

Jurnal Keperawatan Komprehensif

(Comprehensive Nursing Journal)



*A Journal of Nursing Values, Innovation, Collaboration,
and Global Impact*

Volume 12, Issue 3, July 2026

Published by STIKep PPNI Jawa Barat

ISSN 2354-8428, e-ISSN 2598-8727



Adherence to Patient Identification Procedures Among Healthcare Professionals in an Indonesian Hospital: A Cross-Sectional Study

Sri Gunarni¹, Suci Noor Hayati²

^{1,2}Department of Nursing, Sekolah Tinggi Ilmu Keperawatan PPNI Jawa Barat, Bandung, Indonesia



**Jurnal Keperawatan Komprehensif
(Comprehensive Nursing Journal)**

Volume 12 (3), 445-455
<https://doi.org/10.33755/jkk.v12i3.1037>

Article info

Received : July 08, 2026
Revised : July 29, 2026
Accepted : July 30, 2026
Published : July 31, 2026

Corresponding author

Suci Noor Hayati*
Sekolah Tinggi Ilmu Keperawatan PPNI Jawa Barat
Muhammad No. 34, Pamoyanan, Cicendo, Kota
Bandung, Jawa Barat, 40174, Indonesia
Phone : (022) 6121914
Email: sucinoor1905@gmail.com

Citation

Gunarni, S., & Hayati, S. N. (2026). Adherence to patient identification procedures among healthcare professionals in an Indonesian hospital: A cross-sectional study. *Jurnal Keperawatan Komprehensif (Comprehensive Nursing Journal)*, 12(3), 445-455. <https://doi.org/10.33755/jkk.v12i3.1037>.

Website

<https://journal.stikep-ppnijabar.ac.id/jkk>

This is an **Open Access** article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License



p-ISSN : [2354 8428](#)
e-ISSN: [2598 8727](#)

Abstract

Background: Accurate patient identification is essential for preventing wrong-patient errors during diagnostic, therapeutic, and administrative procedures. Despite established hospital safety protocols, adherence to identification procedures may remain inconsistent across healthcare professions.

Objective: This study examined adherence to standardized patient identification procedures among healthcare professionals at Pasundan Hospital.

Methods: A descriptive cross-sectional study was conducted involving 41 healthcare professionals selected through simple random sampling. Adherence was assessed using an observation checklist based on the hospital's patient identification procedures. Each participant was observed on three separate occasions. Data were summarized using frequencies and percentages.

Results: Of the 41 participants, 36 (87.8%) were categorized as adherent and 5 (12.2%) as partially adherent. Physicians demonstrated the lowest adherence, with 11 of 16 physicians (68.8%) meeting the required standard. All nurses and other participating healthcare professional groups were classified as adherent.

Conclusion: Adherence to patient identification procedures was generally high but remained below the hospital's expected standard. Profession-specific audit, feedback, and reinforcement strategies are needed, particularly for physicians, to promote consistent implementation of identification procedures.

Keywords: Accurate patient identification; Patient safety goals; Patient safety incidents; Professional care providers

INTRODUCTION

Patient misidentification can result in medication errors, incorrect diagnostic procedures, inappropriate treatment, and failures in clinical documentation. Because patient identity must be confirmed before nearly every clinical intervention, identification represents one of the earliest and most fundamental safeguards in hospital care.

International and national patient safety standards require healthcare professionals to verify patient identity using approved identifiers before providing care. In Indonesia, this requirement is incorporated into national patient safety regulations and hospital accreditation standards. Consistent implementation is therefore both a clinical obligation and an organizational quality indicator (1,2).

National patient safety reports indicate that failures in clinical verification procedures, including patient identification, continue to contribute to near misses and adverse events. These incidents demonstrate that the existence of written procedures does not automatically ensure consistent implementation in routine practice(3,4).

Previous research by Parmasih reported variation in patient identification. Previous studies have reported variation in adherence to patient identification procedures across professional groups and clinical settings. Higher adherence has been associated with routine supervision, safety culture, familiarity with standard operating procedures, and repeated institutional reinforcement. Conversely, workload, time pressure, interruptions, and assumptions that a patient is already known may contribute to incomplete verification practices (5,6).

Internal quality monitoring at Pasundan Hospital showed that adherence to patient identification procedures reached 98.24% in 2024, remaining below the institutional target of 100%. In January 2025, the reported achievement declined to 97%, and three incidents were attributed to incomplete patient identification by healthcare professionals. Although the numerical difference from the target was relatively small, any failure to verify patient identity may expose patients to preventable harm.

Although patient identification is routinely monitored as a hospital quality indicator, limited information is available regarding how adherence is distributed across different healthcare professions within the same institution. Most local studies have focused predominantly on nurses, while identification practices among physicians and allied healthcare professionals have received less attention. Profession-specific information is needed to guide targeted quality-improvement interventions.

Compliance among healthcare professionals may be influenced by regulatory frameworks, work protocols, individual characteristics, motivation, organizational culture, job type, and social environment. Within the hospital system, medical and nursing committees contribute to professional supervision through credentialing and disciplinary mechanisms, while institutional leadership supports the development of a safety culture (7–9).

Incidents reported by the Patient Safety and Quality Improvement Committee (PMKP) at Pasundan Hospital in January 2025 indicated that non-compliance with correct patient identification remained a persistent issue. Three cases were directly attributed to identification errors performed by PPA, resulting in a quality indicator achievement of only 97%. This condition underlines the need for continuous education, supervision, and professional reinforcement (10,11).

Therefore, this study aimed to describe adherence to standardized patient identification procedures among healthcare professionals at Pasundan Hospital and to identify professional groups requiring targeted reinforcement. The findings are expected to contribute to institutional quality improvement by identifying professional groups requiring targeted reinforcement and by supporting patient-centered safety practices in hospital care. Although patient identification is routinely monitored as a hospital quality indicator, limited information is available regarding how adherence is distributed across different healthcare professions within the same institution. Most local studies have focused predominantly on nurses, while identification practices among physicians and allied healthcare professionals have received less attention. Profession-specific information is needed to

guide targeted quality-improvement interventions.

METHODS

Study design

A descriptive cross-sectional study was conducted at Pasundan Hospital to assess healthcare professionals' adherence to standardized patient identification procedures.

Participants

The participants were Professional Care Providers (PPA) at Pasundan Hospital who were involved in patient care and patient identification procedures. The inclusion criterion was being a PPA included in the hospital patient identification compliance monitoring. Records or observations with incomplete data were excluded. The sample size was calculated using G*Power with a proportion test approach, resulting in 41 participants. The sampling technique was probability sampling, specifically simple random sampling, to provide equal selection opportunities for eligible members of the population.

Instrument

Adherence was assessed using a structured observation checklist developed from the hospital's standard operating procedure for patient identification. The checklist was used to record whether each respondent performed accurate patient identification according to hospital patient safety procedures. Compliance was categorized as compliant, less compliant, or non-compliant based on the observed fulfillment of patient identification steps. The checklist was

administered through observation by the researcher in coordination with the PMKP team and the head nurse. Details regarding the checklist validity and reliability should be added before submission if formal testing data are available (12,13).

Data collection procedure

Data were obtained from Pasundan Hospital through the PMKP Committee, which maintains structured records related to patient safety indicators. Before data collection, the researcher obtained an introductory letter from STIKep PPNI Jawa Barat and submitted a permission request to Pasundan Hospital. After approval from the hospital director, the researcher coordinated with the PMKP Committee and relevant staff to explain the study objectives and procedures.

Once eligible participants had been identified, observation was conducted in coordination with the PMKP team and the head nurse. Each respondent was observed three times to improve consistency and reduce observation bias. The data were then compiled, coded, and tabulated using Microsoft Excel.

Data analysis

Data analysis was conducted using univariate descriptive analysis. The results were presented as frequency distributions and percentages for each respondent characteristic and compliance category. The analysis focused on the distribution of accurate patient identification compliance according to age, gender, educational background, length of employment, and profession.

RESULTS

Table 1. Overview of Compliance with Accurate Patient Identification Based on Respondent Characteristics

Variable / Respondent Characteristics	Compliant	Less Compliant	Non-Compliant	Total
	f (%)	f (%)	f (%)	f (%)
Age				
20–30 years	23 (92%)	2 (8%)	0 (0%)	25 (100%)
31–40 years	6 (86%)	1 (14%)	0 (0%)	7 (100%)
41–50 years	3 (60%)	2 (40%)	0 (0%)	5 (100%)
51–60 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
60–70 years	3 (75%)	1 (25%)	0 (0%)	4 (100%)
Gender				
Male	14 (87%)	2 (13%)	0 (0%)	16 (100%)
Female	21 (84%)	4 (16%)	0 (0%)	25 (100%)
Educational Background				
High School (SMA)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Diploma II (DII)	15 (100%)	0 (0%)	0 (0%)	15 (100%)
Bachelor's Degree (S1)	16 (82%)	3 (18%)	0 (0%)	19 (100%)
Master's Degree (S2)	3 (50%)	3 (50%)	0 (0%)	6 (100%)
Doctorate (S3)	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Length of Employment				
0–1 year	11 (78%)	3 (22%)	0 (0%)	14 (100%)
1 year 1 month – 2 years	24 (92%)	2 (8%)	0 (0%)	26 (100%)
2 years 1 month – 3 years	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Profession				
Physician	11 (68%)	5 (32%)	0 (0%)	16 (100%)
Nurse	12 (100%)	0 (0%)	0 (0%)	12 (100%)
Midwife	2 (100%)	0 (0%)	0 (0%)	2 (100%)
Pharmacist	3 (100%)	0 (0%)	0 (0%)	3 (100%)
Medical Records Staff	3 (100%)	0 (0%)	0 (0%)	3 (100%)
Radiographer	2 (100%)	0 (0%)	0 (0%)	2 (100%)
Laboratory Analyst	2 (100%)	0 (0%)	0 (0%)	2 (100%)
Nutritionist	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Overall Total	36 (88%)	5 (12%)	0 (0%)	41 (100%)

Note. f = frequency; PPA = Professional Care Providers; SMA = senior high school; DII = Diploma II; S1 = Bachelor's degree; S2 = Master's degree; S3 = Doctorate.

Table 2. Compliance with Accurate Patient Identification Among Physicians Based on Respondent Characteristics

Characteristic	Compliant f (%)	Less Compliant f (%)	Non-Compliant f (%)	Total f (%)
Age				
20–30 years	4 (67%)	2 (33%)	0 (0%)	6 (100%)
31–40 years	1 (50%)	1 (50%)	0 (0%)	2 (100%)
41–50 years	2 (50%)	2 (50%)	0 (0%)	4 (100%)
51–60 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
60–70 years	3 (75%)	1 (25%)	0 (0%)	4 (100%)
Gender				
Male	4 (80%)	1 (20%)	0 (0%)	5 (100%)
Female	7 (64%)	4 (36%)	0 (0%)	11 (100%)
Education				
High School (SMA)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Diploma II (DII)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Bachelor's Degree (S1)	6 (67%)	3 (33%)	0 (0%)	9 (100%)
Master's Degree (S2)	3 (50%)	3 (50%)	0 (0%)	6 (100%)
Doctorate (S3)	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Length of Employment				
0–1 year	4 (57%)	3 (43%)	0 (0%)	7 (100%)
1 year 1 mo – 2 years	6 (75%)	2 (25%)	0 (0%)	8 (100%)
2 years 1 mo – 3 years	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Total	11 (68%)	5 (32%)	0 (0%)	16 (100%)

Note. f = frequency; PPA = Professional Care Providers; SMA = senior high school; DII = Diploma II; S1 = Bachelor's degree; S2 = Master's degree; S3 = Doctorate.

Table 3. Compliance with Accurate Patient Identification Among Nurses Based on Respondent Characteristics

Characteristic	Compliant f (%)	Less Compliant f (%)	Non-Compliant f (%)	Total f (%)
Age				
20–30 years	8 (100%)	0 (0%)	0 (0%)	8 (100%)
31–40 years	4 (100%)	0 (0%)	0 (0%)	4 (100%)
41–50 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
51–60 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
60–70 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Gender				
Male	4 (100%)	0 (0%)	0 (0%)	4 (100%)
Female	8 (100%)	0 (0%)	0 (0%)	8 (100%)
Educational Background				
High School (SMA)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Diploma II (DII)	6 (100%)	0 (0%)	0 (0%)	6 (100%)
Bachelor's Degree (S1)	6 (100%)	0 (0%)	0 (0%)	6 (100%)
Master's Degree (S2)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Doctorate (S3)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Length of Employment				
0–1 year	3 (100%)	0 (0%)	0 (0%)	3 (100%)
1 year 1 mo – 2 years	9 (100%)	0 (0%)	0 (0%)	9 (100%)
2 years 1 mo – 3 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Overall Total	12 (100%)	0 (0%)	0 (0%)	12 (100%)

Note. f = frequency; PPA = Professional Care Providers; SMA = senior high school; DII = Diploma II; S1 = Bachelor's degree; S2 = Master's degree; S3 = Doctorate.

Table 4. Compliance with Accurate Patient Identification Among Midwives Based on Respondent Characteristics

Characteristic	Compliant f (%)	Less Compliant f (%)	Non-Compliant f (%)	Total f (%)
Age				
20–30 years	1 (100%)	0 (0%)	0 (0%)	1 (100%)
31–40 years	1 (100%)	0 (0%)	0 (0%)	1 (100%)
41–50 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
51–60 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
60–70 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Gender				
Male	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Female	2 (100%)	0 (0%)	0 (0%)	2 (100%)
Educational Background				
High School (SMA)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Diploma II (DII)	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Bachelor's Degree (S1)	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Master's Degree (S2)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Doctorate (S3)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Length of Employment				
0–1 year	0 (0%)	0 (0%)	0 (0%)	0 (0%)
1 year 1 mo – 2 years	2 (100%)	0 (0%)	0 (0%)	2 (100%)
2 years 1 mo – 3 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Overall Total	2 (100%)	0 (0%)	0 (0%)	2 (100%)

Note. f = frequency; PPA = Professional Care Providers; SMA = senior high school; DII = Diploma II; S1 = Bachelor's degree; S2 = Master's degree; S3 = Doctorate.

Table 5. Compliance with Accurate Patient Identification Among Pharmacists Based on Respondent Characteristics

Characteristic	Compliant f (%)	Less Compliant f (%)	Non-Compliant f (%)	Total f (%)
Age				
20–30 years	3 (100%)	0 (0%)	0 (0%)	3 (100%)
31–70 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Gender				
Male	3 (100%)	0 (0%)	0 (0%)	3 (100%)
Female	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Educational Background				
Bachelor's Degree (S1)	3 (100%)	0 (0%)	0 (0%)	3 (100%)
Other levels (SMA, DII, S2–S3)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Length of Employment				
0–1 year	1 (100%)	0 (0%)	0 (0%)	1 (100%)
1 year 1 mo – 2 years	2 (100%)	0 (0%)	0 (0%)	2 (100%)
2 years 1 mo – 3 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Overall Total	3 (100%)	0 (0%)	0 (0%)	3 (100%)

Note. f = frequency; PPA = Professional Care Providers; SMA = senior high school; DII = Diploma II; S1 = Bachelor's degree; S2 = Master's degree; S3 = Doctorate.

Table 6. Compliance with Accurate Patient Identification Among Medical Record Personnel Based on Respondent Characteristics

Characteristic	Compliant f (%)	Less Compliant f (%)	Non-Compliant f (%)	Total f (%)
Age				
20–30 years	3 (100%)	0 (0%)	0 (0%)	3 (100%)
31–70 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Gender				
Male	2 (100%)	0 (0%)	0 (0%)	2 (100%)
Female	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Educational Background				
Diploma II (DII)	3 (100%)	0 (0%)	0 (0%)	3 (100%)
Other levels (SMA, S1–S3)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Length of Employment				
0–1 year	1 (100%)	0 (0%)	0 (0%)	1 (100%)
1 year 1 mo – 2 years	2 (100%)	0 (0%)	0 (0%)	2 (100%)
2 years 1 mo – 3 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Overall Total	3 (100%)	0 (0%)	0 (0%)	3 (100%)

Note. f = frequency; PPA = Professional Care Providers; SMA = senior high school; DII = Diploma II; S1 = Bachelor's degree; S2 = Master's degree; S3 = Doctorate.

Table 7. Compliance with Accurate Patient Identification Among Radiographers Based on Respondent Characteristics

Characteristic	Compliant f (%)	Less Compliant f (%)	Non-Compliant f (%)	Total f (%)
Age				
20–30 years	1 (100%)	0 (0%)	0 (0%)	1 (100%)
31–40 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
41–50 years	1 (100%)	0 (0%)	0 (0%)	1 (100%)
51–70 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Gender				
Male	1 (50%)	0 (0%)	0 (0%)	1 (100%)
Female	1 (50%)	0 (0%)	0 (0%)	1 (100%)
Educational Background				
Diploma II (DII)	2 (100%)	0 (0%)	0 (0%)	2 (100%)
Other levels (SMA, S1–S3)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Length of Employment				
0–1 year	1 (50%)	0 (0%)	0 (0%)	1 (100%)
1 year 1 mo – 2 years	1 (50%)	0 (0%)	0 (0%)	1 (100%)
2 years 1 mo – 3 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Overall Total	2 (100%)	0 (0%)	0 (0%)	2 (100%)

Note. f = frequency; PPA = Professional Care Providers; SMA = senior high school; DII = Diploma II; S1 = Bachelor's degree; S2 = Master's degree; S3 = Doctorate.

Table 8. Compliance with Accurate Patient Identification Among Laboratory Analysts Based on Respondent Characteristics

Characteristic	Compliant f (%)	Less Compliant f (%)	Non-Compliant f (%)	Total f (%)
Age				
20–30 years	2 (100%)	0 (0%)	0 (0%)	2 (100%)
31–70 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Gender				
Male	1 (50%)	0 (0%)	0 (0%)	1 (50%)
Female	1 (50%)	0 (0%)	0 (0%)	1 (50%)
Educational Background				
Diploma II (DII)	2 (100%)	0 (0%)	0 (0%)	2 (100%)
Other levels (SMA, S1–S3)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Length of Employment				
1 year 1 mo – 2 years	2 (100%)	0 (0%)	0 (0%)	2 (100%)
Other categories	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Overall Total	2 (100%)	0 (0%)	0 (0%)	2 (100%)

Note. f = frequency; PPA = Professional Care Providers; SMA = senior high school; DII = Diploma II; S1 = Bachelor's degree; S2 = Master's degree; S3 = Doctorate.

Table 9. Compliance with Accurate Patient Identification Among Nutrition Professionals Based on Respondent Characteristics

Characteristic	Compliant f (%)	Less Compliant f (%)	Non-Compliant f (%)	Total f (%)
Age				
20–30 years	1 (100%)	0 (0%)	0 (0%)	1 (100%)
31–70 years	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Gender				
Male	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Female	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Educational Background				
Diploma II (DII)	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Other levels (SMA, S1–S3)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Length of Employment				
0–1 year	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Other categories	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Overall Total	1 (100%)	0 (0%)	0 (0%)	1 (100%)

Note. f = frequency; PPA = Professional Care Providers; SMA = senior high school; DII = Diploma II; S1 = Bachelor's degree; S2 = Master's degree; S3 = Doctorate.

Table 1 shows that 36 respondents (88%) were compliant, 5 respondents (12%) were less compliant, and no respondent was classified as non-compliant. The highest compliance was found in the 20-30-year age group (92%), male respondents (87%), respondents with Diploma II and Doctorate education (100%), respondents with 1 year 1 month to 2 years of employment (92%), and all professional groups except physicians.

Table 2 shows that 11 of 16 physicians (68%) were compliant and 5 physicians (32%) were

less compliant. The highest compliance among physicians was found in the 60-70-year age group (75%), male physicians (80%), physicians with a Doctorate degree (100%), and physicians with 2 years 1 month to 3 years of employment (100%).

Table 3 shows that all 12 nurses (100%) were compliant with accurate patient identification across age, gender, education, and length-of-employment categories.

Table 4 shows that both midwife respondents (100%) were compliant. The respondents were

female, aged 20-40 years, had Diploma II or Bachelor's degree education, and had 1 year 1 month to 2 years of employment.

Table 5 shows that all three pharmacist respondents (100%) were compliant. All were male, aged 20-30 years, held Bachelor's degrees, and had less than two years of employment.

Table 6 shows that all three medical record personnel (100%) were compliant. The respondents were aged 20-30 years, held Diploma II education, and had less than two years of employment.

Table 7 shows that both radiographer respondents (100%) were compliant. The respondents consisted of one male and one female, held Diploma II education, and had up to two years of employment.

Table 8 shows that both laboratory analyst respondents (100%) were compliant. The respondents were aged 20-30 years, held Diploma II education, and had 1 year 1 month to 2 years of employment.

Table 9 shows that the nutrition professional respondent (100%) was compliant. The respondent was female, aged 20-30 years, held Diploma II education, and had less than one year of employment.

DISCUSSION

This study involved 41 respondents from various healthcare professions at Pasundan Hospital. Overall compliance with accurate patient identification reached 88%, with 36 respondents categorized as compliant and 5 respondents categorized as less compliant. Although the overall result indicates generally high compliance, the finding also shows that the ideal 100% target had not yet been achieved.

The highest compliance was observed among respondents aged 20-30 years and among those with 1 year 1 month to 2 years of employment. This pattern may be related to recent exposure to institutional orientation, training, and standard operating procedures. However, the presence of less compliant respondents among several demographic categories suggests that patient identification compliance requires continuous reinforcement rather than one-time training only.

The professional group with the lowest compliance was physicians, with 11 of 16 respondents (68%) classified as compliant. Possible contributing factors include high

workload, time pressure, habituation to routine procedures, clinical confidence, and hierarchical work culture. These factors may reduce consistent adherence to formal identification steps, particularly when staff assume that patient identity is already known (14,15).

Nurses demonstrated complete compliance across the observed categories. This result is consistent with Marlita et al., who reported that safety culture was an important factor associated with accurate patient identification among nurses (16,17). Routine supervision, morning briefings, and repeated exposure to nursing standard operating procedures may contribute to stronger procedural discipline in this group (3,18).

Other healthcare professionals, including midwives, pharmacists, medical record personnel, radiographers, laboratory analysts, and nutrition professionals, also achieved 100% compliance. The result is consistent with previous findings reporting high compliance among laboratory analysts. It also suggests that patient identification procedures have been integrated into the work routines of several allied health and supporting clinical professions (19,20).

These findings have practical implications for hospital quality and patient safety management. Targeted interventions should focus on professional groups with lower compliance, especially physicians, while maintaining the positive compliance culture among nurses and other PPA. Strategies may include structured feedback, repeated patient safety briefings, audit and feedback mechanisms, checklist reinforcement, and leadership support from medical and nursing committees.

This study has several limitations. First, the sample size was relatively small and was obtained from a single hospital, limiting generalizability to other settings. Second, the data were descriptive and did not test statistical associations between respondent characteristics and compliance. Third, observations may be influenced by observer presence. Future studies should include larger samples, analytical designs, and multivariable testing to identify predictors of patient identification compliance.

CONCLUSION

Categories of Professional Care Providers at Pasundan Hospital. Adherence to patient

identification procedures among healthcare professionals at Pasundan Hospital was generally high but had not reached the expected standard of complete compliance. The principal gap was observed among physicians, whereas all participating nurses and allied healthcare professionals met the established adherence criteria. Profession-specific audit, feedback, and procedural reinforcement should be prioritized to promote consistent patient identification practices. Further multicenter studies with larger samples and analytical designs are needed to examine factors influencing adherence.

Physicians showed the lowest compliance level, with 11 of 16 respondents (68%) classified as compliant. In contrast, nurses, midwives, pharmacists, medical record personnel, radiographers, laboratory analysts, and nutrition professionals achieved 100% compliance. These findings indicate that compliance with accurate patient identification was generally high but varied across professional groups.

Targeted reinforcement is needed for the physician group to improve adherence to standardized patient identification procedures. Continuous education, monitoring, and audit-feedback mechanisms may support the achievement of the ideal 100% patient identification compliance target.

Acknowledgements

The authors would like to express their sincere appreciation to Pasundan Hospital for granting permission to conduct this study and for providing access to the data required for the research. The authors also thank all healthcare professionals who participated in this study and the Quality Improvement and Patient Safety Committee (PMKP) for their valuable assistance during the data collection process.

Funding Statement

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Author Contributions

SG: Conceptualization, Methodology, Investigation, Data Curation, Formal Analysis, Writing – Original Draft.

SNH: Supervision, Validation, Methodology, Writing – Review & Editing, Project Administration.

Conflict of Interest

The authors declare that they have no competing interests or conflicts of interest regarding the publication of this article.

Data Availability Statement

The datasets generated and/or analyzed during the current study are not publicly available because they contain confidential hospital information but are available from the corresponding author upon reasonable request and with permission from Pasundan Hospital.

REFERENCES

1. Maul J, Straub J. Assessment of the use of patient vital sign data for preventing misidentification and medical errors. In: Healthcare. MDPI; 2022. p. 2440.
2. Rajurkar S, Verma T, Mishra SP, Bhatt MLB. Novel artificial intelligence tool for real-time patient identification to prevent misidentification in health care. J Med Phys. 2024;49(1):41–8.
3. Aeni WN, Windiramadhan AP, Sholihah AR. Implementasi identifikasi pasien oleh perawat di salah satu rumah sakit di Indonesia masih belum optimal. The Indonesian Journal of Health Science. 2019;11(2):128–36.
4. Melinda T, Purwadhi P, Kusnadi D. Analisis Pelaksanaan Ketepatan Identifikasi Pasien Berdasarkan Standar Sasaran Keselamatan Pasien di Rumah Sakit Medika Djaya, Pontianak. Innovative: Journal Of Social Science Research. 2024;4(6):8313–30.
5. Parmasih ER. Pelaksanaan Ketetapan Identifikasi Pasien Oleh Petugas Kesehatan di Rumah Sakit: Case Study. Indones J Nurs Heal Sci ISSN. 2020;5(2):176–83.
6. De Rezende H, Melleiro MM. Towards safe patient identification practices: The Development of a conceptual framework from the findings of a ph. d. project. Open Nurs J. 2022;16(1).
7. Riplinger L, Píera-Jiménez J, Dooling JP. Patient identification techniques—approaches, implications, and findings. Yearb Med Inform. 2020;29(01):81–6.
8. Melinda T, Purwadhi P, Kusnadi D. Analisis Pelaksanaan Ketepatan Identifikasi Pasien Berdasarkan Standar Sasaran Keselamatan Pasien di Rumah

- Sakit Medika Djaya, Pontianak. *Innovative: Journal Of Social Science Research*. 2024;4(6):8313–30.
9. Mualimah S, Wulandari RY, Amirudin I, Ardinata A. Hubungan Tingkat Pengetahuan Perawat Terhadap Identifikasi Patient Safety di Ruang Rawat Inap Rumah Sakit Permata Hati Lampung Timur. *Journal of Current Health Sciences*. 2021;1(1):29–34.
10. Marlita A, Karyus A, Setiaji B, Pramudho K. Faktor Yang Berhubungan Dengan Ketepatan Identifikasi Pasien oleh Perawat di Rumah Sakit Umum Handayani Kota Bumi Lampung Utara. *Ranah Research: Journal of Multidisciplinary Research and Development*. 2024;6(5):2114–26.
11. Khotimah H, Nurjanah S. METODE COACHING GROW TERHADAP PELAKSANAAN PEMASANGAN INFUS: COACHING GROW METHOD AT INFUSION PRACTICE. *Well Being*. 2023;8(1):44–54.
12. Najla S, JANNAH N, Mayasari P, Mahdasari M. Ensuring Patient Safety in Inpatient Ward: A Case Study in Identifying Patient Correctly among Nurses. *GALE INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND RESEARCH Учредители: Galore Knowledge Publication Pvt Ltd*. 2024;9(4):96–104.
13. De Rezende HA, Melleiro MM, Shimoda GT. Interventions to reduce patient identification errors in the hospital setting: a systematic review protocol. *JB I Evid Synth*. 2019;17(1):37–42.
14. Indriani I. Pengaruh kompetensi dan beban kerja terhadap kinerja pelaksanaan asuhan keperawatan pada bagian rawat inap rumah sakit umum dr Slamet Garut. *Jurnal Wacana Ekonomi*. 2018;17(2):93–100.
15. Suryani E, Rambe N. Analisis Pengaruh Beban Kerja Perawat Terhadap Kualitas Pelayanan Keperawatan Rsud Kota Padangsidempuan. *Jurnal Mutiara Ners*. 2022;5(1):7–14.
16. Qattan A. Exploring strength areas of patient safety culture improvement in KAMC, Makkah, Saudi Arabia. *American Journal of Nursing Research*. 2020.
17. Husaini BA, Gressia RGG. Patient safety culture in hospital settings for quality improvement: A cross-sectional assessment. *Jurnal Keperawatan Komprehensif (Comprehensive Nursing Journal)*. 2026;12(2):206–12.
18. Shalahuddin I. Pengaruh Kompetensi dan Motivasi Pembimbing Klinik terhadap Kinerja dalam Membimbing Praktek Klinik di RSUD dr. Slamet Garut Tahun 2015. *Jurnal Kesehatan Bakti Tunas Husada: Jurnal Ilmu-ilmu Keperawatan, Analis Kesehatan dan Farmasi*. 2018;18(1):23–32.
19. Alojaimy RS, Nakamura K, Al-Sobaihi S, Tashiro Y, Watanabe N, Seino K. Infection prevention and control standards and associated factors: Case study of the level of knowledge and practices among nurses in a Saudi Arabian hospital. *J Prev Med Hyg*. 2021;62(2):E501.
20. Sodhi K, Arya M, Chanchalani G, Sinha V, Savio RD, Ak AK, et al. Comparison of knowledge and awareness of infection control practices among nurses in India: A cross-sectional survey. *Am J Infect Control*. 2022;50(12):1368–73.