JURNAL PENDIDIKAN INDONESIA

p-ISSN : 2745-7141 e-ISSN : 2746-1920

Jurnal Pendidikan Indonesia
Vol. 6 No. 11 November 2025

An Overview of Monitoring Patient Safety in Nurses: A Comparative Analysis of Demographic Characteristics

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ARTICLE INFO

Keywords:
Monitoring; Nurses; Patient Safety

ABSTRACT

Harmful events in the handling of patients in hospitals can be prevented by the principle of patient safety. Nurses, as part of the health workforce, play an important role in the implementation of patient safety, including those who serve as clinical educators assisting nursing students in teaching hospitals. The success of achieving the goal—the high quality of patient safety—is half determined by the plan that has been set and the other half by supervision or monitoring. This study aims to analyze the monitoring of patient safety by nurses. The research method employed is quantitative, using analytic observational methods with a cross-sectional approach. The study found that nurses' monitoring of patient safety for nursing students was well implemented, achieving a high implementation score. No differences were observed in patient safety monitoring conducted by nurses across age groups, gender, highest education level, or length of work. These findings imply that hospital management can standardize preceptor training programs without demographic segmentation, focusing instead on strengthening systematic monitoring frameworks, regularly evaluating monitoring plans, and fostering constructive feedback communication to further enhance consistency in patient safety supervision across all preceptor groups.

INTRODUCTION

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2017 concerning Patient Safety in Article 1 Paragraph 1 Patient Safety is a system that makes patient care safer, including risk assessment, identification and management of patient risk, incident reporting and analysis, learning from incidents and follow-up, and implementation of solutions to minimize the incidence of risk and prevent injury caused by errors due to carrying out an action or not taking action that should be taken (Kemenkes, 2017).

There are an estimated 134 million cases per year of unsafe patient care resulting in 2.6 million deaths in lower-middle-income countries. Whereas many of these harmful events, 50-80% can be prevented. Prevention can be done through Hospital Health services that refer to the principles of patient safety. Patient safety is a basic principle of patient care and a critical component of quality management (Bressan et al., 2021).

Patient safety, which is included in the hospital service profile, is a basic principle in patient care and an important component of quality management, which is reinforced by the provisions of the International Patient Safety Goals (IPSG) which are implemented into the accreditation of JCI hospitals, which is an international accreditation that focuses on patient safety developed as an indicator of medical identification in matters that have the potential to cause unexpected problems.

Nurses as part of the health workforce have an important role in the implementation of patient safety. Nurses make up the majority of health workers so their role in identifying, deciding, and correcting medical errors is very significant. Clinical educators who assist nursing students in carrying out studies in teaching hospitals are referred to as preceptors. The main points of patient safety competence need to be taught and assessed during the study period of nursing students, especially by preceptors who are tasked with guiding nursing students in their studies at teaching hospitals (Bressan et al., 2021).

While the importance of patient safety monitoring and the preceptor's role is well-established in general nursing literature (e.g., Bressan et al., 2021), a significant gap exists in understanding how the demographic characteristics of preceptors themselves might influence their monitoring performance. Existing studies often focus on student competencies or general supervision frameworks (Hikmat, 2010). However, there is a lack of specific literature that investigates whether factors such as a preceptor's age, gender, educational background, or length of service cause variations in the effectiveness or implementation of patient safety monitoring. This study seeks to fill this gap by providing a comparative analysis of monitoring practices based on these key demographic variables, thereby offering a more nuanced understanding of the factors that may influence monitoring quality in clinical education settings.

The urgency of this research is underscored by the critical need to optimize patient safety outcomes in teaching hospitals. As the frontline supervisors of future nurses, preceptors directly impact the safety culture and practice standards absorbed by students. Understanding whether demographic factors contribute to disparities in monitoring is essential for developing targeted training programs, ensuring equitable and high-quality supervision across all preceptor groups, and ultimately strengthening the patient safety framework within Indonesian healthcare institutions.

The novelty of this research lies in its specific contextual and analytical focus. Firstly, it concentrates explicitly on the under-researched population of nurse preceptors in Indonesia, a context with its own unique cultural and organizational dynamics in healthcare. Secondly, it moves beyond assessing general monitoring practices to perform a comparative analysis based on demographic characteristics (age, gender, education, tenure), an approach scarcely found in existing patient safety literature related to clinical education. This dual focus provides original insights that can inform localized human resource strategies and contribute to the global discourse on standardizing and improving preceptor performance for enhanced patient safety.

The success in achieving the goals of an activity is half determined by the plan that has been set and the other half is a function of supervision or monitoring. Monitoring

itself is a series of ongoing activities aimed at achieving activity goals, reviewing progress against activity progress, and providing information about a policy on activities that are being implemented. Monitoring is carried out when activities are underway to ensure process suitability and target suitability. If discrepancies or delays are found, they can be immediately corrected so that activities can run according to the plan that was prepared at the beginning. Hikmat (2010) defines monitoring as the process of collecting and analyzing information based on indicators that are determined systematically and continuously about activities/programs so that corrective action can be taken for further improvement of the program/activity.

This study aims to provide an overview of the level of patient safety monitoring conducted by preceptors and co-preceptors and to analyze differences in these monitoring practices based on their demographic characteristics, including age, gender, education, and length of service. The findings are expected to offer significant theoretical benefits by contributing empirical evidence to the fields of nursing education and patient safety, specifically regarding the under-researched influence of preceptor demographics. Practically, the results will provide valuable insights for hospital management and nursing leaders to develop targeted training programs and standardized guidelines, thereby enhancing the consistency and quality of clinical supervision. Ultimately, by optimizing the monitoring function of preceptors, this research seeks to strengthen the overall patient safety culture within the teaching hospital, leading to improved care outcomes and a reduction in preventable harmful events.

RESEARCH METHODS

Quantitative research with analytical observational methods and a cross sectional approach. The cross sectional approach in this study, data collection was carried out at the same time (Adiputra, 2021). This research was conducted at PKU Muham-madiyah Gamping Hospital which is the main teaching hospital for the Faculty of Medicine and Health Sciences, Muhammadiyah University of Yogyakarta. This research was conducted from September 2022-November 2023.

Sampling was carried out using a total sampling technique with a sample size of 30 nurses assigned as preceptors and co-preceptors at PKU Muhammadiyah Gamping Hospital. Data were collected using a patient safety monitoring observation checklist. Nursing managers were appointed to observe preceptors and co-preceptors with informed consent. This checklist has previously passed validity and reliability tests. This checklist has previously passed validity and reliability tests. For the content validity test, we used the Content Validity Index (CVI). CVI is an index used to measure the content validity of an instrument. In this pa-kar test, the number of experts or experts involved was 4 experts which means that the Acceptable CVI Values should be 1. From the results of I-CVI and S-CVI, all items get a score of 1 so that the test results are relevant and acceptable. Validity testing is also carried out using corrected item to total correlation, namely by comparing the value of r hi-tung with the value of r table at $\alpha = 0.05$. The validity test results show the calculated r value of all indicator items is greater than r table

so that 14 checklist items are declared valid. The reliability test of each item in this research instrument was carried out by comparing the Cronbach Alpha value of all items in the instrument with the Alpha reliability table value. The result of the reliability test is 0.713854411, which is greater than the Alpha Cronbach coefficient value of 0.60, this result shows good reliability.

This observation checklist consists of 14 assessment indicators, namely whether the preceptor has a systematic framework for monitoring the practice of nursing students which includes patient safety; Whether the preceptor develops and or evaluates the nursing student practice monitoring plan which includes patient safety on a regular basis; Whether the preceptor supervises the implementation of learning regularly; Do preceptors provide guidance or direction and opportunities to perform nursing actions according to the needs of nursing learners; Do preceptors establish good communication with nursing learners; Do preceptors assess the achievement of nursing learners' clinical practice/skills, especially in performing patient safety, in the field; Do preceptors assess the obstacles faced by nursing learners, especially when performing patient safety, in the field; Does the preceptor report the implementation of monitoring activities of nursing learners' practice regularly to stakeholders; Does the preceptor establish good relationships with other colleagues to maximize monitoring in the ward area; Does the preceptor ensure the quality of the implementation of monitoring activities of nursing learners' practice, especially regarding patient safety; Is monitoring of nursing learners' practice activities carried out by preceptors aligned with the aim of improving patient safety; Do preceptors communicate the results of patient safety monitoring to nursing students, especially regarding errors or omissions in carrying out patient safety principles so that they do not recur; Do preceptors provide an understanding of what risks may occur when nursing students are negligent in terms of patient safety; Do preceptors properly reprimand students who make mistakes that endanger patient safety.

Researchers used quantitative data in the form of observation checklist sheets. The data obtained were analyzed univariately using the help of SPSS version 26.0 computer software. This analysis was carried out by analyzing each variable from the research results to be able to explain the characteristics of each variable by producing a percentage or distribution of each variable in the form of tables and graphs. The univariate analysis used in this study was used to analyze each variable of monitoring patient safety carried out by preceptors and co- preceptors. In this study, preceptors and co- preceptors are nurses who are also nursing educators in hospitals.

RESULTS AND DISCUSSION

This study involved 30 preceptors and co-preceptors. Characteristics of research respondents in the observation data were seen based on age, gender, education level, and length of service.

Table 1. Characteristics of Perceptors and Co-Perceptors

Characteristics	Amount	Percentage (%)
Sex		
Male	11	36.7
Female	19	63.3
Age		
≤35	16	53.3
36-40	2	6.7
≥41	12	40
Education		
D3	4	13.3
S1	9	30
Ners	15	50
S2	2	6.7
Length of Service		
<10 years	11	36.7
10-20 years	10	33.3
>20 years	9	30

Source: Primary Data

In this study, researchers wanted to find whether there were differences in monitoring patient safety carried out by preceptors and co-preceptors based on groups of each respondent characteristic. The results of the normality test for each group of characteristics are abnormal, so researchers use non-parametric tests to determine differences between groups of characteristics.

Differences in Monitoring of Patient safety by Preceptors and Co-Preceptors between Gender Groups

Based on the Mann-whitney test, it is shown that the p-value is 0.283 or greater than 5% alpha (0.283>0.05). Thus, the test decision is H0 accepted and H1 rejected, which means that there is no difference in monitoring between male and female gender.

Table 2. Test of Differences in Monitoring Results Based on Gender

Mann Whitney U	Asymp. Sig. (2-tailed)
81	0.28

Source: Primary Data Processing Result

Differences in Monitoring of Patient safety by Preceptors and Co-Preceptors across Age Groups

Based on the Kruskall Wallis test, the p-value is 0.314 or greater than 5% alpha (0.314>0.05). Thus, the test decision is H0 accepted and H1 rejected, namely there is no difference in monitoring between age groups

Table 3. Test of Differences in Monitoring Results Based on Age

Kruskal-Wallis H	Asymp. Sig. (2-tailed)
2.318	0.314

Source: Primary Data Processing Results

Differences in Monitoring of Patient safety by Preceptors and Co-Preceptors Based on Last Education

Based on the Kruskall Wallis test, it is shown that the p-value is 0.448 or greater than 5% alpha (0.448>0.05). Thus, the test decision is H0 accepted and H1 rejected, namely that there is no difference in monitoring based on education.

Based on the research characteristics data above, it can be seen that the majority of respondents in this study are Ners graduates, followed by S1 graduates. The Ners education program itself is a nursing professional education program which is a continuation of the nursing undergraduate program (S1).

Table 4. Test of Differences in Monitoring Results Based on Education

Kruskal-Wallis H	Asymp. Sig. (2-tailed)
1.604	0.448

Source: Primary Data Processing Result

Differences in Monitoring Patient safety by Preceptors and Co-Preceptors Based on Length of Service

Based on the Kruskal Wallis test, it is shown that the p-value is 0.535 or greater than 5% alpha (0.535>0.05). Thus, the test decision is H0 accepted and H1 rejected, namely there is no difference in monitoring based on tenure.

Table 5. Differential Test of Monitoring Results Based on Length of Service

Kruskal-Wallis H	Asymp. Sig. (2-tailed)
1.251	0.535

Source: Primary Data Processing Results

Observation Checklist Results

The following are the results of perception monitoring for each indicator:

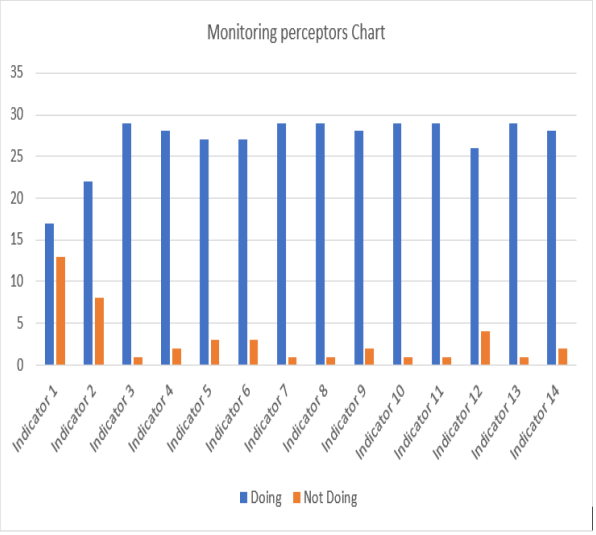

Figure 1. Monitoring perceptors for each indicator
Source: Primary Data

Differences in Monitoring of Patient safety by Preceptors and Co-Preceptors between Gender Groups

The results of this study are supported by previous research by Rivai and Mulyadi (2012), which states that there is no significant difference between male and female gender in work productivity, problem solving ability, analytical skills, competitive power, motivation, and learning ability between men and women. In this case monitoring is a form of productive work. In a study conducted by Soeprodjo et al., (2017) it was also concluded that there was no relationship between gender and nurse performance. The quality of one's performance is also not an individual characteristic, but rather a manifestation of one's talents and abilities (Priansa, 2014). Based on this, it can be concluded that gender does not affect the quality of work or responsibilities that are being carried out, in this case specifically regarding the duties of preceptors to monitor the practice of nursing students.

Differences in Monitoring of Patient safety by Preceptors and Co-Preceptors across Age Groups

In this study, the age of preceptors and co-preceptors who were respondents in this study were in the age range of 31-55 years with the highest number in the age category of less than 35 years. This age is included in the productive age grouping (20-59 years). A person with a productive age usually has a higher level of productivity compared to an elderly workforce (>60 years) so that their physical abilities become weak and limited (Aprilyanti, 2017). In this study, it was found that there was no difference in monitoring carried out by preceptors and co-preceptors with different age groups. This can be explained by the fact that although increasing age is usually expected to go hand in hand with personal maturity, monitoring can be carried out well at this productive age and refers to the existing monitoring SOP.

Differences in Monitoring of Patient safety by Preceptors and Co-Preceptors Based on Last Education

In this study, it was found that there was no difference in the average quality of monitoring carried out by preceptors and co-preceptors between different levels of last education. The results of this study have differences with research conducted by Farida (2020) which states that the level of education greatly affects a person's ability level. The higher a person's level of education, the easier it is for that person to accept, develop knowledge, and improve performance, especially in terms of patient safety. However, in a study conducted by Farida (2020) it was also found that the respondents in the study were dominated by D3 graduates (43 people) while only 2 Ners graduates. This is of course very different from this study where the respondents in this study were dominated by Ners graduates (17 people) while only 4 D3 graduates. The existence of a higher average education among the preceptors may also make the results of this study not show much difference. The preceptors and co-preceptors also have the same background knowledge regarding monitoring activities that need to be carried out through training activities that have been provided previously by the training department of PKU Muhammadiyah Gamping Hospital. These activities can reduce the knowledge gap between preceptors and co-preceptors in conducting monitoring activities. This is also supported by Notoatmodjo (2010) who states that a person's intellectual level can be one of the most important things in shaping a person's future actions. Notoatmodjo also argues that one of the factors that influence a person's knowledge is education. Education will certainly affect the learning process, the higher a person's education, the easier it is for that person to receive information, the more information that comes in, the more knowledge will be obtained about health (Notoatmodjo, 2010).

Differences in Monitoring Patient safety by Preceptors and Co-Preceptors Based on Length of Service

In the implementation of monitoring, there are factors that must be considered so that the implementation of monitoring can run well. These factors include the finance of monitoring activities, human resources, data and analysis of ongoing programs, and participation from various parties, including from beneficiary partners, in this case, for example, the hospital quality committee. In terms of human resources, there are things that need to be considered in its implementation, namely special time for monitors, in this study the preceptors and co-preceptors, and the skills of the monitors, in this study the preceptors and co-preceptors have received the same direction in carrying out their duties, including in monitoring activities (Japeri et al., 2016). From the theory above, it can be seen that length of service is not a benchmark for the quality of monitoring carried out by a person.

Gladwell and Yamani (2009) states that the time to be proficient and reliable in doing a job is 10,000 hours or 4.8 years of work. In this study, there was an almost equal distribution of groups based on length of service by respondents. All preceptors and co-

preceptors who became respondents had more than 5 years of service, this could be one of the factors that made the results in this study there was no difference in the average moni-toning carried out by preceptors, all the results of monitoring carried out by preceptors and co-preceptors had a high implementation score. The existence of the same regulations regarding how to monitor nursing students who are practicing at PKU Muhammadiyah Hospital could also be one of the reasons why these results appear.

Observation Checklist Results

Monitoring can be defined as an on going process in which stakeholders receive regular feedback on the progress made in achieving objectives. Without effective monitoring and evaluation, it is difficult to know whether the desired results are being achieved as planned and what corrective actions are needed thereafter to ensure the desired results are achieved. Monitoring and evaluation is always linked to the outcomes identified earlier in the activity plan. It is also driven by the need to account for the achievement of desired outcomes, as well as being an important management tool in supporting the commitment of workers, in this case preceptors, to an attitude of responsibility in achieving outcomes, the resources entrusted to them, and the learning involved (Menon et al., 2009).

Good work monitoring from superiors needs to be done with high commitment so that the organization can develop and organizational goals can be achieved (Lovihan et al., 2018). According to Rahman et al., (2018), supervision needs to be done in order to improve and maintain employee effectiveness. This is also confirmed by Mutakallim (2016) that supervision is important because good supervision will achieve the goals of the organization and the workers themselves. The leader (in this case the head nurse) needs to know whether all work / activities that have taken place are in accordance with the work procedures given by the leader in his work unit (Putra, 2020). Employees, in this case nursing students, are included in the main elements in supporting the success of an organization because they help drive hospital activities.

In general, the results obtained in observations to preceptors regarding the monitoring of patient safety they carry out for nursing students who are undergoing education at PKU Muhammadiyah Gamping Hospital are quite good. The majority of assessment indicators were implemented with a score of >90%, there were only three indicators that were not implemented by some preceptors. The first indicator is about the existence or absence of a systematic framework for monitoring, the second indicator is about developing and evaluating a monitoring plan, and the third indicator is communication about errors or omissions of nursing students in terms of patient safety made.

The indicator with the lowest monitoring score is the first indicator (57%) which is about whether preceptors have a systematic framework for monitoring the practice of nursing students which includes patient safety. There are several reasons why the number of preceptors performing the checklist is much lower than the other indicators. According to the previous survey, in monitoring the practice of nursing students, preceptors do not

create their own systematic framework. The directions for monitoring are set out in the preceptor guide, but not in the form of a systematic framework. Preceptors are also not required to create their own framework for monitoring learners who are studying in their unit. This leaves some preceptors without a systematic framework for monitoring the practice of nursing learners.

There are several reasons why preceptors should have a systematic framework for monitoring the practice of nursing students. According to Kistambar et al., (2008), with a systematic framework, preceptors can ensure that the practice of nursing students is carried out correctly and in accordance with established standards.

This can help improve the quality of learner practice, especially regarding patient safety. By having a systematic monitoring framework, preceptors will find it easier to ensure that all aspects of learner practice have been carried out and evaluated properly. Having a systematic framework can also help preceptors to have a more structured and easy-to-understand workflow. This can help improve the efficiency of preceptors' work in monitoring the practice of nursing students. The existence of a systematic framework regarding monitoring the practice of nursing students which is considered important and useful can be a suggestion for future monitoring activities so that the monitoring process can run more optimally and structured.

Indicator number two is the second indicator with the lowest monitoring score (73%). This indicator asks whether preceptors and co-preceptors develop and/or evaluate a monitoring plan for nursing students' practice, which includes patient safety, at regular intervals (e.g. per semester, per year). In this case, there are several reasons that may make some preceptors neglect to develop and/or evaluate the monitoring activities carried out. According to the previous survey, the process of monitoring activities carried out by preceptors at PKU Muhammadiyah Gamping Hospital has been regulated in the guidelines. The development of activities has been arranged by the training department which also considers the existing field evaluations. This results in a lack of independent development and evaluation of the monitoring plan by each preceptor and co-preceptor. This predetermined monitoring implementation can be a benchmark for the implementation of monitoring activities, but on the one hand this can also make the implementation of monitoring activities in the field inflexible.

There are several reasons why it is important to develop and evaluate a monitoring plan for nursing student practice. According to Riesmiyatiningdyah (2019), with the development and evaluation of nursing student monitoring plans, preceptors can ensure that the plans that have been made can be carried out properly in the future, can determine whether or not there is an increase in conformity between planning and implementation of monitoring activities carried out. Efforts to develop and evaluate the monitoring plan for nursing student practice are important because this way preceptors and co-preceptors can ensure that nursing students have met the criteria expected from educational institutions and clinical education carried out in hospitals. This can help improve preceptor accountability in assisting nursing students who are practicing in their units.

Another indicator that received a low monitoring score (87%) was whether the preceptor communicated the results of the patient safety monitoring that he had carried out to nursing students, especially regarding errors or omissions in carrying out patient safety principles so that this would not happen again. According to Ruminem (2021), there are several reasons why preceptors need to communicate errors or omissions of nursing students. In addition, open and honest communication about errors or omissions can also help build trust between preceptors and nursing students. Open communication about errors or omissions can also help prevent the recurrence of errors or omissions in the future.

The discussion section in a scientific article is a crucial element that addresses the interpretation, implications, and context of the research results. Firstly, the discussion begins by explaining the research findings and interpreting the existing results. It is important to demonstrate whether the hypothesis is proven or not and why the results are relevant in the context of the research. Next, a comparison with previous research is conducted to show how the current research results support, supplement, or even contradict findings from previous research. Differences in methodology or context that may influence the results should also be discussed.

The theoretical and practical implications of the research findings also need to be explained in the context of existing theories and practices within the field of study. Discussing how the findings can enrich understanding of the topic and how these results can be applied in practice is essential. Moreover, acknowledging limitations in the research, such as sample size, methods used, or unmeasured variables, is necessary. An explanation of how these limitations may affect the interpretation of results and the generalization of findings should be provided.

Suggestions for further research that can help address limitations in the study or answer unanswered questions also need to be included. This may involve using different methods, larger samples, or further research on relevant variables. Lastly, a summary of the main points discussed in the discussion section and a strong conclusion about the importance of research findings should be provided to close the discussion section. In this way, readers will gain a better understanding of the context and implications of the research that has been conducted.

CONCLUSION

The level of patient safety monitoring conducted by preceptors and co-preceptors was generally high, with most assessment indicators scoring above 90%. However, three areas showed lower scores: the existence of a systematic framework for monitoring activities (57%), development or evaluation of monitoring plans (73%), and communication of patient safety monitoring results related to errors or omissions (87%). No significant differences were found in monitoring practices based on age, gender, education level, or length of service of the preceptors and co-preceptors. Future research could explore strategies to strengthen the systematic framework and communication processes to further enhance the effectiveness of patient safety monitoring.

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