



Factors Influencing Nurses' Compliance In Implementing Patient Safety At Dr. M. Thomsen Nias Regional Public Hospital In 2024

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Article details:

Published: 30th September 2024



Abstract

Every health care facility that provides health services to the public must organize patient safety. The implementation of patient safety in hospitals cannot be separated from health workers, especially nurses, because nurses are the most dominant or most needed health workers. The research problem is to find out the effect of leadership, peer support, knowledge, and availability of infrastructure on nurses' compliance in implementing

patient safety. This research aims to explain the factors that affect nurses' compliance in implementing patient safety at RSUD (Regional Public Hospital) dr. M. Thomsen Nias . The research method used is a quantitative approach with a cross-sectional design. Data were collected through questionnaires distributed to practicing nurses in several inpatient rooms with a sample of 132 respondents. The results show that leadership variables, peer support, knowledge, and availability of infrastructure have the most significant effect on Nurse Compliance in Implementing Patient Safety (p -value $0.000 < 0.05$). Based on these findings, it is recommended for the hospital to conduct regular training programs that focus on improving the leadership skills of inpatient ward heads, enhancing nurses' knowledge of patient safety practices and compliance with procedures, as well as fostering effective communication, teamwork, and mutual support awareness among nurses.

keywords : Nurse Compliance, Patient Safety, Leadership, Colleague Support, Knowledge, Facilities and Infrastructure, Hospital.

To cite this article :

Noferlina Zebua, Zulfendri, S. (2024). Factors Influencing Nurses' Compliance In Implementing Patient Safety At Dr. M. Thomsen Nias Regional Public Hospital In 2024. *International Journal of Health Sciences (IJHES)*, 7(9), 16–30.



Introduction

Patient safety is a system designed to ensure safer patient care by covering risk assessment, risk identification and management, incident reporting and analysis, learning from incidents, and implementing solutions to minimize the risk of harm and prevent injuries caused by errors in performing actions or failing to take necessary actions (Ministry of Health of the Republic of Indonesia, 2017).

All healthcare facilities providing services to the public must implement patient safety measures (Ministry of Health of the Republic of Indonesia, 2017). Healthcare facilities include primary healthcare (FKTP) and advanced referral healthcare facilities (FKRTL), such as health centers, clinics, and hospitals (Government Regulation of the Republic of Indonesia, 2016). Hospitals, as referral healthcare facilities, provide comprehensive individual health services (Ministry of Health of the Republic of Indonesia, 2020). One of the obligations of hospitals is to provide safe, quality, non-discriminatory, and effective healthcare services, prioritizing patient interests according to hospital service standards (Ministry of Health of the Republic of Indonesia, 2018).

Reporting patient safety incidents is one step to reduce such incidents (Ministry of Health of the Republic of Indonesia, 2017). Various countries report patient safety incidents in healthcare facilities. According to the National Reporting and Learning System (NRLS), from August 2021 to July 2022, 2,410,311 patient safety incidents were reported in England (England NHS, 2022). In Malaysia, there were 151,255 patient safety incidents in 2021 (MoH Malaysia, 2021).

In Indonesia, every healthcare facility is required to report incidents externally to the National Patient Safety Committee (KNKP) (Ministry of Health of the Republic of Indonesia, 2017). In 2022, 4,918 incidents were reported, with 1,717 (35%) classified as unexpected events, 1,525 (31%) as no-harm incidents, and 1,676 (34%) as near-miss incidents (KNKPRS, 2022). The reporting rate in Indonesia remains low at 0.22% (Salsabila, Bayu, Risal, & Rasmi, 2023).

To improve hospital service quality, periodic accreditation surveys are conducted by institutions designated by the government. The 2022 National Hospital Accreditation Standards (SNARS, 2022) set by the Ministry of Health include six patient safety goals: (1) correct patient identification, (2) improved communication effectiveness, (3) enhanced medication safety, (4) ensuring correct site, procedure, and patient in surgery/invasive procedures, (5) reducing infection risk from patient care, and (6) reducing patient injury risk from falls. Patient safety implementation in hospitals depends heavily on healthcare workers, particularly nurses, as they are the most numerous and essential professionals. Nurses play a crucial role in



delivering nursing care due to their 24-hour work schedule. Therefore, nurses' compliance is vital for implementing patient safety (Alhidayah, 2020).

According to the annual report from the Quality Committee at Dr. M. Thomsen Nias Regional Hospital, there has been an increase in patient safety incidents from 2020 to 2022. The report states that all incidents are reported to KNKP via the online form based on the incidents that occurred. In 2020, there were six reports, all of which were unexpected incidents. In 2021, seven unexpected incidents were reported. In 2022, 10 reports were submitted, with six (60%) being unexpected incidents, two (20%) potential harm incidents, one (10%) near-miss incident, and one (10%) no-harm incident (Dr. M. Thomsen Nias Regional Hospital, 2022).

Various types of injuries were recorded at Dr. M. Thomsen Nias Regional Hospital from 2020 to 2022, including patient falls in care and examination rooms, facial incision injuries to babies in perinatology, skin blisters around oximetry and infusion sites in babies in perinatology, allergic reactions during blood transfusions, medication errors, and laboratory result errors (RSUD Dr. M. Thomsen Nias, 2022).

According to a simple investigation conducted by the Quality Committee through interviews with head nurses, several factors contributing to patient safety incidents reported in 2022 included patient negligence, non-compliance of nurses with patient identification procedures, use of non-standardized medical equipment, insufficient logistics, and non-adherence to proper medication administration (Dr. M. Thomsen Nias Hospital, 2022).

Data from the 2022 Quality Committee report on monitoring hospital quality indicators (national quality indicators, hospital priority quality indicators—patient safety goals, and priority unit quality indicators) revealed that healthcare workers' compliance with several quality indicators was still below standard, including hand hygiene compliance (<85%), patient identification compliance (<100%), emergency cesarean section responsiveness (<80%), fall prevention efforts (<100%), SBAR communication compliance in inpatient services (<100%), and high-alert medication labeling compliance in inpatient services (<100%) (Dr. M. Thomsen Nias Hospital, 2022).

An initial survey conducted through interviews with the human resources staff at Dr. M. Thomsen Nias Regional Hospital revealed that each care unit has a head nurse with qualifications ranging from nursing academy to bachelor's degrees. However, leadership skills are still insufficient, as not all head nurses have received leadership training. In 2022, the hospital was busy preparing for accreditation, causing head nurses to frequently leave their units for meetings and socialization activities. Some nurses interviewed expressed concerns about declining morale, as several senior nurses often arrived late or missed their shifts, particularly during evening and



night services. This issue is supported by data from the hospital's human resources department, which showed that some nurses had been reprimanded or dismissed for missing scheduled shifts.

There is also insufficient teamwork and care among nurses, with some nurses in care units not fully understanding patient safety procedures. Additionally, the availability of appropriate medical equipment and logistics required for patient safety is still lacking, leading to suboptimal implementation of patient safety standards.

Methods

This study uses a quantitative method with a cross-sectional design. It was conducted at the Inpatient Unit of Dr. M. Thomsen Nias Regional Hospital from February to July 2024. The population of this study includes all nurses working in the inpatient unit of Dr. M. Thomsen Nias Regional Hospital, totaling 196 individuals. After calculations using the Slovin formula, the sample size was determined to be 132 respondents. This study uses primary data collected through interviews and documentation. The analysis was performed using the chi-square test, followed by multiple linear regression analysis.



Results

This study was conducted at Dr. M. Thomsen Nias Regional Hospital with 132 respondents, who are nurses working in the Azalea, Perinatology, Acacia, Allamanda, Orchid, Aster, Aglonema, and Carnation care units. The respondents' characteristics include gender, age, education, length of service, and department. Based on the data obtained from the questionnaire, the results are as follows:

Table 1. Frequency Distribution of Respondent Characteristics at Dr. M. Thomsen Nias Regional Hospital

Characteristics	Category	f	Percentage (%)
Gender	Man	15	11.4
	Woman	117	88.6
Education	DIII	106	80.3
	DIV	2	1.5
	Profession	24	18.2
Years of service	1-5 years	51	38.6
	6-10 years	44	33.3
	>10 years	37	28.1
Room Name	Aster	8	6.1
	Acacia VIP	14	10.6



Aglaonema	14	10.6
Carnation	18	13.6
Orchid	16	12.1
Alamanda	15	11.4
Perinatology	20	15.2
Azalea	27	20.5

Leadership of the Inpatient Ward Head in Implementing Patient Safety

The frequency distribution results for the leadership variable of the inpatient ward head at Dr. M. Thomsen Nias Regional Hospital can be seen as follows:

Table 2. Frequency Distribution of Inpatient Ward Head Leadership in Implementing Patient Safety

Leadership	f	Percentage (%)
Not good	39	29.5
Pretty good	86	65.2
Good	7	5.3

Peer Support

The frequency distribution results for the peer support variable among co-workers at Dr. M. Thomsen Nias Regional Hospital are shown below."

Table 3. Frequency Distribution of Support from Colleagues in Implementing Patient Safety

Support Fellow Co-workers	f	Percentage (%)
Not good	36	27.3
Pretty good	90	68.2
Good	6	4.5

Knowledge

The frequency distribution results for the knowledge variable of nurses at Dr. M. Thomsen Nias Regional Hospital are shown below:

Table 4. Frequency Distribution of Nurses' Knowledge in Implementing Patient Safety

Knowledge	f	Percentage (%)
Not good	80	60.6
Pretty good	44	33.3
Good	8	6.1



Completeness of Facilities and Infrastructure

The frequency distribution results for the completeness of facilities and infrastructure in implementing patient safety at Dr. M. Thomsen Nias Regional Hospital are shown below.

Table 5. Frequency Distribution of Completeness of Facilities and Infrastructure in the Implementation of Patient Safety

Completeness of Facilities and Infrastructure	F	Percentage (%)
Not good	37	28
Pretty good	81	61.4
Good	14	10.6

Nurse Compliance in Implementing Patient Safety

The frequency distribution results for nurse compliance in implementing patient safety at Dr. M. Thomsen Nias Regional Hospital are shown below.

Table 6. Frequency Distribution of Nurse Compliance in Implementing Patient Safety

Compliance Nurse	f	Percentage (%)
Not good	30	22.7
Pretty good	93	70.5
Good	9	6.8

Description of Cross Tabulation of Leadership Variables with Nurse Compliance Variables in Implementing Patient Safety

Table 7. Relationship between Leadership and Nurse Compliance in Implementing Patient Safety

Leadership	Compliance						Total		p Value
	Good		Pretty good		Not good				
	f	%	f	%	f	%	f	%	
Good	2	28.5	3	42.8	2	28.5	7	100	0.03
Pretty good	4	4.6	67	77.9	15	17.4	86	100	
Not good	3	7.6	23	58.9	13	33.3	39	100	
Total	9	6.8	93	70.4	30	22.7	132	100	



Description of Cross Tabulation of Support Variables from Fellow Workers with Nurse Compliance Variables in Implementing Patient Safety

Table 8. Relationship between Support from Fellow Workers and Nurse Compliance in Implementing Patient Safety

Implementing Patient Safety											
Support workers	Fellow	Co-	Compliance						Total		p Value
			Good		Pretty good		Not good				
			f	%	f	%	F	%	f	%	
Good			1	16.6	4	66.6	1	16.6	6	100	0.327
Pretty good			7	7.7	66	73.3	17	18.8	90	100	
Not good			1	2.7	23	63.8	12	33.3	36	100	
Total			9	6.8	93	70.4	30	22.7	132	100	

Description of Cross Tabulation of Knowledge Variable with Nurse Compliance Variable in Implementing Patient Safety

Table 9. Relationship between Knowledge and Nurse Compliance in Implementing Patient Safety

Knowledge	Compliance						Total		p Value
	Good		Pretty good		Not good				
	f	%	f	%	F	%	f	%	
Good	1	12.5	5	62.5	2	25	8	100	0.261
Pretty good	5	11.9	31	73.8	6	14.2	42	100	
Not good	3	3.6	57	69.5	22	26.8	82	100	
Total	9	6.8	93	70.4	30	22.7	132	100	

Description of Cross Tabulation of Completeness of Facilities and Infrastructure with Nurse Compliance Variables in Implementing Patient Safety

Table 10. Relationship between Completeness of Facilities and Infrastructure and Nurse Compliance in Implementing Patient Safety

Completeness of Facilities and Infrastructure	Compliance						Total		p Value
	Good		Pretty good		Not good				
	f	%	f	%	F	%	F	%	
Good	3	21.4	8	57	3	21.4	14	100	0.009
Pretty good	6	4.86	62	76.5	13	16	81	100	
Not good	0	0	23	62.1	14	27.8	37	100	
Total	9	6.81	93	70.45	30	22.7	132	100	



Influence Between Research Variables

Table 11. Model Summary Regression Estimation on Nurse Compliance (Y1)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.513 ^a	0.263	0.240	2,909

a. **Predictors:** (Constant), Completeness of Facilities and Infrastructure, Knowledge, Leadership of the Inpatient Ward Head, Support from Fellow Co-workers

b. **Dependent Variable:** Nurse Compliance in Implementing Patient Safety

Table 12. ANOVA Regression Model to Nurse Compliance

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	384,158	4	096,040	11,350	,000 ^b
	Residual	1074,653	127	8,462		
	Total	1458,811	131			

a. Dependent Variable: Nurse Compliance in Implementing Patient Safety

b. Predictors: (Constant), Completeness of Facilities and Infrastructure, Knowledge, Leadership of the Inpatient Ward Head, Support from Fellow Co-workers

Table 13. Regression Model Coefficients to Compliance Nurse

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	7,455	1,794		4,155	0,000
	Leadership of the Inpatient Ward Head (X1)	0.075	0.089	0.077	0.835	0.405
	Support From Fellow Co- workers (X2)	0.125	0.109	0.121	1,152	0.252
	Knowledge (X3)	0.224	0.078	0.232	2,865	0.005
	Completeness of Facilities and Infrastructure (X4)	0.230	0.097	0.247	2,365	0.020

a. Dependent Variable : Nurse Compliance in Implementing Patient Safety



Discussion

Influence of Inpatient Ward Head Leadership on Nurse Compliance in Implementing Patient Safety

Effective leadership from the head of the inpatient ward has been shown to have a positive and significant influence on nurse compliance in implementing patient safety. This finding indicates that strong leadership can encourage nurses to adhere more closely to patient safety procedures. The better the leadership of the head of the ward, the more compliant the nurses are in applying safety measures.

Effective leadership is typically characterized by good communication, wise decision-making, presence in the unit, and the ability to provide guidance and support to nurses. A head of the ward who is present and actively involved can inspire and motivate nurses, creating a positive and conducive work environment for implementing patient safety.

The results of this study found that the influence of the head of the ward's leadership on nurse compliance in applying patient safety is statistically significant. However, heads of the inpatient ward at Dr. M. Thomsen Nias Regional Hospital have not yet fully adopted leadership styles that align with the situations and needs they encounter. The busyness and complexity of work, as well as external activities, often prevent heads of wards from focusing adequately on supervising and communicating with the implementing nurses. This challenge can be addressed if heads of wards prioritize effectively and manage their time well, which is influenced by their leadership skills and experience.

The head of the ward can apply transformational leadership characteristics, which tend to inspire, provide vision, and motivate nurses. They also strive to build strong relationships with their teams and support the professional development of nurses. In some situations, heads of the ward may need to adopt a more transactional leadership style, focusing on rewards and punishments based on performance. This approach ensures that nurses comply with procedures and operational standards. However, some heads of the ward tend to protect nurses who make mistakes or do not follow patient safety standards.

Additionally, some heads of the ward demonstrate a democratic leadership style by involving nurses in decision-making, especially regarding tasks directly related to their work. This creates an inclusive work environment and enhances the sense of belonging among nurses. In certain situations that require quick and decisive action, some heads of the ward may apply an autocratic leadership style, which is often used in emergencies or when urgent problems arise.

This aligns with research conducted by Taufik et al. (2020), which stated that the leadership style of the head of the ward significantly influences nurses' compliance with patient safety implementation indicators. The study found that, in terms of guidance and support from the head



of the ward, a significant number of nurses prefer a consultative leadership style over others. Consultative leadership is a situational leadership style where a leader applies the most effective approach by adapting to the current situation (Alhidayah et al., 2020).

These findings are consistent with research by Choiriyah et al. (2021), which highlighted that improved leadership characteristics and capabilities lead to better employee performance. Hernawati (2021) also found that leadership style ($p=0.029$) affects nurses' compliance in implementing a culture of patient safety, with the most influential variable being leadership style, indicated by a coefficient $\beta=0.350$. This means that if heads of the ward apply effective leadership styles, it will improve nurses' compliance in implementing a culture of patient safety by 0.350 (Hernawati, 2021).

In dynamic and high-pressure work environments, transformational and democratic leadership styles tend to be more effective. This is because nurses feel supported and motivated to achieve their best performance. Complex tasks requiring high levels of teamwork tend to succeed more often under transformational and democratic leadership. Conversely, more routine and standardized tasks may not be as heavily influenced by the leadership style applied.

Influence of Support from Fellow Colleagues on Nurse Compliance in Implementing Patient Safety

Support from fellow colleagues refers to the assistance and reinforcement provided by coworkers in the work environment. This support can take various forms, including emotional, instrumental, informational, and appraisal support. Such support is crucial for creating a positive work environment, reducing work-related stress, improving psychological well-being, and ultimately increasing nurses' compliance with patient safety procedures. Support from colleagues not only influences individual performance but also enhances collaboration and teamwork in complex and dynamic healthcare settings.

The results of this study indicate that the influence of support from fellow colleagues on nurse compliance in implementing patient safety is statistically significant. Overall, the condition of support among colleagues at Dr. M. Thomsen Nias Regional Hospital is generally adequate, meaning that the support provided is not yet optimal for improving team performance and collaboration. This suggests that nurses are not consistently supporting one another.

There is a need for improved harmonious and mutual support among nurses in various large care units within the hospital. Nurses should assist each other in daily tasks and provide emotional support when needed. The level of collaboration among nursing teams requires enhancement, especially since nurses often work together to ensure patient safety. However, there remains room for increased communication and coordination in certain situations. The hospital has implemented



several colleague support programs, but their effectiveness varies by unit. These programs need to be evaluated and adjusted to better meet nurses' needs.

This finding aligns with research by Yuni et al. (2020), which demonstrated that support from colleagues influences compliance with safety procedures. The research identified obstacles to performance faced by nurses in intensive care units, highlighting the role of colleague support in increasing compliance with safety protocols (Hastuti et al., 2020). Research conducted by Iriyanto et al. (2017) found a connection between perceptions of support from fellow nurses and compliance behavior in implementing standard operating procedures (SOPs). The study revealed that a lack of compliance with fall risk SOPs was more prevalent among nurses who perceived that their colleagues did not provide support (73.1%) compared to those who felt supported (47.8%).

The perception of support from fellow nurses is still insufficient due to the presence of small social groups, such as nurses who only socialize with peers of the same age. This can create barriers for nurses with different levels of experience. For instance, older nurses may feel hesitant to ask younger nurses for help, while younger nurses may be reluctant to seek guidance from more experienced colleagues (Pagala et al., 2017).

Influence of Knowledge on Nurse Compliance in Implementing Patient Safety

The knowledge possessed by nurses about patient safety is not only foundational but also a key pillar in ensuring safe and quality healthcare services. In the inpatient setting, a nurse's knowledge encompasses not only technical skills but also the ability to identify risks, implement safety protocols, and provide high-quality care to patients. A deep understanding of patient safety procedures enables nurses to make timely and informed decisions, reduce the risk of complications, and enhance compliance with clinical standards. Strong knowledge of patient safety not only supports clinically safe practices but also fosters a supportive environment for patients during their care.

The results of this study indicate that the influence of knowledge on nurse compliance in implementing patient safety is statistically significant. Nurses at Dr. M. Thomsen Nias Regional Hospital have undergone formal education, which includes foundational nursing principles and specialized modules on patient safety. However, this education alone is not sufficient. There is a need for additional knowledge in the implementation of patient safety protocols. Nurses at Dr. M. Thomsen Nias Regional Hospital are expected to understand and apply various safety protocols, such as correct patient identification, effective communication, awareness of high-risk medications, accuracy in marking surgical sites, prevention of nosocomial infections, safe use of medical equipment, fall risk prevention, and emergency procedures. The knowledge possessed by



nurses at Dr. M. Thomsen Nias Regional Hospital is reflected in their daily practices, where they integrate patient safety procedures into every aspect of patient care.

In line with research conducted by Nada & Milkhatun (2020), the majority of nurses at the Regional Government General Hospital in Samarinda demonstrated good knowledge regarding fall prevention, with 30 respondents (58.8%) showing adequate knowledge, while 21 respondents (41.2%) had less adequate knowledge. Nurses with good knowledge were 4.5 times more likely (OR=4.545) to comply with fall prevention measures compared to those with insufficient knowledge (Faridha & Milkhatun, 2020). Research by Iriyanto et al. (2017) indicated a correlation between nurses' knowledge and their compliance behavior in implementing standard operating procedures (SOPs), revealing that a lack of compliance with fall risk SOPs was more prevalent among nurses with insufficient knowledge (78.6%) compared to those with a good knowledge level (56.1%) (Pagala et al., 2017). Additionally, research by Inas and Solehudin (2024) showed that knowledge is significantly related to the implementation of a culture of patient safety, with a p-value of 0.001 (Solehudin & Syabanasyah, 2023).

Influence of Completeness of Facilities and Infrastructure on Nurse Compliance in Implementing Patient Safety

The completeness of facilities and infrastructure in the hospital plays a crucial role in increasing nurses' compliance in implementing patient safety. First and foremost, the presence of modern and well-maintained medical equipment ensures that nurses can perform their tasks effectively and efficiently. For example, adequate sterilization machines and precise vital measurement equipment minimize the risk of nosocomial infections and enable accurate patient monitoring—both of which are key elements in safeguarding patient safety. Additionally, safe and orderly physical infrastructure supports nurses' compliance. Well-designed treatment rooms with adequate lighting, easy access to medical equipment, and ergonomic layouts help reduce accidents and facilitate sensitive medical procedures. An organized storage system allows nurses to quickly access necessary medications and equipment without sacrificing valuable time that should be spent on direct patient care.

Overall, investing in the completeness of facilities and infrastructure not only enhances operational efficiency in the hospital but also creates a safe and supportive work environment for nurses. This improvement not only boosts their compliance with patient safety protocols but also enhances the quality of care provided, fostering a safer environment for patients, nurses, and the entire medical team.

The results of this study indicate that the influence of facility and infrastructure completeness on nurse compliance in implementing patient safety is statistically significant. At Dr. M. Thomsen



Nias Regional Hospital, the availability of various facilities and infrastructure for patient safety is central to their efforts to provide safe and high-quality medical services. Various facilities, such as patient identification bracelets, SBAR stamps, communication tools (telephones/mobile phones), handrails, side rails on patient beds, special markers for surgical sites, high-alert stickers, NORUM stickers, sinks, and hand scrubs, are important components of the supporting infrastructure for effective coordination and communication among medical staff. This is especially critical in emergencies or situations requiring fast and efficient team collaboration in medical care.

Moreover, the presence of high-alert drug stickers and NORUM (Similar Drug Names and Similar Pronunciations) ensures that high-risk medications are managed with care. The implementation of fall risk markers and the use of safety-fenced patient beds demonstrate the hospital's commitment to enhancing patient safety during inpatient care. Additionally, the presence of handrails in bathrooms allows patients who need assistance to be more independent and safe. All of these elements are part of ongoing efforts to create a safe, structured, and responsive care environment that addresses patient safety needs at Dr. M. Thomsen Nias Regional Hospital.

The findings align with research conducted by Muslimin et al. (2021), which stated that the availability of infrastructure supporting patient safety has a direct influence on patient safety, with 90% availability and 10% unavailability due to the absence of Nurse Call Bells (Pakka et al., 2021). Research by Samra et al. (2016) highlighted that the implementation of patient safety programs should be tailored to the needs, capabilities, and conditions of healthcare facilities (Samra et al., 2016). Furthermore, Reno Afriza Neri et al. (2018) found that while some safety program resources were available at Padang Pariaman Regional Hospital, several resources were lacking, not up to standard, or damaged due to procurement challenges (Neri et al., 2018).

From the study results, it was found that nurse compliance in implementing patient safety at Dr. M. Thomsen Nias Regional Hospital is generally satisfactory. However, this indicates a level of inconsistency among nurses in adhering to patient safety protocols—sometimes they comply, and sometimes they do not. This inconsistency is influenced by several factors, including the completeness of facilities and infrastructure. For example, when patient identification bracelets are unavailable, nurses cannot correctly identify patients. Similarly, if adequate sinks are not available in the inpatient units, nurses may struggle to properly perform handwashing procedures.

Conclusion

This study demonstrates a positive and significant influence of leadership in the inpatient care units on nurses' compliance in implementing patient safety at Dr. M. Thomsen Nias Regional Hospital. There is also an influence of peer support on nurses' compliance in implementing patient safety at the same hospital. Additionally, knowledge significantly impacts nurses' compliance in



implementing patient safety at Dr. M. Thomsen Nias Regional Hospital. Furthermore, the completeness of facilities and infrastructure positively influences nurses' compliance in implementing patient safety at Dr. M. Thomsen Nias Regional Hospital.

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International Journal of Health, Education and Social (IJHES)