



## Relationship on Leadership Support with Nurser Compliance Identifying Patients in the Implementation of Patient Safety in Datu Beru Central Aceh Regional General Hospital

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### Abstract

The patient safety mission at the hospital is to prevent patient safety incidents from occurring, the number of incidents is said to be like an iceberg phenomenon. The incidence rate in Indonesia based on data from the Joint Commission International (2012) shows that as many as 13% due to surgical errors and 68% due to blood transfusion errors. This study aims to analyze the relationship between leadership support and compliance with nurses in identifying patients in the implementation of patient safety in the Datu Beru Aceh Hospital. Tengah. The research design used a quantitative analytic survey with a cross-sectional design. The population of all nurses working in the Women's Internal Medicine Room at Datu Beru Hospital, Central Aceh was 34 people. The sampling technique used total sampling. Data analysis was carried out by univariate, bivariate and multivariate with chi\_square. The results of the research variable Leadership Support with Nurse Adherence obtained  $p$ -value = 0,000, meaning that there is a relationship between leadership support and nurse compliance to identify patients in the application of patient safety. Multivariate analysis of leadership support variables obtained sig value of  $0.000 < p = 0.05$ , which means that there is a significant influence of the leadership support variable on nurse compliance. There is a relationship between leadership support and the compliance of nurses to identify patients in the application of patient safety and there is a significant effect.

### Introduction

Nurses are "The Caring Profession" who have an important position in producing quality health services in hospitals because the unique service is carried out for 24 hours and continuously is a distinct advantage compared to other types of services. Therefore, the hospital must have well-performing nurses who will support the hospital's performance so that customer or patient satisfaction can be achieved (Triyaningsih, 2014). Patient safety is the most important global issue today where there are now many reports of patient demands for medical errors that occur in patients (Pagala et al., 2017).

Joint Commission International in the results of its research conducted in the United States found that there were errors in identifying patients reaching 13% of surgical cases and 67% of patient identification errors in giving blood transfusions, of 67% of blood transfusion errors, 11 of them 2 died. (Meeting the international patient safety, 2010) Report of hospital patient

safety incidents in Indonesia in 2015 reported 278 unexpected incidents (KTD), 153 near-injury cases (KNC) and 194 non-injury incidents (KTC). Based on the result of the incident, it was found that 390 cases were not injured, 112 cases were lightly injured, 97 cases were moderate injury, 7 cases were seriously injured, and 19 cases resulted in death. Based on the national map report, the incidence of patient safety errors in drug administration was ranked first (24.8%) of the top 10 reported incidents (Swastikarini et al., 2019).

The Association of Indonesian Hospitals (PERSI) has formed a Hospital Patient Safety Committee (KKP-RS) on June 1, 2005. Furthermore, the Hospital Patient Safety Movement was then announced by the Minister of Health at the PERSI National Seminar on August 21, 2005, at the Jakarta Convention Center. Following up on this, the World Health Organization (WHO) Collaborating Center for Patient Safety together with the Ministry of Health officially published nine hospital Life-Saving solutions and used them as an instrument for accrediting hospital safety. Hospital accreditation instrument becomes 17 services because it is added with patient safety standards. A guide that is useful and assists the hospital in implementing standard patient safety guidelines, namely nine hospital patient safety solutions which include: pay attention to drug names, looks and sayings that are similar, ensure patient identity, communicate correctly when handing over patients, ensure correct action on the side correct body, control concentrated electrolyte fluids, ensure accuracy of drug administration at service transfers, avoid wrong catheters and misconnections of tubes, use single-use injection tools and improve hand hygiene for the prevention of nosocomial infections. Nursing care for patients will be achieved if nurses are obedient and obedient in implementing patient safety guidelines (Nurrahmani et al., 2019).

The target of patient safety in accordance with the Minister of Health Regulation is the accuracy of patient identification, increased effective communication, increased safety of drugs that need to be watched out for, certainty in the right location, the right procedure, the right operation for patients, reducing the risk of infection related to health services and reducing the risk of falling patients. Patient identification often occurs errors and mistakes in almost all aspects or stages of diagnosis and treatment so that it requires the accuracy of patient identification. Concern for correct patient identification has been proven in the National Patient Safety Goals, patient identification is the first patient safety goal (6). The patient safety mission at the hospital to prevent patient safety incidents from occurring. The number of patient safety incidents is said to be an iceberg phenomenon, the incidence rate is only a fraction of the actual incidence rate. Approximately 850,000 adverse events are estimated to occur in hospitals in the UK each year and many are due to misidentification of patients, at a cost of one billion pounds sterling per year, in addition to an Australian study estimating that adverse events occur in 8% of patients treated. hospitalized and incurred a loss of 4.7 billion Australian dollars (White, 2012).

The concept of identifying a patient correctly in a patient is done by adjusting the service or treatment with the patient. There are two methods needed to identify a patient, such as name, identification number, date of birth, barcoded bracelet or something else. What is not used in this case is the patient's room number or location. This identification is used by two identities at different locations in the hospital such as inpatient, outpatient and emergency room or operating room (Lestari & Aini, 2015).

The same study conducted in the United States also shows that the number of medication errors in the world varies. Non-compliance with the implementation of identification in the United States which resulted in misidentification was recorded in more than 100 cases after root cause analyzes were carried out from January 2000 to March 2003 (Joint Commission International, 2017). The incidence rate in Indonesia based on data from the Joint Commission International (2012) shows that as many as 13% are due to surgical errors and 68% due to blood transfusion

errors. This happened because of an error in the patient identification stage (Kusumapraja, 2012). The Joint Commission on Accreditation Of Health Care Organizations (JCAHO) creates a new standard in patient safety, that leadership is an important part of changing patient safety culture, which involves leadership from hospital management in implementing patient safety. The aspect that most plays an important role in building a patient safety climate is leadership (Suwignjo, 2018).

In improving patient safety, leadership helps staff formulate unit annual goals for the needs of the system, provides information about patient safety programs to advance services, leaders also focus on solving problems and delegating to specific units to improve unit work activity plans (Sinurat & Lusya, 2018).

## Methods

This type of research is quantitative with a cross-sectional approach because researchers want to measure variables at the same time and to study the dynamics of the correlation between risk factors and effects, by approaching, observing or collecting data at once (Point time approach). This research was conducted at the Regional General Hospital (RSUD) Datu Beru Takengon Aceh Tengah, which is located on Jl. Qurata Aini No.153 District: Keb Kebayaan, Regency: Central Aceh. This research was conducted from January to August 2020. The population in this study were all nurses in the women's internal medicine ward at Datu Beru Takengon Hospital, namely 34 people. The sampling technique was carried out using total sampling, namely the entire population was sampled as many as 34 people.

## Results and Discussion

The sample characteristics taken in this study include the age and education of nurses. The independent variable includes nurse compliance. Univariate analysis was carried out to see the frequency distribution of nurse characteristics and the frequency distribution of the independent variable (nurse compliance) and the dependent variable (leadership support) in the female internal medicine ward at Datu Beru Takengon Hospital.

Table 1. Distribution based on Age Characteristics of Respondents

No.	Respondent Age	f	Percentage
1	20- 30 Years	16	47
2	31 - 40 Years	7	21
3	> 40 Years	11	32
Total		34	100

Based on the results of the study, it can be seen that there were 16 respondents aged 20-30 years (47%), 7 people aged 31-40 years (21%) and 11 respondents aged > 40 years (32%).

Table 2. Characteristics of Respondents Based on Education in the Women's Internal Medicine Room at the Datu Beru Hospital, Central Aceh

No.	Education	f	Percentage
1	Bachelor Degree	14	41
2	Diploma	20	59
Total		34	100

Based on the results of the study, it can be seen that 14 respondents (41%) had an undergraduate education while 20 people (59%) had a D-III education.

Table 3. Characteristics of Respondents Based on Gender in the Women's Internal Medicine Room at Datu Beru Regional Hospital, Central Aceh

No.	Sex	f	Percentage
1	Male	14	41
2	Female	20	59
<b>Total</b>		<b>34</b>	<b>100</b>

Based on the results of the research, it can be seen that 14 male respondents (41%) and 20 female respondents (59%)

Table 4. Characteristics of Respondents Based on Work Status in the Women's Internal Medicine Room at Datu Beru Regional Hospital, Central Aceh

No.	Position	f	Percentage
1	Civil Servant	20	59
2	Honorary	12	35
3	Internship	2	6
<b>Total</b>		<b>34</b>	<b>100</b>

Based on the results of the research, it can be seen that respondents with civil servant work status were 20 people (59%), Honor was 12 people (35%) and interns were 2 people (6%).

### Univariate Analysis

Table 5. Frequency Distribution of Respondents Based on Leadership Support Categories from Emotional Aspects in Women's Internal Medicine Room at Datu Beru Hospital, Central Aceh

No	Leadership Support From Emotional Aspect	f	Percentage
1	Not Supporting	16	47,1
2	Supporting	18	52,9
<b>Total</b>		<b>34</b>	<b>100</b>

The results of research conducted on 34 respondents based on leadership support variables can be seen that the majority of respondents are in the unsupportive category, namely 16 people (47.1%), respondents in the supporting category are 18 people (52.9%).

Table 6. Frequency Distribution of Respondents Based on the Category of Leadership Support from the Aspects of Appreciation in the Women's Internal Medicine Room, Datu Beru Hospital, Central Aceh

No	Leadership Support From the Aspect of Award	f	Percentage
1	Not Supporting	13	38,2
2	Supporting	21	61,8
<b>Total</b>		<b>34</b>	<b>100</b>

The results of research were conducted on 34 respondents based on the leadership support variable from the aspect of appreciation can be seen that the majority of respondents are in the supportive category, namely 21 people (61.8%), respondents in the unsupportive category are 13 people (38.2%).

Table 7. Frequency Distribution of Respondents Based on the Category of Nurse Compliance in the Internal Medicine Room at the Datu Beru Hospital, Central Aceh

No	Leadership Support From Instrumental Aspects	f	Percentage
1	Not Supporting	11	32,4
2	Supporting	23	67,6
<b>Total</b>		<b>34</b>	<b>100</b>

The results of research conducted on 34 respondents based on the leadership support variable from the instrumental aspect, it can be seen that the majority of respondents are in the supportive category, namely 23 people (67.6%), respondents in the unsupportive category are 11 people (32.4%).

Table 8. Frequency Distribution of Respondents by Category of leadership support based on the Informative aspect of the Women's Internal Medicine Room at the Datu Beru Hospital, Central Aceh

No	Leadership Support From Informative Aspect	f	Percentage
1	Not Supporting	17	50
2	Supporting	17	50
<b>Total</b>		<b>34</b>	<b>100</b>

The results of research conducted on 34 respondents based on the leadership support variable from the informative aspect, it can be seen that the majority of respondents are in the same category, namely supporting 17 people (50%), respondents in the unsupportive category are 17 people (50%).

Table 9. Frequency Distribution of Respondents by Category of Nurse Compliance in the Internal Medicine Room at the Datu Beru Hospital, Central Aceh

No	Nurse Compliance	f	Percentage
1	Not obey	21	61.8
2	Obey	13	38,2
<b>Total</b>		<b>34</b>	<b>100</b>

The results of research conducted on 34 respondents based on nurse compliance variables can be seen that the majority of respondents are in the non-obedient category, namely 21 people (61.8%) and respondents in the obedient category are 13 people (38.2%).

### Bivariate Analysis

Table 10. The Relationship between Leadership Support and Emotional Aspects with Nurse Compliance in the Women's Internal Medicine Room, Datu Beru Hospital, Central Aceh

The emotional aspect of leadership support	Nurse Compliance Identifying Patients in the Application of Patient Safety				Amount		P-value
	Not Obey		Obey		f	%	
	f	%	f	%			
Not Supporting	16	100	0	0	16	100	0,000
Supporting	5	27,7	13	72,2	18	100	
Total	21	61,7	13	38,2	34		

Based on the results of the Chi-Square statistical test analysis, the p-value = 0.000 <  $\alpha$  0.05, which means that there is a relationship between leadership support from the emotional aspect

and the compliance of nurses in identifying patients in the application of patient safety. The results show that the working hypothesis ( $H_a$ ) is accepted. This proves that there is a relationship between leadership support from the emotional aspect and the compliance of nurses to identify patients in the application of patient safety.

Table 11. Relationship of leadership support with aspects of respect for nurse compliance in the implementation of safety in the internal medicine ward for women at Datu Beru Hospital, Aceh Tengah

Leadership support with a reward aspect	Nurse Compliance Identifying Patients in the Application of Patient Safety				Amount		P-value
	Not Obey		Obey		f	%	
	f	%	f	%			
Not Supporting	13	100	0	0	13	100	0,000
Supporting	8	38,0	13	61,9	21	100	
Total	21	61,7	13	38,2	34	100	

Based on the results of the Chi-Square statistical test analysis, it was obtained that the p-value =  $0.000 < \alpha 0.05$ , which means that there is a relationship between leadership support in the aspect of appreciation and nurse compliance in identifying patients in the application of patient safety. The results of the study indicate that the working hypothesis ( $H_a$ ) is accepted. This proves that there is a relationship between reward aspect leadership support and nurse compliance in identifying patients in implementing patient safety.

Table 11. Relationship of leadership support with aspects of respect for nurse compliance in the implementation of safety in the internal medicine ward for women at Datu Beru Hospital, Aceh Tengah

The instrumental aspect of leadership support	Nurse Compliance Identifying Patients in the Application of Patient Safety				Amount		P-value
	Not Obey		Obey		f	%	
	f	%	f	%			
Not Supporting	9	81,8	2	18,1	11	100	0,097
Supporting	12	52,1	11	47,8	23	100	
Total	21	61,7	13	38,2	34	100	

Based on the results of the Chi-Square statistical test analysis, the p-value =  $0.097 < \alpha 0.05$ , which means that there is no relationship between leadership support in the instrumental aspects of nurse compliance in identifying patients in the application of patient safety. The results showed that the working hypothesis ( $H_0$ ) was accepted. This proved that there was no relationship between the instrumental aspect of leadership support and the compliance of nurses in identifying patients in the application of patient safety.

Table 12. The relationship between leadership support and informative aspects of nurse compliance in the implementation of safety in the internal medicine ward for women at Datu Beru Hospital, Central Aceh

Informative leadership support	Nurse Compliance Identifying Patients in the Application of Patient Safety		Amount	P-value
	Not Obey	Obey		

	f	%	f	%	f	%	0,000
Not Supporting	17	100	0	0	17	100	
Supporting	4	23,5	13	76,5	17	100	
Total	21	61,7	13	76,5	34	100	

Based on the results of the Chi-Square statistical test analysis, the  $p\text{-value} = 0.000 < \alpha 0.05$ , which means that there is a relationship between the informative aspect of leadership support and the compliance of nurses in identifying patients in the application of patient safety. The results of the study indicate that the working hypothesis ( $H_a$ ) is accepted. This proves that there is a relationship between informative aspect leadership support and nurse compliance to identify patients in the application of patient safety.

The characteristics in this study include age, nurse education, gender, and employment status. Based on the research, it was found that the majority of respondents were aged 20-30 years old as many as 16 people (47%), the majority of respondents' education was in the D-III category as many as 20 people (59%), the majority of respondents' gender was in the female category as many as 20 people (59%), and the majority of respondents' job status is Civil Servants (PNS) as many as 20 people (59%). Age is identical to the process of physical and mental maturity, as well as individual thinking patterns in making decisions. Gender is the gender that differentiates men and women. Gender is stated that in solving one's problems, it is not differentiated by gender and there is no difference in productivity. A person's education affects a person at work, including in compliance with identifying patient safety, as it is revealed that the higher a person's education, the easier it is to receive and digest new information from outside. Besides that, a more open mind is also often encountered by people who have higher education. The education in this study is still a lot of D-III graduates, but in identifying patient safety all nurses do not see education. Job-status is the position they get, in this study, there are many respondents with civil servant positions so that experience in identifying patients should be more skilled Barda et al., (2017) From the variables in this study, namely leadership support for nurse compliance, we can see that the support variable leadership greatly affects the performance of nurses, if the leader does not support the development of nurses, it will have an impact on skills that are lacking, while these skills can be obtained from training for health workers, especially training on patient safety. Meanwhile, the variable of non-compliance really affects the service, where if the nurse is not obedient to the leader it will have an impact on patient safety, especially in terms of identifying the impact unexpected things will happen to the patient.

Based on the results of research on the relationship between leadership support and compliance with nurses in the internal medicine ward for women at Datu Beru Takengon Hospital, it shows that of the 20 respondents with the category of leadership support that did not support the majority of nurses' compliance was in the non-obedient category of 20 people (100%) and from 14 respondents with the leadership support category that supported the majority of nurses' compliance were in the obedient category as many as 13 people (92.2%). Based on the results of the Chi-Square statistical test analysis, the  $p\text{-value} = 0.000 < \alpha 0.05$ , which means that there is a relationship between leadership support and nurse compliance. The results of the study show that the working hypothesis ( $H_a$ ) is accepted, this proves that there is a relationship between leadership support and nurse compliance. This is in accordance with the theory of leadership support and nurse compliance according to Rivai (2009) Leadership as a power to mobilize and influence people. Leadership as a tool, means or process to persuade people to be willing to do something voluntarily or joyfully. A nurse is a health worker who has a duty and responsibility to provide health services, so that during the health service process, nursing goals can be achieved effectively and efficiently. So that the role of the leader is needed to conduct

performance appraisal as a formal process carried out to evaluate the level of work implementation of a personnel including nurses and to provide feedback for the suitability of work levels. The condition of subordinates is an important factor in situational leadership because subordinates are a group which in fact can determine the personal strengths of the leader (Lestari & Rosyidah, 2010).

Individualized Consideration means the character of a leader who is able to understand the individual differences of his subordinates. In this case, transformational leaders are willing and able to listen to aspirations, educate, and train subordinates. In addition, a transformational leader is able to see the potential for achievement and the developing needs of his subordinates and facilitate them. In other words, leaders are able to understand and respect subordinates based on the needs of their subordinates and pay attention to their desires for achievement and development (Alligood, 2014).

Based on the results of the study, there is a relationship between leadership support and nurse compliance. From the results of this study, the compliance of nurses in implementing patient safety in the hospital was predominantly in the non-compliant category. The large number of nurses who do not comply with patient safety guidelines is of course based on several reasons, where there is still a lack of socialization carried out to nurses regarding patient safety, then there are still many nurses who do not carry out SOPs regarding the risk of patient safety in their respective ward, causing lack of knowledge of nurses regarding patient safety. Besides, the nurse's lack of compliance in identifying patient safety is due to the lack of supervision by the nursing department. Therefore there needs to be an increase in training or socialization programs, especially regarding the prevention of patient safety incidents for nursing personnel and training on patient safety in accordance with the SOP. Nine patient safety solutions, namely paying attention to the appearance and name of the drug, identifying patients, communication during patient operations, certainty correct control, control of concentrated electrolyte fluids, the accuracy of drug administration, prevention of catheter errors, use of disposable injection equipment and hygiene of nurses' hands. Even so, from the results of the distribution of respondents' answers, there are several things that need attention for the hospital regarding nurse compliance, namely the inadequate application of patient safety by nurses through nine patient safety solutions. Nurses are still very lacking in implementing patient safety guidelines, namely 70% of nurses do not comply with the guidelines for using single-use injection devices. Guidelines for the use of single-use injection equipment include three things, namely periodic infection control training, implementation of using single-use syringes and educating patients and their families about infection transmission. So it really needs support from leaders to be able to improve service quality in identifying patient safety.

Leadership that is well-formed will produce good employees with good quality work. It is said that good employees have the meaning of obeying the orders or regulations given by the leadership and are able to be responsible for their work. Compliance is a behavior change from behavior that does not obey the rules to behavior that obeys the rules. Lawrence Green and Gibson (1987) state that the factors that influence a person's behavior are divided into 3, namely individual factors, psychology and consisting of abilities and skills, background and demographics which include age, ethnicity, gender, organizational factors consisting of sources. human power, leadership, rewards, organizational structure, job design (Notoatmodjo, 2015). The assumption of researchers towards respondents in the Internal Medicine Room at Datu Beru Takengon Hospital that nurses' disobedience in identifying patient safety was caused by indecisive leadership factors, lack of leadership support provided to nurses, leaders did not conduct training related to patient safety, consequently many nurses who do not have the skills



and competencies regarding patient safety. So that many unexpected events often occur at the Datu Beru Hospital.

## Conclusion

The relationship between leadership support and nurse compliance at Datu Beru Takengon Hospital, it was found that the working hypothesis ( $H_a$ ) was accepted, which means that there was a relationship between leader support and nurse compliance and there was an influence between leadership support variables and nurse compliance. For the leadership of the Datu Beru Central Aceh Regional Hospital, they can develop patient safety programs and to develop the knowledge and skills of nurses, especially about patient safety through training.

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