



# The relationship of the nurse's knowledge and attitude with Implementation of Patient Safety Goals (Patient Safety) in the Inpatient Room Toto Kabila Hospital

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## ABSTRACT

Patient safety is an important indicator in the quality of health services in hospitals. Nurses have a major role in the implementation of patient safety goals, which are influenced by knowledge and attitudes. However, there are still incidents that show that the implementation of patient safety in the inpatient room is not optimal. This study aims to determine the relationship between nurses' knowledge and attitudes and the implementation of patient safety goals at Toto Kabila Hospital.

This study is a quantitative research with a cross sectional method. A sample of 94 nurses was taken using the Probability Sampling technique with a Stratified Random Sampling approach. This research instrument used a questionnaire on knowledge, attitudes, and implementation of patient safety goals. Bivariate analysis used the Chi-Square test. The results showed a significant relationship between knowledge and the implementation of patient safety goals (p-Value = 0.000). Meanwhile, there is also a significant relationship between attitude and the implementation of patient safety goals (p-Value = 0.000). It is hoped that the hospital can increase training and supervision related to patient safety to improve the quality of service and prevent patient safety incidents.

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## INTRODUCTION

Patient safety is a crucial aspect in the implementation of health services. This concept emerged as a result of the complexity of the health service system and the increasing incidence of injuries experienced by patients in health facilities (Galleryzki, 2021). Over the past ten years, patient safety issues have become an important focus at the international level due to the high incidence of preventable incidents in various health care facilities. In response, the WHO designed Global Patient Safety Action Plan 2021–2030 which aims to provide strategic guidance to minimize avoidable risks and strengthen the implementation of safety standards at all health service points (WHO, 2021).

Some of the factors that affect the implementation of patient safety include three main aspects. First, the individual aspect, which includes knowledge, educational background, and skills. Second, the psychological aspect, which relates to personality, motivation, perception, and attitude. Third, the organizational aspect, which includes leadership, supervision, and the availability of resources (Sari, 2022).

Toto Kabila Hospital is one of the referral hospitals in Gorontalo with the number of incidents related to patient safety is still quite high, another reason I chose Toto Hospital so that I could explore more deeply the factors that affect the implementation of patient safety standards in such hospitals, compared to other hospitals that may have better levels of compliance or different characteristics.

Toto Kabila Hospital is also based on real conditions in the field which shows that the implementation of patient safety standards at the hospital has still not reached the ideal target, both in terms of preventing patient falls, and the use of personal protective equipment. Then annual data and observation results also show that the number of compliance with safety standards is not optimal, so research is needed to support the improvement of service quality and special patient safety in this hospital.

The WHO (World Health Organization) reports that special attention is needed in handling patient safety in hospitals. This is supported by the Institute of Medicine (IOM) in 2020 reporting that the United States experienced 98,000 cases of deaths due to preventable medical errors.

Several results of research at Joint Commission International (JCI) accredited hospitals explained that 52 incidents were found in 11 hospitals in 5 countries. The highest cases were in Hong Kong with a total of 31% of cases, followed by Australia with 25% of cases, India 23% of cases, America 12% of cases, and Canada 10% of cases. Patient safety incidents in Indonesia are known to have 7,465 cases in 2019, consisting of 171 deaths, 80 serious injuries, 372 moderate injuries, 1183 minor injuries, and 5659 no injuries.

Based on the report of the National Committee for Patient Safety (KNKP) in Indonesia in the January-June 2023 period, there were a total of 3,164 patient safety incident reports, consisting of 2,996 reports of Unexpected Events (KTD) (94%) and 166 sentinel incident reports (5%). From this data, patient incidents fell became the most reported type of incident with 639 cases (20%), followed by hospital-related infections (HAIs) with 600 cases (18%), and health service procedure errors as many as 586 cases (18%) (Mutu Fasyankes, 2023).

In Gorontalo Province, based on data from the Health Office in 2023, there were three cases of fall incidents reported as KTD, showing that patient safety incidents are still a problem that requires further attention.

Patient safety and safety in a hospital is a system where the hospital makes patient care safer. A patient safety system can be carried out by nurses if it is supported by knowledge and good attitudes (Arfebi, 2022). The main purpose of implementing patient safety programs in hospitals is to prevent and minimize the occurrence of Patient Safety Incidents (IKP) during the healthcare process. KIPs are defined as any incident or condition that has the potential to cause, or actually cause, injury to patients that could have been avoided (Miati, & Fadilla, 2024).

According to the Hospital Patient Safety Committee (KPPRS) the report aims to look at the system and prevent the same from happening again in the future. The KPRS Sub Committee or Team should be notified of any incidents related to patient safety in hospitals. However, low reporting of incidents related to patient safety will hamper the improvement process (Alfiyyah, 2024).

Errors in the patient identification process can appear at almost all stages, both in diagnostic examinations and medical procedures. Some conditions that are at risk of causing inaccurate identification include when the patient is unconscious due to anesthesia, has not fully recovered after surgery, is in a coma, or is unable to recognize his or her identity (Jayakarta, 2022).

The results of Sari and Kusumaningrum's (2019) research show that nurses' positive attitudes towards patient safety aspects, especially in identification procedures, are closely related to increased compliance with safety protocol standards. However, the study also found that some nurses still have a less supportive attitude towards the implementation of patient identification, which has the potential to increase the risk of medical errors.

Annual report data from Toto Kabila Hospital shows that the achievement of patient safety goals in 2024 is at 98%, which is an indicator of patient identification. However, in 2025 there will be a decrease to 88% in patient identification errors, such as errors in the administration of medications, inappropriate medical procedures, or the exchange of patient data due to the lack of compliance of nurses in carrying out identification procedures according to operational standards. Nurses' compliance in identifying patients, such as ensuring names and dates of birth and matching identity bracelets with medical record data, is still not optimal.

In addition, compliance with the use of personal protective equipment (PPE) only reaches 70%, which can increase the risk of infection transmission in both patients and health workers. Compliance with hand hygiene is also still low, with an achievement of only 80%, which has the potential to increase the incidence of nosocomial infections at Toto Kabila hospital. Meanwhile, the hand hygiene aspect in some service units even reaches only 66%, so it can worsen the quality of service and reduce the overall level of patient safety. This condition shows that efforts are still needed to improve education, supervision, and discipline enforcement of the implementation of patient safety standards to prevent more serious risks in the future.

In addition, the results of the initial interviews conducted with five implementing nurses on the morning shift in the inpatient room showed that two nurses could only mention three out of six patient safety targets. In terms of attitude, three nurses said that incidents of falling patients still occur, even though the management of patient fall prevention has been implemented.

This is due to the absence of family companions and the lack of initiative of the patient to ask for help from the nurse when going to the bathroom. At the time of administering medicine, the nurse also admitted the lack of explanation of the indications and side effects of the drug to the patient, rarely did six steps of hand washing on the grounds that the hands became wrinkled, and the nurse also rarely carried out restraint and observation measures every two hours in patients with a light, moderate, to high risk of falling.

Based on this background description, the researcher is interested in conducting a more in-depth study on "The Relationship between Nurses' Knowledge and Attitudes and the Implementation of Patient Safety Goals in the Inpatient Room of Toto Kabila Hospital".

## RESEARCH METHODS

This research was carried out in the inpatient room of Toto Kabila Gorontalo Hospital on December 1-18, 2025. This type of research is a quantitative research using a cross sectional research design. The sampling

technique uses Probability Sampling with a Stratified Random Sampling approach, namely 94 nurses. This research instrument uses a questionnaire of knowledge, attitudes and implementation of patient safety goals.

## RESEARCH RESULTS

### Respondent Characteristics

The characteristics of the respondents in this study are an overview of nurses working in the inpatient room of Toto Kabila Gorontalo Hospital which includes age, gender, last education, length of work and training on patient safety.

#### Characteristics of Respondents by Age

Table 1. Distribution of Respondents by Age at Toto Kabila Gorontalo Hospital

No.	Age	n	%
1.	17-25 Years	16	17,0
2.	26-35 Years	64	68,1
3.	36-50 Years	14	14,9
<b>Total</b>		<b>94</b>	<b>100</b>

Source: Primary Data, 2025.

Based on table 1, it is known that most of the respondents in this study were 26-35 years old, which was 64 people (68.1%) out of a total of 94 respondents.

#### Characteristics of Respondents by Gender

Table 2. Distribution of Respondents by Gender at Toto Kabila Gorontalo Hospital

No.	Gender	n	%
1.	Male	28	29,8
2.	Women	66	70,2
<b>Total</b>		<b>94</b>	<b>100</b>

Source: Primary Data, 2025.

Based on table 2, it is known that most of the respondents in this study are female, namely 66 people (70.2%) out of a total of 94 respondents.

#### Characteristics of Respondents Based on Recent Education

Table 3. Distribution of Respondents Based on Last Education at Toto Kabila Gorontalo Hospital

No.	Training	n	%
1.	Yes	76	80,9
2.	No	18	19,1
<b>Total</b>		<b>94</b>	<b>100</b>

Source: Primary Data, 2025.

Based on table 3, it is known that most of the respondents in this study have the last education of Diploma III (D3), namely 52 people (55.3%) out of a total of 94 respondents.

#### Characteristics of respondents based on length of work

Table 4. Distribution of Respondents Based on Length of Work at Toto Kabila Gorontalo Hospital

No.	Final Education	n	%
1.	D3	52	55,3
2.	Ners	42	44,7
<b>Total</b>		<b>94</b>	<b>100</b>

Source: Primary Data, 2025.

Based on table 4, it is known that most of the respondents in this study have a working period of  $\geq 1$  year, which is 63 people (67.0%) out of a total of 94 respondents.

### Respondent Characteristics Based on Patient Safety Training

Table 5. Distribution of Respondents Based on Patient Safety Training at Toto Kabila Hospital Gorontalo

No.	Long Time Working	n	%
1.	< 1 Year	31	33,0
2.	$\geq 1$ Year	63	67,0
<b>Total</b>		<b>94</b>	<b>100</b>

Source: Primary Data, 2025.

Based on table 5, it is known that most of the respondents in this study have participated in patient safety training, namely 76 people (80.9%) out of a total of 94 respondents.

### Univariate Analysis

Univariate analysis describes the frequency distribution of each variable from the results of this study which includes knowledge, attitudes and implementation of patient safety goals.

### Nurses' Knowledge of the Implementation of Patient Safety Goals in the Inpatient Room of Toto Kabila Hospital

Table 6. Distribution of Nurse Knowledge Frequency in the Inpatient Room of Toto Kabila Hospital Gorontalo

No.	Knowledge	n	%
1.	Good	25	26,6
2.	Enough	52	55,3
3.	Less	17	18,1
<b>Total</b>		<b>94</b>	<b>100</b>

Source: Primary Data, 2025.

Based on table 6, it shows that the Nurse Knowledge in the Inpatient Room of Toto Kabila Hospital Gorontalo consists of 25 respondents (26.6%) with good knowledge, 52 respondents (55.3%) with sufficient knowledge, and 17 respondents (18.1%) with less than a total of 94 respondents.

### Nurses' Attitudes on the Implementation of Patient Safety Goals in the Inpatient Room of Toto Kabila Hospital

Table 7. Distribution of Nurse Attitude Frequency in the Inpatient Room of Toto Kabila Hospital Gorontalo

No.	Attitude	n	%
1.	Good	30	31,9
2.	Enough	43	45,7
3.	Less	21	22,3
<b>Total</b>		<b>94</b>	<b>100</b>

Source: Primary Data, 2025.

Based on table 7, it shows that the attitude of nurses in the Inpatient Room of Toto Kabila Hospital Gorontalo consists of 30 respondents (31.9%) with a good attitude, 43 respondents (45.7%) with an adequate attitude, and 21 respondents (22.3%) with an attitude less than a total of 94 respondents.

### Implementation of Patient Safety Goals in the Inpatient Room of Toto Kabila Hospital

Table 8. Distribution of the frequency of implementation of patient safety goals in the Inpatient Room of Toto Kabila Hospital

No.	Performance	n	%
1.	Good	32	34,0
2.	Enough	36	38,3
3.	Less	26	27,7
<b>Total</b>		<b>31</b>	<b>100</b>

Source: Primary Data, 2025.

Based on table 8, it shows that the implementation of patient safety goals (Patient Safety) in the Inpatient Room of Toto Kabila Hospital Gorontalo consisted of 32 respondents (34.0%) with good implementation, 36 respondents (38.3%) with adequate implementation, and 26 respondents (27.7%) with implementation that was less than a total of 94 respondents.

#### Bivariate Analysis

Bivariate analysis in this study aims to determine the relationship between independent variables and dependent variables.

#### The Relationship of Nurse Knowledge with the Implementation of Patient Safety Goals in the Inpatient Room of Toto Kabila Hospital

Table 9. The Relationship of Nurse Knowledge with the Implementation of Patient Safety Goals in the Inpatient Room of Toto Hospital

Pengetahuan	Implementasi Keselamatan Pasien						Total		Hasil Uji Statistik (P-Value)
	Baik		Cukup		Kurang				
	n	%	n	%	n	%	n	%	
Baik	20	21.3	3	3.2	2	2.1	25	26.6	0,000
Cukup	7	7.4	27	28.7	18	19.1	52	55.3	
Kurang	5	5.3	6	6.4	6	6.4	17	18.1	
<b>Total</b>	<b>32</b>	<b>34.0</b>	<b>36</b>	<b>38.3</b>	<b>26</b>	<b>27.7</b>	<b>94</b>	<b>100</b>	

Source: Primary Data, 2025.

Based on table 9, it shows that out of 94 respondents, 20 respondents (21.3%) obtained good knowledge results with good implementation (21.3%), knowledge results were good with sufficient implementation as many as 3 respondents (3.2%), knowledge results were good with less implementation as many as 2 respondents (2.1%), knowledge results were sufficient with good implementation by 7 respondents (7.4%), knowledge results were sufficient with sufficient implementation by 27 respondents (28.7%), knowledge results were sufficient with insufficient implementation by 18 respondents (19.1%), knowledge results were less than 5 respondents (5.3%), knowledge results were less with sufficient implementation by 6 respondents (6.4%), knowledge results were less with implementation by 6 respondents (6.4%).

The results of this study showed that H0 was rejected and H1 was accepted, which means that there is a relationship between Nurse Knowledge and the Implementation of Patient Safety Goals in the Inpatient Room of Toto Hospital. Based on the results of the Chi-Square statistical test, a value of  $p = 0.000$  ( $p < 0.05$ ) was obtained, indicating that the relationship was quite strong with a negative direction.

### The Relationship between Nurses' Attitudes and the Implementation of Patient Safety Goals in the Inpatient Room of Toto Kabila Hospital

Table 10. The Relationship of Nurse Attitudes with the Implementation of Patient Safety Goals in the Inpatient Room of Toto Kabila Hospital

Sikap	Implementasi Keselamatan Pasien						Total		Hasil Uji Statistik (P-Value)
	Baik		Cukup		Kurang		n	%	
	n	%	n	%	n	%			
Baik	23	24.5	6	6.4	1	1.1	30	31.9	0,000
Cukup	5	5.3	17	18.1	21	22.3	43	45.7	
Kurang	4	4.3	13	13.8	4	4.3	21	22.3	
Total	32	34.0	36	38.3	26	27.7	94	100	

Source: Primary Data, 2025.

Based on table 10, it shows that from 94 respondents, 23 respondents (24.5%) obtained the results of good attitudes with good implementation (24.5%), the results of good attitudes with sufficient implementation as many as 6 respondents (6.4%), the results of good attitudes with less than 1 respondent (1.1%), the results of good attitudes with good implementation of 5 respondents (5.3%), the results of sufficient attitudes with sufficient implementation of 17 respondents (18.1%), the results of sufficient attitudes with less implementation of 21 respondents (22.3%), the results of less attitudes with good implementation of 4 respondents (4.3%), the results of less attitudes with sufficient implementation of 13 respondents (13.8%), the results of less attitudes with less than 4 respondents (4.3%).

The results of this study showed that H0 was rejected and H1 was accepted, which means that there is a relationship between the attitude of the nurse and the implementation of patient safety goals in the Inpatient Room of Toto Kabila Hospital. Based on the results of the Chi-Square statistical test, a value of  $p = 0.000$  ( $p < 0.05$ ) showed that the relationship was quite strong with a negative direction.

## DISCUSSION

### Nurses' Knowledge of the Implementation of Patient Safety Goals in the Inpatient Room of Toto Kabila Hospital

Based on the results of the research conducted in the Inpatient Room of Toto Kabila Hospital, it is known that most of the respondents have knowledge about the implementation of the patient safety goals of the sufficient category, namely 52 respondents (55.3%). Most of the respondents with sufficient category knowledge have a questionnaire score in the range of 9-16. Based on the operational definition, sufficient knowledge is an adequate understanding of nurses based on experience in the definition of patient safety implementation.

When reviewed based on questionnaire indicators, most respondents with sufficient knowledge about patient safety understood the basic process of patient safety, the purpose of wearing patient identity bracelets, procedures for communicating instructions from doctors, and measures to prevent the risk of patients falling so that respondents with sufficient knowledge showed an adequate understanding of the implementation of patient safety, although it still required reinforcement on the detailed aspects and comprehensive implementation in the field.

In line with the research of Putri and Rizky (2024) which shows that almost all nurses in the inpatient installation of Ibu Fatmawati Soekarno Hospital Surakarta have a level of knowledge that is sufficiently understanding of patient identification and is able to implement patient identification procedures correctly according to patient safety goals. Supported by research by Zunaedi, Ririhena & Ramadhani (2023) which shows that most nurses with sufficient knowledge show good implementation of fall risk assessments.

Based on the results of the study, it is known that as many as 52 respondents (55.3%) who have sufficient knowledge show a basic understanding that can support the implementation of patient safety in daily practice. This can be seen from their ability to recognize patient identification procedures and effective communication between health workers which is an important aspect in reducing the risk of medical errors.

The sufficient knowledge that nurses have also plays an important role in creating a culture of patient safety in hospitals. Individuals with a basic understanding of patient safety procedures and the use of patient identity bracelets tend to be more aware of potential errors, such as incorrect medication administration or misidentification of patients. This suggests that adequate knowledge can be the foundation for more precise and faster decision-making in critical situations (Kustini, 2024).

Nurses with knowledge are able to support the effectiveness of communication between health teams, especially in the process of operant guards and verbal instructions or by telephone. Individuals who understand the principles of effective communication can reduce the risk of miscommunication that has the potential to cause

patient safety incidents. Thus, increasing knowledge capacity through advanced training will further strengthen nurses' skills in implementing patient safety measures consistently (Restri, 2024).

Benner's theory of professional knowledge and competence states that individuals develop from novice to expert stages, so that nurses with knowledge are quite at the "advanced beginner" or "competent" stage, able to apply basic principles of patient safety but still need guidance for consistency. In addition, Adult Learning Theory (Andragogi) by Knowles emphasizes that individuals learn most effectively when previous experiences are integrated with new knowledge, so that nurses with clinical experience can more easily understand patient safety procedures and take appropriate preventive measures (Humairah & Nursanti, 2024).

Based on the results of the study, the researcher assumes that nurses who have sufficient knowledge about patient safety already understand the basic principles of patient safety, patient identification procedures, effective communication, and measures to prevent the risk of patients falling.

Based on the results of a study conducted in the Inpatient Room of Toto Kabila Hospital, it is known that a small number of nurses have a lack of knowledge, namely as many as 17 respondents (18.1%) with a questionnaire score in the range of 0-8. Based on the operational definition, lack of knowledge is a nurse's understanding that is still limited and inadequate based on experience about the definition of patient safety implementation. If reviewed based on questionnaire indicators, a small number of nurses with less knowledge about patient safety still have a limited understanding, such as considering that the patient safety system only includes risk assessment and identification without risk management, thinking that the patient's identity bracelet indicates gender, misunderstanding effective communication, considering that concentrated drugs can be stored in the treatment room, and assuming that the safety of administering drugs does not need to be considered by nurses.

In line with Rachmawati's (2021) research which shows that nurses still have low knowledge about patient safety, especially related to drug management which is an important part of patient safety, including the correct storage, administration, and monitoring of drugs so that it has the potential to reduce the quality of patient safety implementation. This is supported by research by Yuliastuti et al. (2021) which shows that nurses have less knowledge about SOPs for patient risk of falls and patient safety events, where nurses with more or less knowledge do not comply with SOPs.

Based on the results of the study, it is known that as many as 17 nurses (18.1%) have a lack of knowledge about patient safety which shows a limited understanding in daily practice. This can be seen from the assumption that the patient safety system only includes risk assessment and identification without risk management, a misunderstanding of the installation of patient identity bracelets, the inappropriate definition of effective communication, and the belief that concentrated drugs can be stored in the treatment room and the safety of drug administration is fully guaranteed by pharmacies without the role of nurses.

Nurses with less knowledge have the potential to have difficulties in supporting a patient safety culture in hospitals. Individuals with limited understanding of patient safety procedures, the wearing of patient identity bracelets, and risk prevention measures, tend to be less aware of potential errors, such as incorrect medication administration or misidentification of patients. This suggests that inadequate knowledge can affect appropriate and quick decision-making in critical situations (Irawati, 2023).

Nurses with less knowledge are also less able to support the effectiveness of communication between health teams, especially in the process of passing guards and verbal instructions or by telephone. Individuals who do not understand the principles of effective communication have a higher risk of miscommunication that can cause patient safety incidents. Strengthening knowledge through advanced training and practical experience is needed so that nurses can implement patient safety measures consistently and effectively (Irawati, 2023).

Nurses' lack of knowledge about patient safety can also be supported by Piaget's Cognitive Theory which states that individual understanding develops through stages of interaction with the environment and concrete experiences. Nurses with limited knowledge tend to be still in the early stages of understanding, making it difficult to apply the concept of patient safety thoroughly (Mukarromah, 2023). In addition, Skinner's Theory of Behaviorism emphasizes that behaviors can be formed through positive reinforcement and repetitive practice, so nurses with less knowledge need consistent training, guidance, and practical experience in order to internalize patient safety procedures and take appropriate preventive actions (Darmayanti, 2024).

Based on the results of the study, the researcher assumes that nurses with less knowledge about patient safety have limited understanding so that they are not able to implement patient safety procedures thoroughly and consistently. These limitations affect the ability of nurses to make informed decisions, carry out effective communication, and take preventive measures against clinical risks such as medication errors or incidents of patient falls.

### **Nurses' Attitudes on the Implementation of Patient Safety Goals in the Inpatient Room of Toto Kabila Hospital**

Based on the results of the research conducted in the Inpatient Room of Toto Kabila Hospital, it is known that most of the respondents have attitudes about the implementation of patient safety goals in the sufficient category, namely 43 respondents (45.7%).

Sufficient attitudes towards the implementation of patient safety are reflected in respondents' approval of positive statements related to patient safety. This sufficient attitude illustrates that nurses in general have views and behavioral tendencies that support the implementation of patient safety in daily nursing practice, although it still requires reinforcement in the aspects of consistency and overall implementation.

When reviewed based on questionnaire indicators, nurses with sufficient attitudes show support for the main principles of patient safety such as believing that the safety system in nursing care improves patient safety and that Patient Safety Incidents (IKP) should be reported and used as material for joint evaluation. In addition, respondents also considered it important to use at least two patient identities and the implementation of reassessments on patients at risk of falling as an effort to prevent service errors.

In line with research by Sovia et al (2022) which states that nurses with a reasonable attitude tend to be more active in reporting Patient Safety Incidences (IKP) as part of the evaluation to prevent repeat incidents and improve the quality of nursing services and emphasize the importance of open communication in incident reporting. Supported by research by Alshammari et al. (2024) which shows that caregivers who have sufficient attitudes show a decrease in the frequency of events such as patient falls, as well as with a higher perception of the importance of using safety procedures such as patient identification and effective communication, which are part of the main indicators of patient safety goals.

Based on the results of the study, it is known that as many as 43 respondents (45.7%) with a sufficient attitude showed behavioral tendencies that supported the implementation of patient safety in daily practice. This attitude can be seen from the acceptance of incident reporting procedures, the implementation of patient identification, and awareness of the importance of preventing the risk of falls.

A good attitude of nurses plays an important role in building a culture of patient safety in hospitals. Nurses who have a supportive attitude towards patient safety tend to be more aware of potential errors, such as misidentification of patients, miscommunication, and the risk of falling. This attitude is an important foundation for making the right and fast decisions in high-risk service situations (Galleryzki, et al., 2021).

Nurses with a sufficient attitude are able to support the effectiveness of communication between health teams, especially in the process of passing guard and receiving verbal or telephone instructions. A positive attitude towards effective communication can reduce the risk of miscommunication that has the potential to cause patient safety incidents (Utami, 2024).

In accordance with Albert Bandura through Social Cognitive Theory, individual attitudes and behaviors are formed through the interaction between personal factors, experiences, and social environments. In the context of patient safety, nurses who have a reasonable attitude towards patient safety tend to show behaviors that support the implementation of safety procedures because they learn from clinical experience, observation of the practices of colleagues, and reinforcement from the hospital work environment. This social learning process helps nurses understand the importance of implementing safety standards such as patient identification, incident reporting, and effective communication as part of efforts to prevent service errors (Pranita, 2025).

Based on the results of the study, researchers assume that nurses with a reasonable attitude towards patient safety have a positive outlook and behavioral tendencies that support patient safety such as incident reporting, patient identification, and fall risk prevention.

Based on the results of a study conducted in the Inpatient Room of Toto Kabila Hospital, it is known that a small number of nurses have a lack of attitude towards the implementation of patient safety, namely 21 respondents (22.3%).

The respondents' lack of attitude is reflected in the respondent's approval of statements that are contrary to the principles of patient safety, such as the assumption that patient identification does not need to be done because the nurse already knows the patient, safety incidents do not have to be reported and analyzed, and the occurrence of patient falls does not need to be documented in writing. In addition, respondents also view that verification of verbal or telephone communication is not always necessary and consider that high-concentration drugs can be stored in the treatment room.

In line with the research of Handayani & Suryani (2019), it is shown that nurses' attitudes towards patient safety incident reporting are still less than optimal due to concerns about the consequences of reporting and lack of feedback from the reporting system, resulting in the low frequency of safety incident reporting and lack of involvement in the follow-up of incidents that occur. Supported by research by Widianingsih & Kurniawati (2020), it is shown that nurses with attitudes that do not support safety principles tend to be less consistent in accurately identifying patients, communicating effectively, and reporting incidents necessary in patient risk management.

Nurses with a less positive attitude have the potential to have difficulties in supporting a patient safety culture in hospitals. Attitudes that do not support patient safety can affect nurses' awareness of clinical risks, such as medication misadministration, misidentification of patients, and incidents of patients falling. This shows that an inadequate attitude can have a direct impact on the quality and safety of nursing services (Buhari, Octavia & Sari, 2020).

According to Edgar H. Schein through the concept of Organizational Culture Theory, individual attitudes and behaviors in organizations are greatly influenced by the culture that develops in the work environment. In the context of patient safety, if the organizational culture has not fully emphasized the importance of incident reporting,

open communication, and compliance with safety procedures, then nurses can show attitudes that are less supportive of the implementation of patient safety (Hasanah, 2024). In addition, Planned Behavior Theory states that individual attitudes towards a behavior, subjective norms, and perceptions of self-control will affect intentions and actual behaviors, so that nurses' lack of attitude towards patient safety can affect low intention to implement patient safety procedures consistently if they are not supported by an adequate work environment, regulations, and control (Farhan, et al., 2024).

Based on the results of the study, researchers assume that nurses with a lack of attitude towards patient safety have behavioral tendencies that do not fully support the implementation of patient safety, thus potentially increasing the risk of patient safety incidents.

### **Implementation of Patient Safety Goals in the Inpatient Room of Toto Kabila Hospital**

Based on the results of the research conducted in the Inpatient Room of Toto Kabila Hospital, it is known that most of the respondents have implemented the patient safety target in the sufficient category, namely 36 respondents (38.3%).

This can be seen from the implementation of several safety procedures although they are not consistent and comprehensive. The implementation can be seen in the identification of patients during the administration of medicine, the application of the seven correct principles of drug administration, and the documentation of changes in patient conditions in integrated records. In addition, nurses also carry out six steps of hand hygiene and assessment of the risk of falls in newly admitted patients.

In line with research conducted by Febriani & Maulina (2019) which shows that nurses have carried out two main goals of patient safety, namely correct patient identification and effective communication which is a fundamental step in the administration of medication and nursing care documentation. As many as 98.6% of nurses carry out appropriate patient identification and effective communication according to the observation of applicable patient safety goals, indicating the implementation of good basic safety practices by the implementing nurses. Supported by Husna, Syahrul & Majid (2020) who stated that a small number of nurses tend to be able to carry out assessments and interventions to prevent falls according to procedures even though they have not been carried out consistently and thoroughly.

Based on the results of the study, it was known that 36 respondents (38.3%) with the implementation of the category were sufficient to show behavioral tendencies that supported patient safety. This can be seen from the efforts of nurses in identifying patients, applying the principles of drug administration, and conducting fall risk assessments as part of patient safety incident prevention measures.

The implementation of patient safety plays an important role in supporting the patient safety culture in hospitals. Nurses who have implemented most patient safety procedures tend to be more aware of potential clinical risks, such as medication misadministration, risk of infection, and risk of falling, so that it can help minimize the occurrence of patient safety incidents (Nasrija, Triharini & Purwaningsih, 2024).

The implementation of patient safety goals in the category of sufficient shows that the implementation is not optimal, even though nurses are already ready to carry out the policies set by the hospital. This condition is still influenced by organizational factors, especially a safety culture that is not yet strong and supervision that is not optimal, such as a lack of reporting openness, ineffective communication, and routine supervision. Therefore, it is necessary to strengthen the safety culture, increase supervision, and support for facilities and team commitment so that the implementation of patient safety can run more consistently and optimally (Wardhani, 2025).

Based on the results of the study, the researcher assumes that nurses with the implementation of patient safety goals in the sufficient category have the awareness and willingness to apply the principles of patient safety in daily nursing practice, especially in the act of identifying patients, applying the seven principles of drug administration, documenting changes in patient conditions, hand hygiene, and assessing the risk of falls.

Based on the results of research conducted in the Inpatient Room of Toto Kabila Hospital, it is known that a small number of nurses have the implementation of patient safety targets in the poor category, namely 26 respondents (27.7%). This condition shows that the implementation of patient safety in the inpatient room is still not running optimally.

The implementation of the category is less visible from the fact that nurses rarely verify communication through read back, including re-reading doctor's instructions and asking for signatures as proof of verification within 1×24 hours which has the potential to increase the risk of misactions. In addition, the management of high-risk drugs such as electrolyte labeling and storage in locked cabinets has not been consistently carried out. Periodic observation every two hours in patients at risk of falling and the installation of fall risk signs in the patient's bed are also rarely implemented, increasing the potential for incidents of patients falling.

In line with Nazri's research, Hidayat & Sari (2021) showed that the communication confirmation component such as read back was not carried out (0%), which shows the low re-verification of instructions through structured communication in daily clinical practice so that it can trigger near miss or clinical action errors. Supported by Putri & Permasari (2023) which shows nurses who do not consistently carry out fall risk assessment procedures as part of patient safety standards, showing periodic observation practices and the installation of fall risk signs that are not optimal in the field.

Nurses with less patient safety implementation have the potential to have difficulties in supporting the patient safety culture in hospitals. Implementation that is not optimal can reduce awareness of clinical risks, such as medication administration errors, miscommunication, and incidents of patient falls, which have a direct impact on the quality and safety of nursing services (Irawati, 2023).

The lack of patient safety implementation shows the need to improve the service system, both in terms of supervision, the availability of supporting facilities, and the strengthening of patient safety policies. Without a supporting system, nurses will have difficulty implementing patient safety consistently in the field (Saragi, Wasliati & Saputri, 2025).

Based on the results of the study, the researcher assumes that the implementation of patient safety goals in the inpatient category in the Inpatient Room of Toto Kabila Hospital is due to the lack of optimal patient safety support systems, especially in the aspects of effective communication, high-risk drug management, and risk prevention of falls. The infrequent implementation of communication verification through read back, low compliance with high-risk electrolyte safety, and inconsistent observation and installation of fall risk signs indicate that nurses still face limitations in implementing patient safety as a whole.

### **The Relationship of Nurse Knowledge with the Implementation of Patient Safety Goals in the Inpatient Room of Toto Kabila Hospital**

Based on the results of bivariate analysis using the Chi Square test, a p-value of 0.000 ( $p < 0.05$ ) was obtained. These results show that there is a significant relationship between nurse knowledge and the implementation of patient safety goals in the Inpatient Room of Toto Kabila Hospital.

The results of this study are in line with research conducted by Handayani and Sari (2022) which states that there is a meaningful relationship between nurse knowledge and the implementation of patient safety in the inpatient room. In line with the research of Putri, Rahmawati, and Lestari (2023) which shows that nurses with a good level of knowledge have a higher tendency to implement patient safety goals than nurses with less knowledge.

Based on the results of the research conducted, it is known that of the 25 respondents (26.6%) who have good knowledge, there are 2 respondents (2.1%) of whom have poor patient safety implementation. This is because some respondents have a high workload. Although respondents have good theoretical knowledge of patient safety, the high demands of work and the number of service tasks that must be completed at the same time can cause nurses to not always be able to optimally implement all patient safety procedures in daily work practices.

According to Palungan, Adam & Alim (2025), the knowledge possessed by health workers is not always directly reflected in real actions in the field. This is because the implementation of patient safety requires time, precision, and working conditions that allow health workers to carry out each procedure completely. When the workload increases, health workers tend to prioritize the actions that are considered the most urgent so that some patient safety procedures have the potential to not be implemented optimally. Even though individuals already have a good level of knowledge, a high workload can affect consistency in the implementation of patient safety in health services.

In line with the research of Jamil, et al. (2025) which states that a high workload on nurses can affect compliance with patient safety implementation due to limited time and work pressure in providing services to many patients. Supported by research by Ariyanti, et al. (2023) which found that an increase in nurses' workload is related to a decrease in the quality of the implementation of patient safety procedures, because health workers must handle various service tasks simultaneously in a limited time.

Based on the results of the research conducted, it is known that of the 52 respondents (55.3%) who had sufficient knowledge, 18 respondents (19.1%) of them had the implementation of patient safety in the low category. This is because most of them have not participated in patient safety training. Although the respondents have sufficient knowledge in theory, the lack of special training causes this knowledge to not be fully internalized in daily work practices, so the implementation of patient safety is not optimal.

According to Yatni, et al. (2025) the knowledge possessed by health workers is not always directly reflected in real actions in the field. This is because the implementation of patient safety requires habituation, technical skills, and adequate work environment support. Without training, theoretical knowledge tends to not be honed into consistent practice so that health workers can experience difficulties in implementing patient safety procedures correctly and sustainably. Therefore, even though individuals have a sufficient level of knowledge, the lack of training experience causes the implementation of patient safety will not be optimal.

In line with the research of Yulia, Hamzah, and Mustikasari (2021) which states that nurses who have never participated in patient safety training tend to show less than optimal patient safety implementation even though they have a sufficient level of knowledge, due to the lack of applicable understanding in the field. This is supported by research by Sari and Handayani (2021) which found that patient safety training has a significant effect on patient safety practices.

Based on the results of the research conducted, it is known that of the 52 respondents (55.3%) who have sufficient knowledge, as many as 7 respondents (7.4%) of them have a good category of patient safety implementation. This is because the knowledge possessed by respondents has been able to become a basis for understanding the principles of patient safety and applying them in daily service practices, although it is not fully

optimal.

Sufficient understanding makes health workers recognize risks, follow standard procedures, and take basic preventive measures in services so that the implementation of patient safety is in a category that is in line with the level of knowledge they have. This condition shows that there is a compatibility between knowledge and practice, where the better a person's understanding, the better the application of patient safety within the limits of their abilities and experience (Kadir & Ratna, 2020).

These results are in line with Simamora's (2023) research which states that nurses' knowledge is related to the implementation of patient safety, nurses with a sufficient level of knowledge tend to show the implementation of patient safety in the good category. Supported by Novieastari's (2022) research, it also shows that health workers with a sufficient level of knowledge tend to have good patient safety practices because knowledge serves as the main foundation in forming safe service actions.

Based on the results of the research conducted, it is known that of the 17 respondents (18.1%) who have less knowledge, as many as 6 respondents (6.4%) of them have the implementation of patient safety in the sufficient category. This is because most of the respondents have a female gender. Women tend to have a higher level of precision, carefulness, and concern in providing services, so even though the level of knowledge of respondents is relatively low, patient safety practices can still be carried out quite well in several aspects of service.

The implementation of patient safety is not only influenced by the level of knowledge, but also by individual factors such as a cautious attitude, sense of responsibility, and concern for patients. Women tend to be more prominent because of their meticulousness, empathy, and high concern in providing health services. Female health workers are generally more careful in carrying out nursing actions and are more compliant with work procedures so that even though conceptual understanding related to patient safety is still limited, they still strive to carry out patient safety practices according to the work habits that have been formed (Dede 2025).

In line with the research of Fitriana and Handayani (2023) which states that female nurses tend to be more compliant with patient safety procedures than men due to a higher level of precaution. This is supported by research by Sutrisno et al. (2020) which shows that individual characteristic factors, including gender, contribute to the implementation of patient safety, even though the level of knowledge of health workers is relatively low.

Based on the results of the research conducted, it is known that of the 17 respondents (18.1%) who have less knowledge, as many as 5 respondents (5.2%) of them have a good patient safety implementation. This is due to work experience, habits in clinical practice, and the implementation of standard operating procedures (SOPs) which have become part of the routine of nursing services in hospitals.

Low knowledge does not always lead to less patient safety implementation. In some conditions, nurses with a low level of knowledge are still able to carry out patient safety well due to work experience, familiarity in clinical practice, and the application of standard operating procedures (SOPs) that have become part of the hospital service routine. Work habits formed through daily practice allow health workers to continue to follow patient safety measures even though their theoretical understanding is not fully optimal (Baihaqi & Etlidawati, 2020).

This is in line with the research of Pertiwiwati, Agianto & Rusli (2025) which states that the implementation of patient safety is not only influenced by knowledge, but also by work experience, safety culture in the hospital environment, and the existence of supervision and teamwork in health services. Another study by Ariyanti, et al. (2023) also shows that health workers with a relatively low level of knowledge can still implement patient safety procedures properly if supported by a clear work system, the implementation of standard operating procedures, and a work environment that emphasizes the importance of patient safety in every service action.

Based on the results of the study, the researcher assumes that even though some nurses have a low level of knowledge, they are still able to carry out patient safety well because they are influenced by practical experience, work habits that have been formed, and the implementation of patient safety systems and procedures that are already running in the Inpatient Room of Toto Kabila Hospital. This shows that the implementation of patient safety is not only influenced by the level of individual knowledge, but also by the factors of the work environment, safety culture, and compliance with procedures that apply in the hospital.

### **The Relationship between Nurses' Attitudes and the Implementation of Patient Safety Goals in the Inpatient Room of Toto Kabila Hospital**

Based on the results of bivariate analysis using the Chi Square test, a p-value of 0.000 ( $p < 0.05$ ) was obtained. These results show that there is a significant relationship between nurse attitudes and the implementation of patient safety goals in the Inpatient Room of Toto Kabila Hospital. This indicates that nurses' attitudes play an important role in supporting the successful implementation of patient safety in nursing services.

The results of this study are in line with several previous studies conducted by Rahman and Utami (2021) showing that nurses' attitudes have a significant relationship with compliance with patient safety practices, where nurses with a positive attitude are more consistent in carrying out patient safety procedures. In line with the research, Wijaya and Lestari (2023) found that a good nurse's attitude contributes to reducing the risk of patient safety incidents because nurses are more disciplined, meticulous, and responsible in carrying out nursing actions.

Based on the results of the research conducted, it was known that out of 30 respondents (31.9%) who had a good attitude, there was 1 respondent (1.1%) who had less patient safety implementation. This is because the

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respondents experienced work fatigue.

According to Cesilia & Kosasih (2024), work fatigue is one of the factors that can affect the performance of health workers in providing services. Physical and mental fatigue conditions can cause a decrease in concentration, precision, and alertness at work so that some patient safety procedures have the potential to not be implemented optimally. Even though individuals have a good attitude towards patient safety, work fatigue conditions can affect the consistency of health workers in applying patient safety principles in daily service practices.

In line with Sucinta's research, Widiyaningsih & Djaja (2024) which states that work fatigue in nurses can affect the quality of service and compliance with the implementation of patient safety procedures. Supported by Aulia (2025) research which found that nurses who experience work fatigue tend to experience a decrease in concentration and rigor in work, potentially affecting the implementation of patient safety procedures in health care facilities.

Based on the results of the research conducted, of the 43 respondents (45.7%) who had an adequate category attitude, as many as 21 respondents (22.3%) of them had a poor patient safety implementation. This is because most of the respondents have the last education of D3 Nursing. The diploma education level emphasizes more on basic clinical skills, so the deepening of conceptual, analytical, and decision-making aspects related to patient safety has not been fully optimal which has an impact on implementation in the field.

In general, the level of education affects the way health workers understand risks, make decisions, and implement service standards. Higher education tends to form a better critical mindset and analytical skills so that a positive attitude towards patient safety can be more easily realized in practice. On the other hand, the limitation of strengthening the concept of patient safety at certain levels of education can cause sufficient attitudes that have not been fully implemented consistently (Anggini & Animah, 2025).

In line with Efendi's (2022) research which states that the level of education is related to the ability of nurses to apply the principles of patient safety, where higher education indicates better practices. This is supported by research by Wideasari, Handiyani, and Novieastari (2023) which found that nurses with a diploma education have a tendency to implement lower patient safety compared to undergraduate education, even though attitudes towards patient safety are quite sufficient.

Based on the results of the study, it is known that of the 21 respondents (22.3%) who had a poor attitude, as many as 13 respondents (13.8%) of them had an adequate patient safety implementation. This is because most of them are in the age group of 26-35 years. In this age range, respondents are generally in the early adulthood phase which is characterized by an improved level of maturity, responsibility, and self-control skills, so that even though the attitude towards patient safety is still relatively lacking, respondents are still able to carry out patient safety procedures adequately in service practices.

In general, early adulthood is a phase where individuals have better emotional maturity and professional responsibility than younger ages. At this stage, health workers tend to be able to control work behavior, follow rules, and carry out service procedures more disciplinedly. Therefore, although health workers' attitudes towards patient safety are still relatively low, the level of maturity influenced by age allows health workers to continue to apply some of the principles of patient safety in daily service practices (Lailiyah, et al. 2025).

In line with the research of Suryanto and Yuliana (2023) which states that age is related to the implementation of patient safety, where health workers in adulthood tend to show a better level of caution and responsibility in service practices. Supported by Rahayu and Mulyono (2024), it is shown that increasing age contributes to increasing emotional maturity and adherence to work procedures, so even though the attitude towards patient safety is not completely good.

Based on the results of the study, it is known that of the 21 respondents (22.3%) who had a poor attitude, as many as 4 respondents (4.3%) of them had a good patient safety implementation. This is because there is a structured work system in the hospital so that each nurse continues to carry out patient safety procedures in accordance with the standards that have been set.

According to Hernawati, Zulfendri & Nasution (2021), the implementation of patient safety is not only influenced by individual attitudes, but also by the work system applied in health service organizations. A clear, directed, and supported work system by standard rules and procedures can help health workers carry out actions according to predetermined standards. The existence of a good work system allows health workers to continue to carry out patient safety procedures correctly even though individual attitudes towards patient safety are not fully optimal.

In line with Widjaja's (2025) research which states that a well-organized work system in hospitals can increase the compliance of health workers in implementing patient safety because every service action has been regulated through clear workflows and procedures. Supported by Hidayat, Miskadi & Murtikusuma (2022) research which found that a structured work system is able to help health workers carry out patient safety practices consistently because each service process has followed the standards set by health service institutions.

Based on the results of the study, the researcher assumes that nurse attitudes are a key factor that directly affects the implementation of patient safety goals in the Inpatient Room of Toto Kabila Hospital. Nurses with a more positive attitude tend to show better compliance, prudence, and consistency in implementing patient safety

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procedures, while attitudes that contribute less to low awareness and commitment in implementing patient safety standards.

## CONCLUSION

Nurses' knowledge about the implementation of patient safety goals is included in the sufficient category, which is 52 nurses (55.3%).

Nurses' attitudes about the implementation of patient safety goals are included in the sufficient category, which is 43 nurses (45.7%).

The implementation of patient safety goals (Patient Safety) is included in the sufficient category, which is as many as 36 nurses (38.3%).

There was a relationship between nurses' knowledge and the implementation of patient safety goals in the Inpatient Room of Toto Kabila Hospital with the results of the Chi Square test obtained a p-value of 0.000 ( $p < 0.05$ ).

There was a relationship between the attitude of nurses and the implementation of patient safety goals in the Inpatient Room of Toto Kabila Hospital with the results of the Chi Square test obtained a p-value of 0.000 ( $p < 0.05$ ).

## ADVICE

### For Hospital Management

Hospital management is expected to strengthen the culture of patient safety through consistent policies, routine supervision, and the provision of support and periodic evaluations to increase the positive attitude of nurses towards the implementation of patient safety goals. And it can be an input for consideration for hospitals to develop patient safety improvement programs.

### For Health Workers

Health workers, especially nurses, are expected to increase their professional attitude, concern, and responsibility in implementing patient safety procedures consistently to minimize the risk of patient safety incidents. And it can be an input for health workers in efforts to improve the quality of nursing care in hospital services.

### For the Next Researcher

Researchers are then advised to develop the research by adding other variables or using different research designs in order to obtain a more comprehensive picture of the factors that affect the implementation of patient safety goals. It can also be used as a reference to explore the level of workload and the role of management leadership.

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