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RELATIONSHIP BETWEEN NURSES' KNOWLEDGE ABOUT IDENTIFICATION IN PATIENT SAFETY AND THE ACCURACY OF PATIENT IDENTIFICATION IN THE INPATIENT WARD

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ABSTRACT

Accurate patient identification is a critical aspect of patient safety to prevent medical errors such as incorrect medication or treatment. This study aims to analyze the relationship between nurses' knowledge of patient identification and the accuracy of its implementation in the inpatient ward of Bangil Regional General Hospital. This quantitative cross-sectional study was conducted on 89 nurses at Bangil Regional General Hospital. Data were collected through a nurse knowledge questionnaire and observation of the accuracy of patient identification, then analyzed using the Chi-Square test. A total of 87.6% of nurses had fairly good knowledge about patient safety identification, while 11.2% had insufficient knowledge. Of the nurses with fairly good knowledge, 76.3% performed identification correctly and 2.7% incorrectly. Meanwhile, among nurses with insufficient knowledge, 0.3% performed identification accurately and 9.0% inaccurately. Statistical analysis showed a significant relationship between knowledge and the accuracy of patient identification (p-value = 0.032).

Based on the results of the study, it can be concluded that there is a relationship between nurses' knowledge of patient identification and the accuracy of patient identification at Bangil Regional General Hospital. The recommendation that can be given is that continuous training and system reinforcement are needed to ensure consistent implementation of patient safety standards.

Keywords: Patient Safety, Patient Identification, Nurse Knowledge

Introduction

Patient safety is one of the key elements in improving the quality of hospital services. One important aspect of patient safety is the process of correct patient identification. Inaccurate identification can lead to various medical errors such as inappropriate medication, medical procedures performed on the wrong patient, or even fatal procedural errors.

Nurses, as the healthcare professionals who most often provide direct care to patients, have a great responsibility to ensure that the identification process is carried out accurately. Nurses' knowledge of patient safety principles is an important factor in supporting the proper implementation of patient identification. Unfortunately, cases of patient identification errors are still common, caused by nurses' lack of understanding of standard patient safety procedures or inconsistent implementation of SOPs in the field.

If this continues to occur over a long period of time, it will have a negative impact on the hospital's image, but if handled properly, the hospital's image will be good due to the high quality of health services provided. Article 184 of Law No. 17 of 2023 concerning Health states that hospitals carry out individual health services in the form of basic health services, specialized, and/or subspecialized services. According to Article 176 of Law No. 17 of 2023, hospitals, as one of the health service facilities, are obligated to implement safety standards. Patient safety has become a global issue, with many reported patient claims regarding medical errors (Hidayat et al., 2024).

According to the World Health Organization (WHO) in 2004, which conducted hospital research in various countries, namely the United States, the United Kingdom, Denmark, and Australia, unexpected events (KTD) were found to range from 3.2% to 16.6%. This data triggered various countries to conduct research and develop patient safety systems (Mariani et al, 2021).

Similarly, a report on patient safety incidents in Indonesia by the Hospital Patient Safety Committee (KPPRS) stated that patient safety incidents reported in 2019 included near misses (KNC) at 38%, non-injury incidents (KTC) at 31%, and adverse events (KTD) at 31%. (Arjaty, 2020). Another risk factor that can lead to medical errors and medication errors is the duplication of medical records. Research at Dr. R. Soedarsono General Hospital in Pasuruan City showed that 31.1% of 148 patient medical records had duplicate medical record numbers, reflecting a weak patient identification system. This can lead to the mixing of patient data, such as laboratory results, allergy history, and diagnoses (Maulia, 2023).

Based on the results of the analysis of near-miss incidents (KNC) in inpatients at Cirebon Port Hospital, it was found that most respondents, namely 43 people (87.8%), did not experience near-miss incidents (KNC). This research result is higher than the results of a study by

Rahayu (2017), which showed that most respondents did not experience patient safety incidents (KTC, KTD, KNC, KPC) at a rate of 76.3%. The qualitative research results of Najihah (2018) also showed that patient safety culture is closely related to the reporting of patient safety incidents such as KNC, KPC, KTC, and KTD (Dwi Andhini et al., 2022).

The number of KNC in prescription services for internal medicine patients at the Outpatient Pharmacy Installation of Roemani Muhammadiyah Hospital in Semarang was 25 KNC (6.67%) out of 375 prescriptions, consisting of 15 KNC (4%) at the medication collection stage, 9 KNC (2.4%) during the prescription entry stage, and 1 KNC (0.27%) during the medication preparation stage. (Octasari et al., 2023)

Based on a preliminary study conducted on March 20, 2025, at Bangil Regional General Hospital, researchers interviewed 10 nurses in the inpatient ward. The researchers found that most nurses, or 8 out of 10 nurses, said that there were still limitations in nurses' knowledge about patient safety aspects because errors often occurred during the identification process, working under pressure caused nurses' concentration to drop, resulting in human error, and the lack of training provided by the hospital. This condition is mainly caused by the lack of training and monitoring related to safety procedures, especially in terms of patient identification.

According to Audrey et al. (2025), as patient safety incidents increase, the implementation of an optimal safety system becomes very influential, especially through accuracy in the patient identification process. Patient identification is one of the main targets in patient safety efforts. This procedure includes recording and completing patient identity data to prevent errors during the treatment process at the hospital and reduce the risk of injury to patients (Sabran & Deharja, 2021). The identification process begins when the patient first enters the hospital and must be carried out accurately. Patient identity must be verified using at least two elements, such as full name, medical record number, date of birth, national identification number, or an identification bracelet equipped with a barcode. However, patient room numbers are not permitted to be used as a means of identification (Indonesian Ministry of Health, 2017).

Similar to the 2018 National Hospital Accreditation Standards (SNARS) in Murtiningtyas & Dhamanti, 2022, which states that there are five important components in patient identification targets. First, hospitals must have regulations or policies governing the implementation of patient identification. Second, the identification process must use at least two types of patient identification, such as name and date of birth, and it is prohibited to use room numbers or treatment locations as identification. Third, identification must be carried out before medical actions, diagnostic procedures, or therapeutic procedures are given to patients. Fourth, identification must also be carried out before administering medication, blood transfusions and

their components, taking specimens, and providing food according to diet. Fifth, identification must be performed before procedures such as radiotherapy, administration of intravenous fluids, hemodialysis, blood or other specimen collection for laboratory testing, cardiac catheterization, diagnostic radiology procedures, and in patients who are unconscious or comatose (SNARS, 2018). According to Ummah (2019), errors in the patient identification process can have serious consequences, ranging from unpleasant experiences for patients, physical and psychological disorders, severe injuries, nausea, vomiting, to permanent disability (KKPRS, 2015). If the patient identification verification process is not carried out optimally before administering medication, blood transfusions, or other blood products, patient safety may be compromised.

The impact can be an increase in treatment costs and the possibility of errors in medication or transfusion administration, which can even lead to death (Audrey et al., 2025). In addition, identification errors are also one of the main causes of errors in blood transfusions. Based on data from the World Health Organization (2012), approximately 68% of transfusion errors are caused by identification failures, with 11 of these cases resulting in death. In addition, there are also 13% of errors in surgical procedures caused by incorrect patient identification.

To overcome the problem of patient identification errors that still frequently occur in inpatient wards, systematic and continuous efforts by hospitals are needed. One of the main solutions is to improve the competence of nurses through structured routine training on patient safety procedures, particularly proper identification.

The purpose of this study is to determine the results of the analysis of the relationship between nurses' knowledge of identification in patient safety and the accuracy of patient identification in the inpatient ward at Bangil Regional General Hospital.

(Research gap and research aims are written in the last paragraph)

Methods

This study used a quantitative method with a correlational approach and cross-sectional design. This study was conducted at Bangil Regional General Hospital. The population involved came from the nursing unit, consisting of 115 people, and a sample was drawn using purposive sampling techniques, resulting in 89 nurses. The independent variable in this study was nurses' knowledge of patient safety. Meanwhile, the dependent variable was the accuracy of patient identification.

Data collection was conducted using closed questionnaires and questionnaire sheets. The collected data will be analyzed using the chi-square test. Hypotheses were taken with a significance value of 95% with a significance value of $\alpha=0.05$ (5%) said to be related if the p-value was <0.05. The

research ethics applied in this article were informed consent, anonymity, confidentiality, and voluntary participation.

Results

Table 1 Respondent Characteristics

	Respondent Characteristics	Frequency	%
	Gender		
1.	Male	16	18
2.	Female	73	82
	Age		
1	20 – 25 Years Old	36	40.4
2	25 – 35 Years Old	37	41.6
3	> 35 Years Old	16	18
	Education		
1	DIII Nursing	51	57.3
2	S1 Nursing	38	42.7
	Length of Service		
1	<1 Years	17	19
2	1-5 Years	46	51.7
3	5-10 Years	12	13.5
4	11-15Years	8	9
5	>15 Years	6	6.7
	Participation in Patient Safety Training		
1	Ever	76	85
2	Never	13	14
	Total	89	100

Source: Primary Data 2025

Based on Table 1, it can be seen that of the 89 respondents, the majority or 76 respondents (86%) had undergone training. Meanwhile, 13 respondents (14%) had never undergone training.

Table 2 Nurses' Knowledge of Identification in Patient Safety.

	Nurse Knowledge	Frequency	%
1.	Good	14	15.7
2.	Fair	65	73
3	Poor	10	11.2
	Total	89	100

Source: Primary Data 2025

Based on Table 5.6 above, it is known that most respondents have a good level of knowledge, namely 14 people (15.7%). Furthermore, there are 65 respondents (73%) who have sufficient knowledge, and there are 10 respondents (11.2%) who have poor knowledge.

Table 3 Distribution of patient identification accuracy

patient identification accuracy		Frequency	%
1.	Accurate	86	96.6
2.	inaccurate	3	3.4
Total		89	100

Source: Primary Data 2025

From Table 5.7 above, it is known that the majority of respondents have identified patients correctly, namely 86 people (96.6%). Meanwhile, 3 respondents (3.4%) were in the incorrect category.

Table 4 Relationship between Nurses' Knowledge and Accuracy of Patient Identification at Bangil Regional General Hospital

		Accuracy of Patient Identification						
Knowledge		**Accurate**		**Inaccurate**		**Total**		**P-*Value***
Nurses' Knowledge of Patient Safety Identification		**n**	**%**	**n**	**%**	**n**	**%**	
	Fairly Good	78	76.3	1	2.7	79	100	0.032
	Inadequat	8	9.7	2	0.3	10	100	
	Total	86	96.6	3	3.4	89	100	

Source : Primary Data 2025

Based on Table 5.8, it can be seen that of the 89 respondents who had sufficient knowledge, 78 people (76.3%) identified patients correctly, and only 1 person (2.7%) identified them incorrectly. Conversely, of the 89 respondents who had insufficient knowledge, 8 (9.7%) performed accurate identification, while 2 (0.3%) performed inaccurate identification.

The statistical test shows a p-value = 0.002, which means that there is less than $\alpha = 0.05$, indicating that there is a significant relationship between variable X (nurses' knowledge about identification in patient safety) and variable Y (accuracy of patient identification).

Discussions

1. **Nurses' Knowledge of Identification in Patient Safety at Bangil Regional General Hospital, Pasuruan Regency, in 2025a. Acute Stress Responses:**

   Based on Table 5.6 above, it is known that most respondents, namely 78 respondents (76.3%), have knowledge in the category of fairly good. This finding shows that the majority of nurses understand the importance of patient identification as an effort to ensure patient safety in hospitals. However, there are still some nurses who need to improve their competence

through training and coaching so that patient identification can be carried out optimally and consistently in accordance with patient safety standard procedures.

In line with the research conducted by Pujianto et al. (2023), it is known that nurses' knowledge of identification in patient safety is mostly at a high level, with 54 respondents (76.1%). Then, 17 respondents (23.9%) have a moderate level of knowledge. In this study, no data on low levels of knowledge were found.

Nursing competencies, which include knowledge, skills, and professional attitudes, play an important role in ensuring patient safety, especially in the identification process to prevent medical errors. Understanding the procedure for identifying two valid forms of identification, such as name and date of birth, is crucial. Good technical and communication skills help nurses perform their duties thoroughly and ethically. A professional attitude supports decision-making that focuses on patient safety and compliance with nursing standards. The higher the competence of nurses, the lower the risk of identification errors, so regular patient safety training is essential to maintain service quality (Sya'roni et al., 2024).

Nurses' knowledge of identification in patient safety reviewed by gender according to Pujianto et al. (2023) shows that the most common respondent characteristic based on gender is female, with 37 respondents (52.1%), and male, with 34 respondents (47.9%). There is a very strong relationship between nurses' knowledge of identification in patient safety and gender. These results are in line with the researchers' findings that the majority of female respondents, numbering 73 (82%), were greater than male respondents, numbering 16 (18%).

Nurses' knowledge of identification in patient safety was reviewed by age according to Iksan et al. (2023), with a total of 58 respondents in this study. Based on age group, most respondents were in the 31–40 age range, namely 27 people (46.6%). Furthermore, there were 17 respondents (29.3%) aged between 41–45 years, and 14 respondents (24.1%) were in the 20–30 age range. These results are in line with the researchers' findings that of the 89 respondents, the majority were in the 20–25 and 25–35 age ranges, each with 38 respondents (42%). Meanwhile, there were 13 respondents (14%) aged above 35 years.

Nurses' knowledge of patient safety identification was reviewed based on their highest level of education. According to Paturusi et al. (2022), the respondents in this study consisted of two groups of equal size. A total of 15 people (50.0%) were D-III Nursing graduates, and 15 others (50.0%) were Bachelor of Nursing/Nursing graduates. This shows that the proportion of respondents based on educational level was evenly divided between vocational and professional education.

These results are in line with the researchers' findings that of the 89 respondents, the majority had a final education of DIII Nursing, namely 52 respondents or 58%, while respondents with a final education of S1 Nursing numbered 37 people or 41%.

Nurses' knowledge of patient safety identification was reviewed based on length of service according to Sureskiarti et al. (2023), which showed that 21 respondents (61%) had been working for 1–5 years. Furthermore, nurses with less than 1 year of work experience numbered 11 (23%), while those who had worked for 6–10 years numbered 5 (14.7%). This shows that the majority of nurses who had knowledge related to patient safety identification were in the group with 1–5 years of work experience.

These results are in line with the researchers' findings that of the 89 respondents, the majority had worked for 1-5 years, namely 47 people (52%). Furthermore, 17 respondents (19%) had worked for less than 1 year, and 13 respondents (14%) had worked for 6-10 years. Meanwhile, 7 respondents (7%) had worked for 11-15 years, and the remaining 5 respondents (6%) had worked for more than 15 years.

According to Bawelle et al. (2020), the majority of respondents, namely 58.5%, had never participated in training related to patient safety, while the other 41.5% stated that they had participated in such training. At Liun Kendage Hospital itself, training on patient safety had never been held. However, some nurses who have participated in such training obtained it outside the Sangihe Islands region, with most attending training in Manado City.

These results are in line with the researchers' findings that of the 89 respondents, the majority, or 76 respondents (86%), had participated in training. Meanwhile, 13 respondents (14%) had never participated in training.

Researchers argue that good knowledge will have a direct impact on the accuracy of patient identification, thereby preventing medical errors from the outset of service. A thorough understanding of identification procedures, such as the use of two valid forms of identification (full name and date of birth), should be standard practice in nursing. Researchers also assess that although most nurses already have a fairly good understanding, reinforcement is still needed through continuing education, supervision, and consistent and disciplined work culture habits in the implementation of patient identification. Thus, this increase in knowledge will be one of the important keys in supporting the quality and safety of hospital services.

2. Accuracy of Patient Identification at Bangil Regional General Hospital, Pasuruan Regency, in 2025Teachers as support system

Accurate patient identification is very important in ensuring patient safety during treatment at health care facilities. Table 5.7 above shows that the majority of respondents did not identify patients accurately (9.7%).

According to Kim, Yoo, & Seo (2018) in Solehudin et al., (2023), accurate patient identification is very important to prevent errors in medication and medical procedures. It is also mentioned that errors in the patient identification process can be minimized by modifying identification tags, such as including the patient's name and room or bed number.

Errors in the patient identification process can result in inappropriate medical treatment. This inaccuracy in identification risks causing injury to patients, such as errors or delays in establishing a diagnosis, failure to provide appropriate intervention, and errors in administering medication, whether in terms of type, dosage, or method of administration (Shabrina & Sutarno, 2022).

This study is supported by previous research showing that the highest percentage was in the good category at 71.4% (25 respondents), and the lowest was in the sufficient category at 28.6% (10 respondents) (Mualimah et al., 2021).

The accuracy of patient identification was reviewed by gender according to Paturusi et al. (2022), which showed that the most common respondent characteristic based on gender was female, with 18 respondents (60.0%), followed by male, with 13 respondents (40.0%).

These results are in line with the researchers' findings that the majority of respondents were female, with 73 respondents (82%) compared to 16 male respondents (18%).

The accuracy of patient identification was reviewed by age according to Marianna et al. (2024), which obtained age data showing that the majority of respondents were in the 21–36 age range, numbering 73 people (94.8%), while the rest were aged 37–52, numbering 4 people (5.2%). This indicates that most nurses in this study were of productive age and relatively young.

These results are in line with researchers who found that of the 89 respondents, the majority were in the 20-25 and 25-35 age ranges, with 38 respondents (42%) in each range. Meanwhile, there were 13 respondents (14%) over the age of 35. Crossstep with accuracy.

The accuracy of patient identification was reviewed based on the highest level of education according to Audrey et al. (2025). Based on the level of education, the majority of respondents were D-III Nursing graduates, totaling 50 people (52.6%), while the rest were Ners graduates, totaling 45 people (47.4%). This indicates that most nurses in this study have a vocational educational background.

These results are in line with the researchers' findings that of the 89 respondents, the majority had a final education of DIII Nursing, totaling 52 respondents or (58%), while respondents with a final education of S1 Nursing numbered 37 people or (41%).

The accuracy of patient identification was reviewed based on length of service according to Rivani et al. (2022), which found that most respondents had 11–15 years of work experience, namely 13 people (32.5%). Furthermore, 12 respondents (30.0%) had 5–10 years of work experience, 7 respondents (17.5%) had 1–5 years of experience, 6 respondents (15.0%) had less than 1 year of work experience, and the remaining 2 respondents (5.0%) had worked for more than 15 years. These data show that the majority of respondents had considerable work experience, namely more than 10 years.

These results are in line with the researchers' findings that of the 89 respondents, the majority had worked for 1–5 years, namely 47 people (52%). Furthermore, 17 respondents (19%) had worked for less than 1 year, and 13 respondents (14%) had worked for 5-10 years. Meanwhile, 7 respondents (7%) had worked for 11-15 years, and the remaining 5 respondents (6%) had worked for more than 15 years.

The accuracy of patient identification was reviewed based on the training that had been attended. According to Agustina (2024), the distribution based on training showed that in several rooms, some respondents had attended training, while others had not. Room B had the highest number of respondents who had attended training (9 people), while Room F had none. All respondents in the NICU and D rooms had attended training. These results are in line with the researcher's findings that of the 89 respondents, the majority or 76 respondents (86%) had undergone training. Meanwhile, 13 respondents (14%) had never undergone training.

Overall, the data from Bangil Regional General Hospital shows that the performance of nurses, especially in terms of patient identification, is already very good. However, in order to maintain and improve these results, a structured strategy is needed: clinical coaching, periodic supervision, and balanced workload management. All of this is reinforced by evidence from several scientific studies showing that institutional support greatly influences the overall performance of nurses. Thus, it can be concluded that the performance of nurses at Bangil Regional General Hospital in terms of patient identification accuracy is excellent, but its sustainability depends on improving competence, institutional support, and a continuous mentoring system. These efforts will encourage broader improvements in the quality of nursing care and patient safety.

3. The Relationship Between Nurses' Knowledge of Identification in Patient Safety and the Accuracy of Patient Identification at Bangil Regional General Hospital, Pasuruan Regency, in 2025

Knowledge was quite good, with 78 people (76.3%) identifying patients correctly, and only 1 person (2.7%) identifying patients incorrectly. Conversely, of the 89 respondents who had insufficient knowledge, 8 people (9.7%) performed accurate identification, while 2 people (0.3%) performed inaccurate identification. Statistical tests showed a p-value of 0.002, which means that $\alpha = 0.05$ is smaller, indicating that there is a significant relationship between variable x and variable y.

In this study, in line with the research by Rejeki et al. (2024), the results of the Spearman Rho statistical test obtained a significance value of 0.003 with $p < 0.05$ ($0.003 < 0.05$), indicating that there is a significant relationship between nurses' knowledge and the implementation of patient identification in patient safety efforts. Thus, it can be concluded that nurses' knowledge has a significant effect on the implementation of proper identification.

This study is in line with the research by Baihaqi & Etlidawati (2020), which obtained statistical test results using Chi Square showing a p-value of 0.002, which is quite strong. Because the p-value < 0.05, Ha is accepted and Ho is rejected. This means that there is a significant relationship between nurses' knowledge and the implementation of patient safety. Another study conducted by Rivani et al. (2022) obtained results from two statistical tests using the Chi-Square correlation test with a significance of $p = 0.003$ to $0.002. < \alpha = 0.05$, so Ho is rejected and Ha is accepted. Thus, it can be concluded that there is a relationship between nurses' knowledge and the implementation of patient identification in the Emergency Room at Hospital X in Jakarta.

The researchers believe that nurses' knowledge of identification in patient safety is the main foundation in ensuring the accuracy of the patient identification process. The results of this study reinforce the view that knowledge is not just theoretical information, but an important prerequisite in building accurate and responsible nursing performance. The accuracy of patient identification depends on the extent to which nurses understand and apply the correct procedures in accordance with safety standards. Therefore, the researchers recommend that Bangil Regional General Hospital actively develop educational strategies such as simulation-based training, practical workshops, and ongoing routine evaluations. This approach is believed to be capable of significantly improving nurses' knowledge and skills. Thus, strengthening knowledge through effective methods will directly contribute to improving the overall quality of service and patient safety.

Conclusion

Based on this study, it can be concluded that nurses' knowledge of identification in patient safety at Bangil Regional General Hospital is in the fairly good category, with a percentage of 76.3% (78 respondents). The accuracy rate of patient identification at Bangil Regional General Hospital is in the accurate category, with a percentage of 9.7% (8 respondents). The bivariate test results show that there is a significant relationship between nurses' knowledge of patient identification and the accuracy of patient identification at Bangil Regional General Hospital.

The researchers hope that Bangil Regional General Hospital can improve routine training for nurses regarding patient identification procedures. In addition, periodic monitoring and evaluation are needed to prevent identification errors and improve service quality. The next suggestion is that this study can be useful as learning material and academic reference, especially for patient safety and hospital management material. For future researchers, it is recommended to add other related variables, such as SOP compliance, workload, or safety culture.

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