

The Relationship between Nurses' Knowledge of Patient Identification and the Implementation of Patient Safety Identification in Inpatient Rooms at Ibu Fatmawati Soekarno Regional General Hospital, Surakarta

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ABSTRACT

Patient identification is a key component of the six patient safety goals and patient safety is a part of hospital accreditation standards. This study aims to examine the relationship between nurses' knowledge of patient identification and the implementation of patient safety protocols in inpatient settings at Ibu Fatmawati Soekarno Regional General Hospital, Surakarta. The research utilizes a quantitative approach with a cross-sectional design. A total of 42 respondents were selected using total sampling, and data were gathered through questionnaires. The data analysis was performed using the Spearman's Rho test. The findings indicate that 95.2% of nurses had excellent knowledge, while 4.8% had good knowledge. Regarding the implementation of identification practices, 90.5% were rated as excellent and 9.5% as good. The Spearman's Rho test revealed a correlation coefficient of 0.000 with $p < 0.05$, indicating a strong positive relationship between nurses' knowledge and identification practices with a correlation degree of 0.689. This study concludes that the nurses at Ibu Fatmawati Soekarno Regional General Hospital demonstrate excellent knowledge and effectively implement patient identification according to established standards.

INTRODUCTION

Hospitals are places most vulnerable to patient safety incidents because hospitals are labour-intensive, morally-intensive, technology-intensive, and problem-intensive places with various procedures, professions, and standards. A *patient* safety incident is any unintentional event that can result in or has the potential to result in injury to a patient that could have been prevented (Murtiningtyas & Dhamanti, 2022).

Hospitals must implement patient safety targets (Murtiningtyas & Dhamanti, 2022) which are contained in the Regulation of the Minister of Health of the Republic of Indonesia (PERMENKES RI) No. 11 of 2017 chapter III article 5 paragraph 5. Patient safety has 6 patient safety targets (SKP) that must be achieved, namely: 1) Accurate patient identification; 2) Increased effective communication; 3) Increased safety of drugs that need to be alerted (*high alert*); 4) Reducing the risk of infection associated with health services, 5) reducing the risk of patient falls; and 6) certainty of the exact location, correct procedure and correct patient for the operation. This is influenced by several factors that can affect patient safety (Luthfi Fauzi Baihaqi & Etlidawati, 2020).

According to *the Institute of Medicine (IOM)*, patient safety is freedom from injury when implementing patient safety in hospitals, so that health services become much safer. (Sari et al., 2022) Guided by the 2017 National Hospital Accreditation Standards (SNARS), patient identification has a very important role in identifying patients who will later receive services and treatment so that errors do not occur. The identification process required in hospitals includes at least two of four types of identification, namely the patient's name, date of birth, medical record number, and patient's NIK. A form of patient identification that can be used in all services in hospitals such as inpatient care, outpatient care, emergency departments (IGD), operating rooms, and so on (SNARS Edition 1.1 2019). The simplest methods that can be used by nurses to identify patients are verbal identification and visual identification (Parmasih & Rosya, 2020).

Nurses' knowledge in the scope of patient safety is closely related or related to efforts to improve patient safety because if nurses' knowledge is lacking it can affect the implementation of *patient safety* in hospitals (Phonna et al., 2021).

Several factors that can influence nurses in implementing patient safety include : individual aspects (knowledge, educational background and skills), psychological aspects (personality, motivation, perception and attitude), organizational aspects of leadership and resource supervision. (Sari et.al., 2022) (E.S et al., 2020).

Based on data from *the World Health Organization (WHO)*, from year to year there are 134 million reports related to patient safety. and resulted in 2.6 million deaths in hospital patients (WHO, 2019). In 2020 in the United States there were 98,000 deaths caused by medical errors (*Institute of Medicine, 202*) (Aminayanti et al., 2021)). In 2019, patient safety reporting data in England reached 2,253,683 cases, and in 2020 there were 2,160,250 reported cases and in 2021 there were 2,306,227 reported cases (*National Health System* , 2021) (Yulia et al., 2023).

In Indonesia itself, out of a total of 2,877 hospitals consisting of public and private facilities, there are 334 hospitals that report patient safety incidents, with

a patient safety reporting rate of 12 % (Daud, 2020) (E.S et al., 2020). Obtained in 2019, there were 7,465 patient safety incident reporting data, and 4,367 *patient safety reporting cases* in 2020 (Ministry of Health of the Republic of Indonesia, 2020) (Yulia et al., 2023). Apart from that, according to Ikhlas & Pratama (2021), patient safety incidents in Central Java alone were 15.9% (M. et al., 2022).

Research by Risqiea *et.al.* (2020) stated that there were several cases of patient identification in the inpatient room at Dr. Asmier Salatiga, there were 2 cases of wrong naming in drug prescribing (S. et al., 2023). Then research according to Rofian (2019) also stated that there were several cases of patient identification of 12%, which consisted of 7 reports of patients not having bracelets on, 3 reports of errors in fitting bracelets due to the same patient names, and 2 reports of nurse errors in administering medication. (ITO, 2019).

Research by Setyani *et.al.* (2016) stated that the implementation of accurate identification of patients was implemented well, where the observation results were that 75.8% of identity bracelet users had used at least 2 (two) identities and 33 medical records (100%) (Murtiningtyas & Dhamanti, 2022). And research conducted by Panjaitan Ribkan (2023) also stated that based on the results of surveys and interviews with Quality Improvement and Patient Safety (PMKP) staff, it was stated that patient identification in inpatient installations was stated to be almost perfect. This proved that there were few errors or omissions in identification problems. patient (Fitria et al., 2023).

Based on the results of a preliminary study conducted on two heads of inpatient rooms at Ibu Fatmawati Soekarno Regional Hospital, Surakarta City, the results showed that the implementation of patient identification in the inpatient room was almost perfect because this was minimized by identifying patients by modifying the identification tag, and if they had the same name. it will be identified with other things such as the patient's address, bedroom number. Based on the results of preliminary studies and also standard operating procedures (SOP) related to the implementation of patient identification which includes patient identification when installing an identity bracelet, identification before taking blood specimens, patient identification before carrying out procedures, and identification before administering medication, researchers are interested in carrying out this research to prove whether there really is a relationship between nurses' knowledge of the implementation of patient identification in the inpatient room. Based on the background above, the problem formulation for this research is "Is there a relationship between nurses' knowledge about patient identification and the implementation of *patient safety identification* in the inpatient room at Ibu Fatmawati Soekarno Hospital, Surakarta City?". The aim of this research is to determine the relationship between nurses' knowledge about patient identification and the implementation of *patient safety identification* in the inpatient room at Ibu Fatmawati Soekarno Regional Hospital, Surakarta City.

LITERATURE REVIEW

Lawrence Green's theory

Knowledge is someone who doesn't in a way absolute influenced by education Because knowledge Also can influenced by experience period then , however level education join in determine easy or not somebody absorb And understand information received later become understood from analysis reason problem health , Green differentiates there are 2 determinants problem health , that is behavioral factors (factors behavior), and non- behavioral factors or non-behavioral factors. Next, Green analyzed that factor behavior Alone determined by 3 factors main that is:

1. Factors predisposition (*predisposing factors*), ie facilitating factors or presuppose happen behavior a person , including knowledge , attitudes , beliefs , beliefs , values , traditions , and so on
2. Factors enabler (*enabling factors*), is possible factors or who facilitates it behavior and action.
3. Factors Reinforcing factors are: encouraging factors or strengthen happen behavior.

Hypothesis

Hypothesis in study This formulate in statistical research, namely:

- 1) H0
No there is connection knowledge nurse about identification patient with implementation identification *patient safety* in the room take care stay House Sick General Mother Region Fatmawati Soekarno, Surakarta City.
- 2) H1
There is connection knowledge nurse about identification patient with implementation identification *patient safety* in the room take care stay House Sick General Mother Region Fatmawati Soekarno, Surakarta City.

From the framework theory on so researcher formulate framework draft as following:

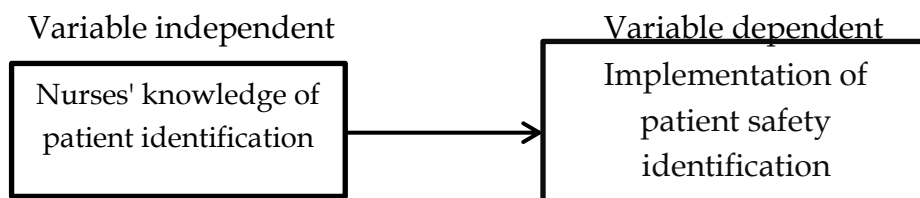


Figure 1 Framework Draft

METHODOLOGY

Provide This type of research uses quantitative research methods with a *cross sectional approach*. This research was conducted in the inpatient installation of Ibu Fatmawati Soekarno Regional Hospital, Surakarta City. This research was conducted for approximately 3 (three) months starting from March-May 2024. The population in the study was 42 respondents with a sampling technique

using *total sampling*. The data collection tool uses a questionnaire sheet. Data analysis in this research was carried out using the SPSS program where the research data that has been collected will be analysed using Univariate and Bivariate analysis and to determine the relationship between the data it will be analysed using the *Spearman Rho test*.

RESEARCH RESULT

Table 1 Frequency Distribution of General Research Data/Characteristics of Inpatient Installation Nurses at Ibu Fatmawati Soekarno Regional Hospital, Surakarta City, 2024

Respondent Characteristics	N	%
Gender		
Man	12	28.6
Woman	30	71.4
Nurse Age		
20-25 Years	0	0
26-35 Years	31	73.8
>35 Years	11	26.2
Nursing Education		
D3 Nursing	34	81
Bachelor's Degree in Nursing	4	9.5
S1 Nursing Profession	4	9.5
Nursing Work Period		
<1 Year	0	0
1-5 Years	18	42.9
6-10 Years	19	45.2
11-15 Years	5	11.9
>15 Years	0	0
Socialization Related to Identification in Patient Safety		
Once	42	100
Never	0	0

Source: Primary Research Data

Based on Table 1, it shows that almost all of the respondents' gender was female, namely 30 respondents (71.4%) and a small proportion of respondents were male, namely 12 respondents (28.6%). Characteristics of respondents based on 26-34 years were 31 respondents (73.8%) and aged over ≥ 35 were 11 respondents (26.2%). Characteristics of respondents based on their last education were 34 nurses (81%), DIII nursing as many as 4 nurses (9.5%), and 4 nurses as professional nurses (9.5%). Characteristics of respondents based on work period were 18 respondents (45.2%) 6-10 years, 18 respondents who worked for 1-5 years were nurses (42.9%), 5 respondents who worked over 11-15 years nurses (11.9%), and respondents who worked for < 1 year were 0 nurses (0%) and more than 15 years were 0 nurses (0%). Socialization related to patient

identification 9. It was found that all respondents had received socialization related to *patient safety*, namely 42 respondents (100%).

Table 2 Frequency Distribution of Knowledge of Inpatient Installation Nurses at Ibu Fatmawati Soekarno Regional Hospital, Surakarta City, 2024

Knowledge	N	%
Very good	40	95.2
Good	2	4.8
Pretty good	0	0
Not enough	0	0
Total	42	100

Source: Primary Research Data

Based on Table 2, it shows that almost all of the respondents had very good knowledge as many as 40 respondents (95.2%) and a small portion had good knowledge as many as 2 respondents (4.8%).

Table 3 Frequency Distribution of Implementation of Patient Identification in the Inpatient Installation of Ibu Fatmawati Soekarno Regional Hospital, Surakarta City in 2024

Implementation of patient identification	N	%
Very good	38	90.5
Good	4	9.5
Pretty good	0	0
Not enough	0	0
Total	42	100

Source: Primary Research Data

Based on table 3, it shows that almost all of the respondents carry out patient identification in very good *patient safety* as many as 38 respondents (90.5%) and a small percentage carry out patient identification in good *patient safety* as many as 4 respondents (9.5%).

Bivariate Analysis

Table 4 Cross Tabulation of the Relationship between Nurses' Knowledge and the Implementation of Patient Identification in Patient Safety in the Inpatient Installation of Ibu Fatmawati Soekarno Regional Hospital, Surakarta City in 2024

Nursing Knowledge	Implementation of patient identification in <i>Patient Safety</i>										Correlation Coefficient
	Very good		Good		Enough		Not enough		Total		
	F	%	F	%	F	%	F	%	N	%	

Very good	38	95.0	2	5.0	0	0	0	0	40	100	
Good	0	0	2	100	0	0	0	0	2	100	
Pretty good	0	0	0	0	0	0	0	0	0	0	0.689
Not enough	0	0	0	0	0	0	0	0	0	0	
Total	38	90.5	4	9.5	0	0	0	0	42	100	
<i>Spearman Statistical Test Value rho p=0.000 (p<0.5)</i>											

Source: Primary Research Data

Table 4 shows that the relationship between nurses' knowledge and the implementation of *patient safety* identification shows that almost all of the 42 respondents have very good knowledge and the implementation of *patient safety identification* is very good, as many as 38 respondents (95.0%), and a small number of respondents have 2 respondents (50%) had very good knowledge and good implementation of *patient safety identification*, and 2 respondents with good knowledge and good implementation of *patient safety identification* were 2 people (100%). With a correlation coefficient of 0.689

DISCUSSION

From Table 1, the results of the frequency distribution of nurses' characteristics are explained as follows: gender in English comes from the word *gender*. In *Webster's New Word*, *gender* means the visible differences between men and women in terms of values and behavior. According to Alfian in (Alhempi *et al.*, 2021), terminologically, *gender* can be interpreted as a cultural concept used to differentiate roles, behavior, mentality and emotional characteristics between men and women (Alhemipi *et al.*, 2021). The research results show that the majority of respondents were female (71.4%) and a small proportion of respondents were male (28.6%).

Characteristics of respondents based on age, most respondents were aged 26-35 years (73.8%). According to the Indonesian Ministry of Health (2009) the age of 21-25 years is the final period of adolescence, where a person experiences a transition period between adolescence and adulthood. The age of 26-35 years is early adulthood, where a person must develop independently to become an identity that will determine his future. Age >35 years is the final adulthood period, where a person experiences good and bad times in life and many problems arise and how a person solves these problems (Putri, 2019). Based on this description, respondents entered early adulthood, namely aged 26-35 years.

Characteristics of respondents based on education, most of them had D3 education (81%). Education is an indicator that reflects a person's ability to complete a job. With an educational background, a person is considered capable of occupying a certain position (Mar'ati *et al.*, 2022). This is in accordance with the regulations implemented by the Indonesian Ministry of Health in Ministry of Health No. 129 of 2008 regarding minimum hospital service standards states that nursing staff who are considered competent in providing services are nurses with a minimum education level of D3 Nursing.

Characteristics of respondents based on length of work, most of them have worked for 6-10 years (45.2%). Years of service can be said to be employee loyalty

to the company or agency. A sufficient span of work period is the same as someone who has extensive experience of both obstacles and successes, where time shapes a person's experience. Work period is the time a person has served while being an employee at a company agency. Years of service provide work experience, knowledge and work skills of an employee. Work experience makes a person have a skilled, precise, calm work attitude, able to analyze difficulties and be able to overcome them (Febriani & Siregar, 2020).

The results of research on the characteristics of respondents based on whether or not they had received socialization on patient safety showed that all respondents had received socialization related to *patient safety*, namely 42 respondents with a percentage of 100% of the total number of respondents. According to David (2020), in his research, socialization is a learning process that a person experiences to acquire knowledge, skills, values and norms in order to participate in their work environment (Jawa lusia rovina et al., 2019). This is in line with research conducted by (Fitri *et.al.*, 2021), stating that there is a positive and significant influence between socialization on employee service quality (Fitri et al., 2021).

Based on Table 2, the research results regarding nurses' knowledge showed that almost all of them had very good knowledge, 40 respondents (95.2%) and a small portion had good knowledge, 2 respondents (48.8%). Thus, this shows that 95.2% of nurses in the inpatient ward of Ibu Fatmawati Sekarno Regional Hospital, Surakarta City have excellent knowledge and understanding in carrying out patient identification.

The results are in line with research conducted by TA Tenri and Pratiwi, (2023) where the results showed that a good level of knowledge in nursing staff had a positive effect on the implementation of patient safety (T.A & Pratiwi, 2023). The results of another study conducted by Rofina (2019) stated that out of 64 respondents, the majority of nurses had a fairly good level of knowledge, 50 nurses with a fairly good level of detailed knowledge and fairly good discrimination practices in patient safety, even 47 people (94, 0%) have a very high level of knowledge. It is clear that good nursing knowledge will encourage the implementation of *patient safety* in hospitals and be implemented well too.

Knowledge according to Notoatmodjo (2018). Knowledge is a collection of results obtained from a person's senses. A nurse who has good knowledge of *patient safety protocols and procedures* will be better able to report conditions that have the potential to be dangerous for patients. Nurses who have good knowledge will be able to recognize changes that may be unnatural in patients, nurses will be able to quickly report changes that occur to the medical team or authorized parties for further action Jacobus *et.al*, 2022

Based on Table 3, the research results show that out of a total of 42 respondents, the implementation of patient identification was categorized as very good at 95.0% of the total number of respondents and in the good category at 9.5%, thus all nurses had carried out a series of patient identification which included installing an identity bracelet, before taking blood, before carrying out the action, and before administering the drug very well and well. These results are in line with previous research conducted by Rofina (2019) (ITO, 2019), in her

research conducted in the inpatient ward of SK Regional Hospital. Lerik Kupang compliance in carrying out patient identification reached 47 respondents with a percentage of 94.0%. This statement shows that nurses clearly pay attention to the application or implementation of *patient safety*, especially in identifying patients correctly.

The main factor in preventing errors in patient identification is compliance with SOPs and reporting if there are errors in patient identification (Raihan Alif & Wahyu, 2023). Similar research results were also carried out by Parmasih and Rosya (2020), stating that data collection used questionnaires and observation sheets on 112 respondents, the accuracy of patient identification carried out by nurses was in the very good category with patient identification accuracy of 91.7%, so it can be seen that the elements Patient identification has been carried out or implemented and has become an important concern for nurses in hospitals (Parmasih & Rosya, 2020).

Based on the theory, it explains that in nursing services to patients, nurses when carrying out many nursing actions create a very large risk of error, so that patient identification must be carried out before carrying out the action or patient identification is carried out starting when the patient is admitted to the hospital and will continue to be confirmed at before administering medication, administering blood products, before collecting blood or other specimens to support examinations and before carrying out procedures or treatment (PERMENKES RI Number 1691/MENKES/PER/VIII/2011 concerning Hospital Patient Safety', 2011) (Fitria et al., 2023). This is the same as research conducted in England, Thailand and India, which states that patient identification errors often occur in administering medication, collecting/labeling specimens and data entry errors (Vira Jannati et al., 2023).

Based on Table 4, it was found that the results of research conducted on 42 respondents showed that almost all of the nurses had very good knowledge, 40 respondents with a percentage of 100% of the total number of respondents with details of very good knowledge and very good implementation of patient identification, 38 respondents (95, 0%), very good knowledge and good implementation of *patient safety identification* as many as 2 respondents (5.0%). A small number of nurses had a good level of knowledge, 2 respondents with details of good knowledge level and good implementation, 2 respondents (100%). And based on Table 4, the results of the *Spearman rho* statistical test have significant values for the variables of nurse knowledge and implementation of identification in *patient safety*, a correlation of 0.000 with $p < 0.05$ ($0.000 < 0.05$), which means that H_0 is rejected and H_1 is accepted. So it can be concluded that there is a significant relationship between nurses' knowledge and the implementation of identification.

This is in line with research by Marianna (2019) which states that knowledge is the root of attitudes which then lead to individual actions (T.A & Pratiwi, 2023). This is also in line with Lombogia (2016) who concluded that there was a correlation between nurses' knowledge and the ability to implement patient safety ($p = 0.043$) (T.A & Pratiwi, 2023).

The relationship between knowledge and application of *patient safety* can also be seen in Yasir's (2019) research which obtained results that there was a relationship between knowledge and efforts to implement patient safety ($p = 0.036 < 0.05$). The results of Darliana's research (2016) stated that there was a significant relationship between knowledge and efforts to implement patient safety.

In line with Asri's (2017) research, theoretical knowledge is the most important asset for acquiring good skills and attitudes. Having a good level of knowledge allows a person to improve health behaviors and implement good patient safety standards. In Asri's (2017) research, a p value of 0.003 ($p < 0.05$) was obtained, which interpreted that there was a relationship between the knowledge of Balerejo Health Center health workers, Madiun Regency and the implementation of patient safety.

A sufficient level of knowledge among nursing staff has a positive effect on the implementation of identification in patient safety. Proper implementation is influenced by the nurse's knowledge or understanding of SOPs or workflows related to ensuring patient safety. Safe Care (Patient Safety Management) services have a very crucial role in achieving improved service quality.

Based on the direction of the relationship, a positive correlation coefficient of 0.689** is obtained so that the relationship between nurse knowledge and the implementation of patient identification in *patient safety* is in the same direction, so it can be concluded that the better the nurse's knowledge, the better the implementation of patient identification. carried out by nurses. According to Hunghe, to develop patient safety, good performance is needed from nurses, one of which is knowledge. Where if nurses have good knowledge they can improve the implementation of *patient safety* (Sari et al., 2022)

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of research regarding the relationship between nurses' knowledge about patient identification and the implementation of *patient safety identification* in the inpatient room at Ibu Fatmawati Soekarno Hospital, Surakarta City, it can be concluded as follows:

1. Nurses' knowledge of identification in patient safety in the Inpatient Ward of RSUD Ibu Fatmawati Soekarno, Surakarta City is almost entirely in the very good category.
2. The implementation of identification in patient safety in the Inpatient Ward of RSUD Ibu Fatmawati Soekarno, Surakarta City is almost entirely in the very good category.
3. There is a significant relationship between nurses' knowledge of identification in patient safety and its implementation in the Inpatient Ward of RSUD Ibu Fatmawati Soekarno, Surakarta City. The results of the study also showed that there was a strong relationship between nurses' knowledge and the implementation of patient identification in patient safety and had a positive relationship direction.

FURTHER STUDY

Based on the research results, there are several suggestions that can be recommended by researchers which can be taken into consideration by: The hospital is expected to be able to provide training and additional knowledge both from outreach and seminars or training regarding safety patient / *patient safety*, especially in continuous and scheduled patient identification for nurses so that the knowledge of nurses and the implementation of identification carried out by nurses who are already in the very good category continue to survive and do not decrease in quality and those who are still in the good category so that they can improve both knowledge and implementation in patient identification. Nurses are expected to be able to maintain and improve their knowledge and self-understanding regarding the implementation of patient identification in patient safety where nurses play an important role in providing both direct and indirect health actions or services to patients. Further researchers. The results of this study only show the knowledge domain of nurses in implementing patient identification. So it is hoped that future researchers will not only research knowledge and its implementation but also the influence of workload and nurse compliance in patient safety and can carry out research using other methods and can further develop this research so that more complex and better research will be produced than previous research.

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