation of the weigh-in of executive nurses in the nursing room of Undata Hospital, Palu, Central Sulawesi Province and provide a more comprehensive understanding of how this process is carried out, as well as identify potential improvements in its implementation.

Research conducted by Ayuni et al. (2016). With the research title **Analysis of Factors Associated with the Implementation of Weigh Receipt at Pariaman Hospital**. This study has a clear objective, namely to determine the factors associated with the implementation of weigh-in at Pariaman Hospital. The type of research used is descriptive analytic with a cross-sectional approach. This study will involve the entire population of nurses at Pariaman Hospital, totaling 110 people. By using a cross-sectional approach, this study will provide an overview of the relationship between the factors studied and the implementation of weigh-in at the time the study was conducted. The results of the researcher's analysis in the study showed that the lack of nurses' skills in carrying out the weigh-in was influenced by several factors, including the existence of a weigh-in protocol, lack of socialization and training on weigh-in, and failure to properly implement nursing management functions.

The main difference between this study and the previous study is the location of the study, where the previous study was conducted at RSUD Pariaman, West Sumatra, while this study was conducted at RSUD Undata Palu, Central Sulawesi. This difference in research location may result in an interesting comparison between two different care environments, as well as possibly revealing differences in the factors that influence the implementation of weigh-in at the two hospitals. This could provide additional useful insights in understanding the factors

associated with the implementation of weigh-in across different contexts of care for patients.

Further research was conducted by Mairestika, S., Setiawan, H., & Rizany, I. (2021) entitled Factors that influence the Implementation of Weigh Receipt at RSD Idaman Kota Banjarbaru. The purpose of this study was to explore the factors that influence the implementation of weigh-in. The research design used was an associative quantitative approach with a cross-sectional approach. Respondents in this study amounted to 39 nurses in charge, shift nurses, and team leaders selected through purposive sampling method.

The results showed that there was no significant relationship between knowledge ($p = 0.721$), motivation ($p = 0.369$), and facilities ($p = 0.617$) with the implementation of handover at RSD Idaman Kota Banjarbaru. However, there was a significant relationship between supervision and handover implementation ($p = 0.023$). The main difference between this study and the previous study is based on three main aspects. First, the location of the research is different, where the previous study was conducted at RSD Idaman Kota Banjarbaru, while this study was conducted in the treatment room of Undata Hospital Palu, Central Sulawesi. Second, the independent variables used in these two studies have differences in context and selection. And third, the treatment room is the focus of research is also different between previous research and this study. Through the analysis of the above research, it is concluded that there are factors that affect the quality of the series of handover by implementing nurses in the nursing room such as non-compliance of implementing nurses, lack of socialization and training on the handover process, and lack of optimal nursing management performance.

This study differs in the context of the research location, where the previous study was conducted in the inpatient room of Pariaman Hospital, West Sumatra, while this study was conducted in the treatment room of Undata Hospital, Palu, Central Sulawesi. Further research, conducted by Mairestika, et al. (2021), entitled "Factors Affecting the Implementation of Weigh-In at RSD Idaman Kota Banjarbaru." The purpose of this study was to determine what factors influence the series of weigh-in at RSD Idaman Kota Banjarbaru. This research design is a combination of quantitative approach with cross-sectional approach. The respondents consisted of 39 nurses in the treatment rooms including nurses in charge, executive nurses, and team leaders, who were selected through purposive sampling technique.

The results of the study found that there was no relationship between knowledge ($p=0.721$), motivation ($p=0.369$) and facilities ($p=0.617$) with the process of delegation of responsibility in RSD Idaman Banjarbaru city and there was a relationship between supervision and the process of delegation of responsibility ($p = 0.023$). The difference in research where the research location and independent variables and conducted in the hospitalization room of RSD Idaman Banjarbaru City, while this study was conducted in the hospitalization room of Undata Hospital Palu Central Sulawesi.

The mechanism and method of conducting the weigh-in and the information conveyed in this process aim to provide practical guidance, support medical diagnosis, and inform the patient's current condition, goals of care, care plan, and identify priorities for services to be carried out in a timely, accurate, complete, and clear manner. This allows nurses and other professionals to better understand the patient's condition. Proper and accurate weigh-in can contribute to reducing errors and malpractice risks, while improving patient safety. Patient safety is the ultimate goal in the healthcare process. Weigh-in can be done using digital methods, voice recordings, and/or written documentation that is often combined with verbal or face-to-face methods. The process of implementing nursing weigh-in in Indonesia is mostly done by verbal methods only. Although the implementing nurse tries to do the weigh-in in accordance with the general SOP that applies in the inpatient room, but in its implementation, the weigh-in is always faced with various kinds of obstacles and things that are considered to

interfere with the smoothness of the weigh-in process.

RESEARCH METHODS

This type of research is descriptive with a quantitative approach. The sampling technique used *purposive sampling* with the sample criteria being executive nurses who served in 10 (ten) inpatient rooms of Undata Hospital, Palu, Central Sulawesi Province. This study used a questionnaire as a data collection tool that was filled in by the executive nurses themselves as respondents.

1. Characteristics Based on Gender

Tabel 1. Karakteristik responden berdasarkan Jenis Kelamin.

Jenis Kelamin	Jumlah	Presentasi
Perempuan	46	71 %
Laki-Laki	19	29 %
Total	65	100%

Sumber: Data Primer 2022

The table above shows that most of the nurse respondents at Undata Palu Hospital are female, with a percentage of 71%, while the percentage of men is 29%.

2. Characteristics Based on Age

Tabel 2. Karakteristik Responden Berdasarkan Umur

Umur(Tahun)	Jumlah	Presentasi
23-25	9	13%
26-35	27	41%
36-45	22	34%
46-55	10	15%
Total	65	100%

Sumber: Data Primer 2022

The table shows that the age distribution of nurses at Undata Hospital Palu, with the majority aged 26-35 years (40.6%), followed by the age group 36-45 years (34.4%), 46-55 years (15.6%), and the least is the age group 23-25 years (9.4%).

3. Characteristics Based on Education

Tabel 3. Karakteristik Responden Berdasarkan Pendidikan

Pendidikan	Jumlah	Presentasi
Ners	42	65 %
S1	10	15 %
DIII	13	20%
Total	65	100%

Sumber: Data Primer 2022

The table above shows the distribution of nurses' education at Undata Hospital Palu, with the majority having an educational background of Ners (65%), followed by D III (20%), and the least is S1 (15%).

Description of Respondents' Responses

Respondents' responses in this study provide an empirical picture of the implementation of the weigh-in process in the treatment room of Undata Hospital, Palu, Central Sulawesi Province. Based on the frequency distribution of their responses, the implementation of the weigh-in process can be described as follows:

Table 4. Weigh-in Mechanism for Nurses at Undata Hospital Palu Category Total Presentation

	f	%
Less	0	0
Simply	20	31
Good	45	69
Total	65	100

Source: Primary Data 2022

Table 5. Weigh-in Method for Nurses at Undata Hospital Palu Category Total Presentation

	f	%
Less	0	0
Simply	26	40
Good	39	60
Total	65	100

Source: Primary Data 2022

Table 6. Contents of the Weigh-in of Nurses at Undata Hospital Palu Category Total Presentation

	f	%
Less	0	0
Simply	18	28
Good	47	72
Total	65	100

Source: Primary Data 2022

Table 7. Barriers during weigh-in by nurses at Undata Hospital Palu Category Total Presentation

	f	%
Less	0	0
Simply	15	23
Good	50	77
Total	65	100

Source: Primary Data 2022

DISCUSSION

The tables above show that generally the executive nurses in the treatment room of Undata Hospital, Palu, Central Sulawesi Province have carried out the weigh-in process well.

1. Weigh-in Mechanism Process

The results of the research obtained about the process of the weigh-in mechanism at Undata Hospital, Palu stated that 45 respondents (69%) said the implementation was good. Careful preparation is done by the nurse in charge, team leader, and implementing nurse before, during, and after the weigh-in. This is in accordance with the standard operating procedures applicable at Undata Hospital, which are carried out every *shift* change.

The weigh-in mechanism that has been implemented in most of the inpatient rooms of Undata Hospital, Palu is:

Tabel Mekanisme Timbang Terima Sesuai SOP dan pelaksanaannya di RSUD Undata Palu, Propinsi Sulawesi Tengah

No	Mekanisme Timbang Terima Sesuai SOP	Mekanisme Timbang Terima Yang dilaksanakan di RSUD Undata, Palu, Sulawesi Tengah
1	<p>Pra Timbang Terima (Di Ruang Perawat)</p> <p>a. Kedua kelompok dinas sudah siap</p> <p>b. Masalah keperawatan dan intervensi keperawatan semua pasien telah dilaksanakan dan didokumentasikan oleh perawat pada dinas sebelumnya dan siap untuk ditimbang terimakan</p> <p>c. Hal-hal yang khusus dicatat, untuk diserahkan terimakan kepada perawat (PP dan PA) yang berdinan berikutnya.</p>	<p>Pra Timbang Terima (Di Ruang Perawat)</p> <p>a. Kedua kelompok dinas sudah siap melakukan timbang terima.</p> <p>b. Masalah dan intervensi keperawatan semua pasien yang telah dilaksanakan ditulis dalam status pasien di lembar catatan perkembangan dan dalam buku laporan harian ruangan</p>

2	<p><u>Timbang Terima (Di Ruang Perawat)</u></p> <ol style="list-style-type: none"> a. Ketua regu atau penanggung jawab membuka acara timbang terima b. Perawat Primer (PP) menyampaikan timbang terima: <ol style="list-style-type: none"> a) Identitas pasien dan diagnosa medis b) Masalah keperawatan yang muncul c) Tindakan keperawatan yang sudah dilakukan d) Tindakan keperawatan yang belum dilakukan e) Rencana dan persiapan yang perlu dilakukan (persiapan operasi, pemeriksaan penunjang, konsultasi atau prosedur tidak rutin f) PP penerima timbang terima melakukan klarifikasi. 	<p><u>Timbang Terima (Di Ruang Perawat)</u></p> <ol style="list-style-type: none"> a. Ketua tim atau penanggung jawab membuka acara timbang terima dan berdoa bersama menurut agama masing-masing b. Perawat shift yang bertugas sebelumnya menyampaikan isi timbang terima berupa: <ol style="list-style-type: none"> a) Identitas pasien dan diagnosa medis pasien baru b) Masalah keperawatan yang muncul c) Tindakan keperawatan yang sudah dan akan dilakukan d) Rencana dan persiapan yang perlu dilakukan (persiapan operasi, pemeriksaan penunjang, konsultasi dokter spesialis, dll)
---	--	--

3	<p><u>Timbang Terima (Di Ruang Pasien)</u></p> <ol style="list-style-type: none"> PP dan PA (Perawat Asosiat) penerima timbang terima melakukan klarifikasi, tanya jawab atau melakukan validasi terhadap hal-hal yang telah ditimbangterimakan Pada hal hal tertentu timbang terima di ruang pasien harus diikuti oleh perawat <i>shift</i> sebelumnya Sedapatnya mengupayakan penyampaian yang jelas, singkat dan padat Lamanya timbang terima tiap pasien tidak lebih dari 5 menit, kecuali dalam kondisi khusus dan memerlukan keterangan yang lebih rinci Pada saat timbang terima di kamar pasien, menggunakan volume suara yang cukup sehingga pasien disebelahnya tidak mendengar sesuatu yang rahasia bagi klien. Sesuatu yang dianggap rahasia sebaiknya tidak dibicarakan secara langsung di dekat pasien. 	<p><u>Timbang Terima (Di Ruang Pasien)</u></p> <ol style="list-style-type: none"> Ketua tim dan perawat pelaksana sebagai penerima timbang terima melakukan klarifikasi, tanya jawab atau melakukan validasi terhadap hal-hal yang telah ditimbangterimakan Melakukan penyampaian yang jelas, singkat dan padat, karena lamanya timbang terima tiap pasien kurang lebih hanya 2 sampai 3 menit. Pada saat timbang terima di kamar pasien, perawat pelaksana menggunakan volume suara yang cukup sehingga pasien disebelahnya tidak mendengar sesuatu yang rahasia bagi klien.
---	--	--

4	<p><u>Paska Timbang Terima (Di Ruang Perawat)</u></p> <ol style="list-style-type: none"> Diskusi untuk membahas permasalahan bila ada (dipimpin Karu atau penanggungjawab) Pelaporan untuk timbang terima dituliskan secara langsung pada format laporan ruangan Penanda tanganan oleh Karu dan PP masing-masing kelompok dinas Acara timbang terima ditutup oleh Karu atau penanggung jawab. 	<p><u>Paska Timbang Terima (Di Ruang Perawat)</u></p> <ol style="list-style-type: none"> Pelaporan untuk timbang terima dituliskan secara langsung pada buku laporan ruangan Acara timbang terima ditutup oleh Ketua Tim sebagai penanggungjawab
---	---	--

The weigh-in mechanism that has been implemented in several inpatient rooms, where most of them have complied with the standard procedures (SOP) set by Undata Hospital, Palu. This shows a commitment in carrying out appropriate procedures to maintain the quality of health services. However, at the time of weigh-in in the patient's hospital room, it is often not followed by the nurse implementing the previous *shift*. Even though there may be things that need or are important to be conveyed directly in front of the patient. This actually needs to be done to foster patient trust in the nurse who will be on duty because things related to him have been conveyed clearly by the nurse who has been on duty before.

In addition, at the post weigh-in in the treatment room of Undata Hospital Palu, where the previous *shift* report book was never signed by the nurse except for the progress notes that were already contained in the patient status file that had been implemented since several years ago.

So that there were 20 respondents (31%) who said that the weigh-in mechanism at Undata Hospital, Palu was not in accordance with the operational standards that had been determined, this was due to the frequent lateness of nurses on duty on the next *shift* or did not consider the weigh-in process too important because some already understood that the information conveyed was written in the room report book, so that even though they did not follow the formal weigh-in procession, news related to patients would be obtained in the room report book. In fact, there are usually things that are conveyed verbally and or during rounds of patients in the hospital room that can be important material for the nurses themselves if on that shift they are individually responsible for the patient in question. The process of carrying out the weigh-in should be attended by the implementing nurse who will be on duty and who has finished his duty time so that information about everything in the ward can be clarified effectively and efficiently to avoid misunderstanding of information concerning the patient's situation, *his background*, the *assessment* that has been carried out by the previous *shift* and the *Recommendation* (SBAR) given to the next shift.

Careful and quality implementation of weigh-in by nurses has a significant impact on health services in hospitals. The quality of the weigh-in process can be assessed based on five dimensions or components of service quality, namely reliability, responsiveness, assurance, empathy, and physical evidence.

These five dimensions of quality allow patients to feel valued and actively involved in their nursing process, which in turn contributes to patient recovery. By performing a quality *bedside handover*, the nurse practitioner can predict patient safety, including a safe patient environment, such as checking the location and condition of the bed, properly functioning medical equipment around the patient, and handling based on a well-planned care program.

Implementing a quality weigh-in will enable more accurate patient data to be obtained (Sudresti, Mustriwati, and Kamayani, 2017).

This has been stated by I Ketut Suardana, (2018) in his research which states that SBAR as one of the communication methods that can be implemented by implementing nurses in the process of carrying out patient weighing in Tabanan Hospital because it can have a positive influence on improving the quality of service in general.

2. Weigh-in Method Process

The results obtained from this study where there were 39 respondents (60%) stated that the process of the weigh-in method at Undata Hospital, Palu had been carried out properly.

The weigh-in method used by some executive nurses at Undata Hospital, Palu in several treatment rooms is :

Tabel Metode Timbang Terima Sesuai SOP dan pelaksanaannya di RSUD Undata Palu, Propinsi Sulawesi Tengah

No	Metode Timbang Terima Sesuai SOP	Metode Timbang Terima yang dilaksanakan di RSUD Undata, Palu, Sulawesi Tengah
1	Timbang terima secara <i>verbal</i> Laporan timbang terima secara lisan cukup fleksibel untuk mengakomodasi pengalaman dan kemampuan perawat yang hadir. Perawat lebih cenderung untuk membahas aspek psikososial keperawatan selama laporan lisan. Lamanya waktu <i>handover</i> secara lisan mungkin dapat menjadi masalah ketika sejumlah <i>staf</i> menghabiskan waktu 15 hingga 90 menit untuk melakukan perpindahan dari ruang perawatan pasien ke tempat berlangsungnya <i>handover</i> .	Timbang terima secara <i>verbal</i> yang sering dilakukan baik di <i>nurse station</i> maupun di <i>bedside</i> pasien dengan rentang waktu 15 sampai 20 menit karena cukup fleksibel dengan bahasa yang sederhana dan kadang tidak formal.
2	Metode <i>handover</i> dengan menggunakan rekaman digunakan untuk mengurangi pergantian waktu <i>shift</i> yang tumpang tindih. Kualitas dari isi rekaman <i>handover</i> mengasah kemampuan perawat untuk memberikan informasi secara singkat dan <i>relevan</i>	Tidak menggunakan metode rekam suara baik melalui handphone atau alat perekam suara lainnya

3	<p>Tahapan <i>Bedside handover</i></p> <p>a) Persiapan (pasien dan informasi) oleh kedua tim.</p> <p>b) Timbang terima pasien berupa; pelaporan, pengenalan staf masuk, pengamatan dan penjelasan kepada pasien.</p> <p>c) Setelah timbang terima selesai (tulis di buku catatan pasien)</p>	<p>Tahapan <i>Bedside handover</i> dilakukan dengan cara round ke kamar pasien oleh seluruh perawat pelaksana yang akan bertugas di saat itu tanpa didampingi oleh perawat yang <i>shift</i> sebelumnya dan seringnya disampaikan secara verbal saja, jika ada hal yang melibatkan pasien dan keluarga maka akan didiskusikan saat itu juga berupa kondisi pasien dan intervensi lanjutan yang harus diterima oleh pasien.</p>
4	<p>Timbang terima (<i>handover</i>) tertulis diperkirakan dapat mendorong pendekatan yang lebih formal. Namun <i>Handover</i> tertulis tergantung pada tulisan tangan atau akses komputer dan jumlah informasi yang diberikan oleh perawat, tapi terkadang tulisan yang kurang jelas atau penggunaan singkatan menjadi salah satu masalah dalam memahami dan mencerna timbang terima dalam bentuk tulisan.</p>	<p>Timbang terima secara tertulis sudah terdapat dalam buku laporan ruangan dan status pasien di lembar catatan perkembangan. Namun ada tambahan persepsi yang dimaksud secara tertulis menurut peneliti adalah selain mencatat di buku laporan ruangan dan catatan perkembangan pasien juga ada <i>notebook</i> atau kertas catatan milik pribadi setiap perawat pelaksana.</p>

The implementation of the weigh-in process that has been determined by Undata Hospital, Palu where generally the nurse executor in the treatment room has implemented it as much as possible. However, when weighing in the patient room, it is often not accompanied by the executive nurse on the previous *shift*. It should be done before the previous shift nurse goes home or before rounding all the nurses on the next *shift*.

Nurses who apply standardized methods during weigh-in are better able to communicate accurate and descriptive information that is easily understood by both the giver and receiver of the information. In other circumstances, quality patient care will be difficult to provide without formalized and systematic methods. However, the use of appropriate methods during nursing weigh-in can provide good patient health care. With proper application of the weigh-in method to the correct information provided by the patient, correct diagnostic findings in the report can affect patient care, especially us [nurses] where we are the frontline in patient care (Nurse 13). (*International Journal of Care Scholars* 2020; 3(2)).

However, 26 respondents (40%) stated that the implementation of the weigh-in process in the

treatment room of Undata Hospital, Palu, did not always meet the established operational standards. This is due to the lack of timeliness in implementation, which sometimes makes the process short and not in accordance with the operational procedures that should be followed. Sometimes, the weigh-in process also does not always involve the patient and their family in planning the next intervention, especially when some family members are uncooperative or do not fully understand the type of care that will be provided to the patient.

This is a good analysis of the results of the respondents' responses that provides a more complete picture of the challenges in the implementation of weigh-in at RSUD Undata, Palu.

If communication or information about a patient's condition is not done properly, various problems can arise. These include delays in medical diagnosis, laboratory tests, or additional tests. In addition, the risk of side effects may increase, and higher healthcare costs may arise. Patients may also need to deal with more healthcare providers, which may ultimately lead to patient dissatisfaction."

In 2019, it was found that the number of Patient Safety Incident (PSI) reporting in Indonesia was around 12%. Because only 334 hospitals reported Patient Safety Incidents (PSI) out of a total of 2,877 hospitals throughout Indonesia, (Daud, 2020). This shows that there are still high patient safety incidents during treatment where one of the contributing factors is the improper weigh-in procedure in *shift* changes.

According to Nursalam (2017), it is explained that in setting the time there must be an agreement and frequency of implementation of the patient weighing process by the implementing nurse on the previous *shift* or who has finished the *shift*. So that the implementation is not rushed and more accurate information is received by the next *shift*. This is needed in the preparation of activities, especially in the timeliness of the implementation of the weigh-in (KARS, 2018).

3. Content/Information conveyed in the Weigh-in Process

The results of the study regarding the content or information conveyed in the weigh-in process at Undata Hospital, Palu, showed that the majority of respondents, namely 47 respondents (72%) stated that the content conveyed was considered good. This is the result of the implementation of a good process of the weigh-in procedure by the implementing nurse in the treatment room of Undata Hospital, Palu, which has covered most of the information that should be conveyed during the weigh-in process.

Table of Contents/Information delivered during the Weigh-in according to the SOP and its implementation at Undata Hospital, Palu, Central Sulawesi Province

No	Hal-hal yang perlu disampaikan pada saat Timbang Terima sesuai SOP	Hal-hal yang disampaikan saat Timbang Terima di RSUD Undata, Palu, Sulawesi Tengah
1	<p>Hal-hal yang perlu disampaikan pada saat timbang terima adalah:</p> <ol style="list-style-type: none"> 1) Identitas pasien dan diagnosa medis 2) Masalah keperawatan yang mungkin masih muncul 3) Tindakan keperawatan yang sudah dan belum dilaksanakan 4) Intervensi <i>kolaboratif</i> dan <i>dependensi</i> 5) Rencana umum dan persiapan yang perlu dilakukan dalam kegiatan selanjutnya, diantaranya operasi, pemeriksaan laboratorium atau pemeriksaan penunjang lainnya, persiapan untuk konsultasi atau prosedur lainnya yang tidak dilaksanakan secara rutin. 6) Perawat yang melakukan timbang terima dapat melakukan klarifikasi, tanya jawab dan melakukan validasi terhadap hal-hal yang dilakukan pada saat timbang terima dan berhak menanyakan mengenai hal-hal yang kurang jelas. 7) Hal-hal yang sifatnya khusus dan memerlukan perincian yang lengkap sebaiknya dicatat secara khusus untuk kemudian diberikan kepada perawat jaga berikutnya. 	<p>Hal-hal yang perlu disampaikan pada saat timbang terima adalah:</p> <ol style="list-style-type: none"> 1) Identitas pasien, 2) Keadaan umum, 3) Masalah keperawatan, 4) Rencana tindak lanjut, 5) Terapi medis, 6) Rencana umum dan persiapan yang perlu dilakukan dalam kegiatan selanjutnya seperti tindakan operasi, pemeriksaan laboratorium atau penunjang lainnya, persiapan konsultasi atau prosedur lainnya yang tidak dilaksanakan secara rutin dan pendokumentasian perkembangan pasien di dalam catatan perkembangan baik di folder status pasien maupun di buku pelaporan ruangan dengan menggunakan metode SOAP.

Nursalam (2017, as suggested by previous research, in order for the patient weigh-in process to run accurately and effectively, the information conveyed must include a number of important elements. These include patient identity, Integrated Patient Progress Notes (CPPT), patient complaints, treatment plans, medication records, fluid balance, fall risk assessment, medical support results, patient financial planning, nursing actions that have and have not been implemented, and also sensitive information, as this study describes all aspects of the weigh-in process at Undata Hospital, Palu.

However, the study also revealed that the implementation of weigh-in on the night shift often experienced problems. This was due to a lack of communication between teams within the *shift*, members of the afternoon *shift* team who were in a hurry to go home so that patient information was not entirely conveyed properly, and the process in some rooms where nurses only handed over notebooks without any discussion between teams who took shifts. These conditions lead to invalid patient information, which in turn can have an impact on the smooth running of patient care.

Meanwhile, 18 respondents (18%) said that the content/information delivered was not in accordance with procedures, such as laboratory test results, other medical support or some procedures that were not often carried out. Usually the nurse implementing the inpatient room forgets to convey so that it is late in implementation or late in consulting the results of the examination which should be on time. This may be due to internal factors of the implementing nurse or in the inpatient room so that there is less effective communication and only focuses on medical problems and does not overemphasize the problem of care.

According to the theory put forward by Nursalam (2017), during the weigh- in process, the implementing nurse does not reveal the patient's nursing problems comprehensively but focuses more on diagnoses and medical treatment or things that are closer to other professional activities.

4. Barriers during Weigh-In

Based on the results of research on obstacles in the implementation of weigh-in at Undata Hospital, Palu, 50 respondents (77%) said that they were handled well. This means that there are still things that are considered to be able to hinder the process of implementing the weigh-in such as interruptions during implementation which are usually in the form of a patient's sudden critical condition, falling in the bathroom, room noise and *cellphone* sound, fatigue, memory and knowledge of each nurse that varies (novice nurses often need additional information during weigh-in), limited use of manual/technology records in private or public, lines of responsibility, short time so that it is rushed in delivery. However, these things above in some inpatient rooms can be handled well or reduced, because in some inpatient rooms where implementing nurses already understand the lines of responsibility, agreement on the time and length of the weigh-in process, providing information to patients and families, and frequent training to understand patient safety or patient safety at certain times.

Tabel Hambatan- Hambatan saat Pelaksanaan Timbang Terima di RSUD Undata Palu, Propinsi Sulawesi Tengah

No	Tribowo (2013), menjelaskan bahwa faktor-faktor hambatan dalam pelaksanaan timbang terima, antara lain: 	Hambatan yang sering terjadi di RSUD Undata Palu saat timbang terima
1	Faktor <i>eksternal</i> dan <i>internal</i> individu atau kelompok berupa: Komunikasi, gangguan, interupsi, kebisingan, kelelahan, memori, pengetahuan/pengalaman, komunikasi tertulis, Faktor Organisasi, berupa: Budaya organisasi, Hirarki, keterbatasan ruangan untuk timbang terima, keterbatasan teknologi, keterbatasan jumlah staff, kegagalan peralatan, garis tanggung jawab, batasan waktu yang ketat, kode status, pasien kritis dan labil.	Faktor <i>eksternal</i> dan <i>internal</i> individu atau kelompok berupa: kebisingan, kelelahan, memori pengetahuan/pengalaman dan komunikasi tertulis Secara hirarki, pada beberapa ruangan masih terdapat kecanggungan pada perawat junior untuk mengajukan pertanyaan tertentu. Padahal itu merupakan hal yang penting di <i>shift</i> selanjutnya. Jumlah staf yang bertugas hampir di semua ruangan masih belum memenuhi standar perbandingan antara jumlah perawat yang bertugas dan jumlah pasien yang dirawat saat itu. Mengenai garis tanggung jawab, sudah dibentuk dengan baik walau belum dilaksanakan secara paripurna

However, there were still 15 respondents (23%) who said that there were obstacles in the implementation of the weigh-in process in the Undata Hospital treatment room that could not be handled properly, but could be minimized. This is inseparable from the state of the room and the existing staff. Because there are some rooms that do not have as many staff as other rooms, uneven training for all staff, lack of experience and internal factors of the nurses themselves in the form of fatigue, lack of focus, personal problems, etc.

The statement strongly illustrates the important role of education and training in shaping nurses' attitudes and behaviors. Higher education can improve nurses' knowledge and understanding, providing a solid foundation for the implementation of quality care practices. In-depth knowledge affects not only nurses' technical skills, but also their attitudes and care for patients.

The importance of forming a caring personality in nurses is emphasized, and this formation should start from early education. Nursing education and training programs should be designed to familiarize nurses with caring behavior, which includes aspects such as weighing and receiving according to Standard Operating Procedures (SOPs). Thus, nurses will become accustomed to a caring

attitude and responsibility for the safety and quality of care to patients. This not only shapes effective care practices, but also creates a positive care environment that is responsive to patient needs. (*The level of nurse education can be a high work motivation if education must always be honed with skills and knowledge according to expertise (van der Kolk et al., 2019).*)

Research by Faizin and Winarsih (2018) states that there is a close relationship between the level of nurse education and the work performance of nurses in carrying out weigh-in at Pandan Arang General Hospital.

CONCLUSIONS

The implementation of the *handover* that has been carried out by the nurse executor at Undata Hospital, Palu, Central Sulawesi Province has been implemented in all inpatient rooms but in some rooms the mechanism and method of implementation have not all been implemented properly, such as; the implementation of the *handover* in the patient room or *bedside handover* should be before the nurse who will be on round duty, the previous shift nurse must go together to the patient's room for *handover*, but at Undata Hospital, Palu did not do this. Regarding the content of the handover, almost everything is conveyed verbally in the process. In addition, it is also equipped with a record of the progress of the patient's condition in the room report book and patient file, but it is necessary to make notes in a personal *notebook* to increase the strength of memory and reference for nurses.

The obstacles during the implementation of the weigh-in have been minimized in almost all rooms, in the form of the implementation of responsibilities, hierarchical relationships between senior and junior nurses, although in some rooms there are still junior nurses who feel awkward to ask questions or *interrupt* senior nurses during the weigh-in.

Advice

1. For Hospital Management

The results of this study can serve as guidelines for hospital management in improving the quality of service to patients. This research can be used as a benchmark for hospital services to provide patient satisfaction. Hospital management can conduct regular monitoring and evaluation of handover implementation to ensure maximum service quality. In addition, nurses who carry out the handover process according to the SOP well can get appreciation as motivation to improve their capacity and quality, and as an example for other nurses in a joint effort to improve service quality.

2. For nurses in the treatment room

- a. The results of this study can be used as a reference to improve performance in providing nursing care to patients. Improving the quality of the weigh-in process will ensure that patients feel the positive impact in the form of quality services, which will ultimately contribute to the patient's maximum recovery.
- b. Implementing nurses can improve time discipline during shifts and provide optimal and comprehensive nursing care.

REFERENCES

- Adda, H. W., Natsir, S., & Rossanty, N. P. E. (2019). Employee perceptions towards organizational change and leadership in the banking industry. *Banks and Bank Systems*, 14(3), 113.
- Ayuni, D. Q. (2016). Analysis of Factors Associated with the Implementation of Patient Weighing in the Inpatient Room of Pariaman Hospital. *Journal of Nursing and Midwifery*, 10 (1), 163-172.
- Dealistiana, L., & Aulia, M. F. (2022). The Relationship Between Nursing Handover and Patient Safety Goals in The Inpatient Room at The Rs Taman Harapan Baru Bekasi in 2022. *Malahayati Nursing Journal*, 4(9), 2335-2349.
- Donsu, J. D. T. (2016). *Nursing Research Methodology*. Yogyakarta: New Library Press.
- Faizin and Winarsih (2018). Relationship between Education Level and Nurse Performance in Carrying out Handover / Weighing Receipt at Pandan Arang General Hospital.
- Hattab, S., & Kornelius, Y. (2021). Effect of servant leadership on the performance of a regional general hospital. *Probl Perspect Manag*, 19(2), 507-518.
- Hasanuddin, B., Mustainah, M., & Buntuang, P. C. D. (2021). The influence of servant leadership on job satisfaction with individual character as a moderating variable. *Problems and Perspectives in Management*, 19(1), 445-455.
- Ibrahim, A. I., Setiawan, M., & Rahayu, M. (2024). HR innovation in mediating entrepreneurial motivation in improving the competitive ability of Palu Fried Onions MSMEs. *Business, Management and Economics Engineering*, 22(1), 77-95.
- Istiningtyas, A. (2018). The Relationship between the Head of the Room's Leadership during *Handover* with the Implementation of *Handover* in the Inpatient Room of Sukoharjo Hospital. *Kusuma Husada Health Journal*, 7 (2), 72-77.
- Kurniadi, A. (2013). *Nursing Management and its effectiveness, Theory, Concept and Application*. Jakarta: Publishing Agency of the Faculty of Medicine, University of Indonesia
- Masdar, R., Din, M., Pattawe, A., Iqbal, M., & Mappanyuki, A. (2024). The effect of decision making related rationalization on fraud and the mediating role of psychosocial work environment. *Decision Science Letters*, 13(1), 111-118.
- Ministry of State Secretariat of the Republic of Indonesia. (2014). Law of the Republic of Indonesia Number 38 of 2014 concerning Nursing Accessed on March 19, 2019, from <http://www.hukor.depkes.go.id>.
- Ministry of Health. (2019). Regulation of the Minister of Health of the Republic of Indonesia Number 26 of 2019 Nursing. Indonesian Ministry of Health [Internet]. 2019;(912):1-159. Ministry of Health, 912, 1-159.
- Morika, H. D. (2017). The Relationship between Nurses' Workload and Patient Reciprocity in the Inpatient Room of Ibn Sina Islamic Hospital. *The Indonesian Journal of Health Science*, 9 (1) 13-22.
- Munawar (2021). The Effect of Handover Training Using the SBAR Method on the Quality of Handover / Handover of Nurses at Harapan Hospital, Magelang City.

- Pasaribu, F., Pratama, K., & Yuliaty, T. (2022). Impact of the university creative management on the students enterprising performance. *Polish Journal of Management Studies*, 25.
- Pasaribu, F., Bulan, T. R. N., & Pratama, K. (2021). Impact Of Strategic Leadership and Organizational Innovation on The Strategic Management: Mediational Role of It Capability. *Polish Journal of Management Studies*, 24.
- Pobas, S. (2018). Evaluation of Patient Weighing by Nurses in the Inpatient Room of Suaka Insan Hospital Banjarmasin. *Suaka Insan Nursing Journal*, 3 (2) 1-9.
- Pramudya, A. (2016). The Relationship between Nurses' Knowledge and Workload on the Implementation of the Patient Weigh-In Process at RSUD dr. R. Sosodoro Djatikoesoemo Bojonegoro. *Journal Hospital Science*, 1 (1), 1-14.
- Raodhah, S. (2017). The Relationship between the Role of the Head of the Room and the Performance of Nurses in the Inpatient Room of Sheikh Yusuf Hospital, Gowa Regency. *Al-Shihah Public Health Science Journal*, 9 (1), 94-102.
- Rezka V. et al (2021). The Relationship between the Application of SBAR Effective Communication Methods and the Implementation of Weigh Receiving, *Sytematic Review, Nursing Journal*, 77-78
- Riskah, K. (2017). The Relationship between Nurses' Work Motivation and the Implementation of Nursing Weighing in the Inpatient Room of Tanjungpura University Teaching Hospital. *Journal of Proners*, 3 (1), 1-18.
- Sari, N. L. (2015). The Relationship of Workload, Demographic Factors, Locus of Control and Self Esteem to Burnout Syndrome in Managing Nurses of IRD Sanglah Hospital. *Community of Publishing in Nursing Journal*, 3(1), 51-60.
- Sihombing J. E. S. (2020). Analysis of the Application of Sbar Method Communication (Situation, Background, Assessment, Recommendation) in the Implementation of Weighing Receipt / Handover at Dr. Pirngadi Medan Hospital in 2020. *Journal*.
- Yunike, et al (2022). *Basic Concepts of Nursing*, PT Global Eksekutif Teknologi