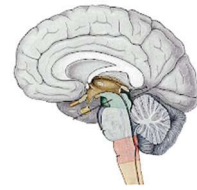Contents lists available online at:

Jurnal Kesehatan Mesencephalon

PATIENT IDENTIFICATION
RELATED TO PATIENT SATISFACTION

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ARTICLE INFO	ABSTRACT
  Correspondence: Email: masrurin81@gmail.com	Patient identification is the process of determining a patient's identify using his or her identification number (KTP/ SIM/Student Card/Student Card) and date of birth in order to ease the provision of services to patients. The study issue was to ascertain the association between proper patient identification implementation and patient satisfaction in Room 27. The study used a correlative method using a cross sectional design. Purposive sampling was utilized to collect data. The population for this study was comprised of all patients in room 27 who met the inclusion and exclusion criteria, totaling 123 respondents. In this research, the independent variable is nurse identification of patients, while the dependent variable is patient satisfaction. A questionnaire and an observation sheet were used as instruments. The results indicated that the majority of patients identified as good and expressed satisfaction 101 respondents (82.11 percent), patients identified as good but expressed dissatisfaction 10 respondents (8.1 percent), and patients identified as quite good but expressed dissatisfaction 12 respondents (9.75 percent). The statistical test utilized the chi-square test ($x2$) with a 95% confidence interval (= 0.05). The findings yielded a p-value of 0.000 at a significance level of 0.05. The result is that there is a positive correlation between appropriate patient identification and patient satisfaction.

INTRODUCTION

Safety has become a worldwide problem, one that affects hospitals as well. Patient safety, according to Nursalam (2011: 307), is a criterion for measuring and evaluating the quality of nursing services that have an effect on health services. The patient safety program's objective is to decrease the number of unexpected events (KTD) that often occur during hospitalization and are very destructive to both the patients and the hospital.

In 2015, hospitals in Indonesia recorded 278 Unexpected Events (KTD), 153 Near-Injury (KNC) incidents, and 194 Non-Injury Events (KTC). According to the incident's outcome, 390 instances resulted in no injuries, 112 cases resulted in minor injuries, 97 cases resulted in moderate injuries, 7 cases resulted in severe injuries, and 19 cases ended in death. Between 2003 and 2005, the UK's National Institute for Patient Safety recorded 236 near-miss incidents involving the loss of identification wristbands and erroneous information on identity bracelets (Anggraeni, 2014).

According to the World Health Organization (WHO), patient safety is a worldwide problem that often includes several stakeholders. Service errors may arise for a variety of reasons, including human and

technological causes. In hospitals, patient safety mishaps are often deadly and are associated with surgical operations (27 percent), pharmaceutical mistakes (18.3 percent), and infection problems. (12,2%) (World Health Organization, 2017).

One of the hospital's security services begins with the accuracy of patient identification. Errors in patient identification at the start of the service will have an effect on the service later on. Each patient must be properly recognized, since not all patients are capable of appropriately revealing their identify. This is because some patients may be sedated, confused, or not completely aware, or may move beds, rooms, or places within the hospital, or may experience other circumstances that result in patient identification problems. 2011 (KARS).

Medical identification mistakes may occur in almost every element of patient care, with potentially catastrophic repercussions for patients. Patient satisfaction levels are directly related to the quality of nursing services provided. Patient satisfaction will rise as a result of improved nursing care (Cahyadi & Mudayana, 2014; Wulandari, 2015). Nursing services, as the front line, have a significant impact on patient satisfaction (Philip, 2014).

Perceived satisfaction might give evidence that the hospital appreciates the importance of service quality. Them are happy when they get information, receive a high-quality consultation, and have a pleasant physical environment, which encourages patients to return to the hospital when they want services (Pouraga & Zarei, 2016). A service that satisfies a patient while he or she is in the hospital will be suggested to others as a referral location for treatment. As health care providers, hospitals must understand the elements that influence service level satisfaction and the root causes of patient discontent (Aiken et al, 2012).

According to a preliminary study done by researchers in room 27 RSUD dr. Saiful Anwar Malang, interviews with ten patients revealed that seven patients (100%) expressed dissatisfaction with the nurse's service since injections were administered by students. The patient is more familiar with the students than the nurse is. However, three patients report being happy with the infusion, owing to the nurses' skill in administering infusions. In light of the above, researchers are interested in evaluating the link between proper patient identification and patient satisfaction in Room 27 RSUD dr. Saiful Anwar Malang.

METHODS

This research employs quantitative analytical techniques and a cross-sectional design. Correlation description study employs a single-measurement approach by providing questionnaires to respondents. The population for this research was defined as any subject who satisfied preset criteria; the population for this study was defined as patients receiving inpatient treatment in Room 27. Each year, the overall number of patients in Room 27 ranged between 130 and 195. February saw a total of 160 patients in Room 27. The sample for this research consisted of 123 respondents who were patients in room 27 and fulfilled the inclusion and exclusion criteria. Purposive sampling was utilized in this investigation. The nurse's proper identification of the patient was the independent variable in this research. The degree of patient satisfaction is the dependent variable in this research. A questionnaire and an observation sheet with a check list table were used to gather data in this investigation. The chi-square (x2) test was used to analyze the data. This study has been subjected to adequate ethical scrutiny and has already been granted a certificate of research

ethical feasibility. Researchers process data by editing, scoring, coding, entering, and tabulating. The data gathering schedule is as follows: The research was place during March and April 2020.
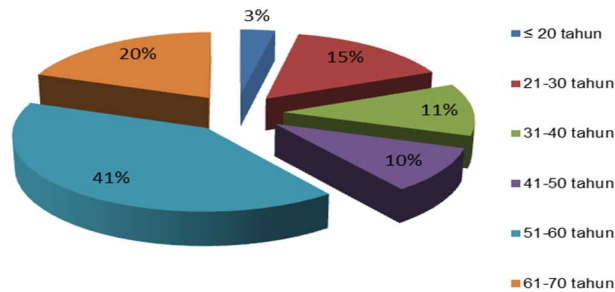
RESULTS AND DISCUSSION

Figure 1 Characteristics of Respondents based on the age distribution of patients

Figure 1 shows the age of most patients in room 27, namely 41-50 years old (41%).

Figure 2 Characteristics of respondents based on the distribution of the last education

Figure 2 shows the most recent education taken is high school as many as 49 patients (40%).
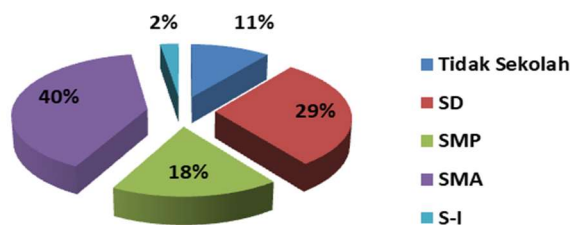

Figure 3 Characteristics of respondents based on job distribution

Based on Figure 3 shows that most of the patients work as private employees as many as 53 patients (43%)

Overview of the Implementation of Patient Identification

Table 1 Frequency Distribution Based on Correct Patient Identification

Implementation of Patient Identification	N	%
Less	0	0.00
Enough	12	9.76
Good	111	90.24
Total	123	100%

Table 1 shows that almost all of them, as many as 111 respondents (90.24%) identified patients good.

Overview of Patient Satisfaction

Table 2. Frequency Distribution Based on Patient Satisfaction

Implementation of Patient Satisfaction	N	%
Not satisfied	22	17.89
Satisfied	101	82.11
Total	**123**	**100%**

Table 2 shows that as many as 22 patients (17.89%) stated that they were not satisfied with the nursing services and as many as 101 patients (82.11%) stated that they were satisfied with the nursing services in Room 27 of Dr. Saiful Anwar Hospital Malang.

The Relationship of Implementing Correct Patient Identification with Patient Satisfaction

Table 3 Cross-tabulation of Correct Patient Identification with Patient Satisfaction

Implementation of Identification Patient	Patient Satisfaction				Total		P value
	Satisfied		No Satisfied				
	N	%	N	%	N	%	
Enough	0	0	12	9.76	12	9.76	0.000
Good	101	82.11	10	8.13	111	90.24	
Total	101	82.11%	22	17.89%	123	100%	

Based on the results of research conducted on patients in Room 27, it was found that most of the patients who were identified properly would state that they were satisfied, as many as 101 people (82.11%). Based on the results of data analysis showed that there was a relationship between correct patient identification and the level of patient satisfaction (p value = 0.000 < 0.05).

Overview of the Implementation of Patient Identification

According to the study's findings, the majority of nurses in room 27 identified patients positively; specifically, out of 123 respondents in room 27, 12 patients (9.76 percent) were identified quite positively, 111 patients (90.24 percent) were identified positively, and none of the nurses identified negatively. Patient identification is the process of assigning unique identifiers to inpatients. Patient identification is the process of providing patient identification through wristbands to patients treated in hospital inpatient rooms, emergency departments (P1, P2, P3), and outpatients who undergo invasive operations (SKP, 2017). Patient identification is a common procedure that occurs across the continuum of treatment (Australian Commission on Safety and Quality in Health Care) (2017). Patient identification is a mechanism for differentiating one patient from another in order to facilitate or expedite the provision of services to patients. One of the security services provided by hospitals begins with patient identification accuracy. Patient misidentification at the start of service will have an effect on service mistakes later in the process (WHO, 2017).

According to the findings of the study on the application of patient identification, the majority of nurses in Room 27 followed the hospital's standard operating procedures, but there were still those who did not. Policies and procedures are one component of achieving the 2012 edition of the hospital accreditation standard's accuracy requirement for patient identification. The patient safety team at dr. Saiful Anwar Malang has developed a policy in compliance with the 2012 edition of the Hospital accreditation standard in the form of Director's Decree No. 800 of 2017 Patient Identification Policy. According to Cahyono (2008), hospitals are expected to establish and implement regulations and procedures that assure the safety of patient services. This is consistent with the actions that the hospital must take to ensure patient safety,

including that the institution must have a policy outlining individual duties and responsibilities in the event of an incident (Permenkes, 2011).

Patient identification rules or laws require at least two methods of patient identification, including the patient's name, date of birth, and medical record number, and it is not permitted to utilize the patient's room number or location (PMK RI, 2017). The patient safety team's policy requires that patient identification employ a minimum of two patient IDs. According to the Dr Saiful Anwar Hospital's patient identification guide, two identities were required when identifying the patient, namely the patient's name and date of birth; both identities must also be on the patient's identity bracelet. The patient safety team's policies and procedures adhere to the standards of the 2017 edition of hospital accreditation.

Standard Operating Procedures (SOP) for patient identification at RSUD dr. Saiful Anwar consist of two SOPs: one for patient identification and another for the installation of an identity bracelet. The processes created have been altered to include components aimed at achieving correct patient identification, and both SOPs have been updated to comply with the 2012 edition of the hospital accreditation standard. This method has been socialized across the nursing community. However, the leader of the room, who is also the patient safety team, is responsible for determining whether or not the room's implementation of patient identification complies with the SOP. While several nurses said that they had been socialized about SOPs, not all of them followed them for a variety of reasons. The majority of nurses said that there were too many patients, and hence not all were treated according to the SOP. All nurses should be fully socialized to ensure that the adoption of patient identification accuracy proceeds smoothly. This is consistent with Yudhwati and Listiowati's study, which indicates that socialization and suboptimal SOPs are impediments to nurses implementing proper patient identification (Yudhawati and Listiowati 2016).

Nurses' capacity to effectively identify patients must follow the protocols established by the SKP working group at RSUD Dr. Saiful Anwar. Before nurses can take action or provide care for patients, they must first identify them. According to the SOP for patient identification, the nurse should ask open-ended questions if they already know the patient or if the patient has been hospitalized for an extended period of time. This is because the data must be verified once again by comparing it to the patient's identification bracelet.

Overview of patient satisfaction in the hospital

Patient satisfaction is the emotion a patient has as a consequence of the performance of health care he receives when compared to his expectations (Pohan, 2013). According to the frequency distribution of patient satisfaction, this survey discovered that 101 respondents (82.11 percent) were pleased, whereas 22 respondents were dissatisfied (17.89 percent). The analysis of the data above demonstrates that patients are content with the nursing care they get. This indicates that the patient's expectations for health services include the officers' nice demeanor (tangibles), the nurse's ability to communicate, and the nurse's capacity to take action on behalf of the patient (Reliability). Nurses' talents and skills will instill a feeling of pleasure in patients. Hospitals with qualified physicians and nurses will deliver a greater value to patients and families.

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In general, respondents expressed satisfaction with nurses' capacity to manage patient care difficulties correctly and professionally, nurses' ability to communicate effectively about treatment restrictions, and nurses' timely arrival in the room when required. Nurses must have an excellent rapport with patients and their families. There is interaction between patients and nurses, as well as a positive connection with the patient's family.

Respondents expressed satisfaction with nurses' attitudes toward assisting patients in need of nurses on the component of responsiveness (responsibility) in general. Nurses provide prompt care to patients who need it. The attitude of responsibility must be adopted by nurses since it encompasses nurses who are honest, diligent in their tasks, capable of devoting time and attention to their jobs, demonstrate sportsmanship in their duties, and behave consistently and appropriately. To become a professional nurse, you must demonstrate a strong commitment to delivering the highest possible level of nursing care as a professional obligation.

In general, respondents expressed satisfaction with the nurse's attention to the patient's complaints, the nurse's ability to answer questions concerning the care provided to the patient, and the nurse's thoroughness and expertise in performing nursing activities on the patient. This aspect must be owned by nurses because it encompasses the nurses' ability to provide services, such as knowledge of medical treatment, skills, and sincerity in serving patients and their families, all of which contribute to trust and confidence, as well as politeness and respect for patients and their families.

The service method based on the nursing system's mechanism at the hospital in accordance with nursing service standards may satisfy the nurse, but the patient may not feel psychologically fulfilled, despite the fact that he is healing from his disease. Other variables, such as the patient's features depending on their level of education, such as SMA, may account for up to 40% of the variance. It is possible that the nurse's maximum service is not well received by the patient because the demands are excessive and they are familiar with the various procedures for providing maximum service. This demonstrates that hospitalized individuals are of legal drinking age. This is consistent with Ozlu & Uzun's (2015) observation that older patients are generally more satisfied with hospital services than younger patients due to their lower expectations. Nurses' ability to provide care to older patients is likewise impacted by their age. This is because cultural norms associated with parents are valued and accorded advantages by the younger generation, requiring nurses to devote more time to parents than to youth. (2013) (Dzomeku et al.).

According to Imbalo in Tamsuri (2005), attempts to elicit the data necessary to quantify patient satisfaction would encounter a cultural impediment, namely the inclination of individuals to be hesitant or unwilling to voice criticism, or what is known as the normative impact. Tamsuri (2005) argues that when nurses accept new clients, they must actively assist them in achieving administrative and procedural convenience. The nurse assists the client in going to the inpatient room, puts him in the treatment room, and confirms the equipment required by the client in the treatment room is complete. Following that, the nurse introduces herself, delivers different details about hospital rules, orients the patient to the treatment room and its equipment, and provides more details about hospital policies.

Purnomo (2004) asserts that nursing services have a critical role in defining the quality of health care provided in hospitals, since they employ the highest number of nurses and have the most interaction with patients. Nurses give constant 24-hour care to patients, making them the only health profession in hospitals that can provide a wide variety of patient perspectives of health services.

Sumarwan in Nursalam (2011) asserts that patients are the most important constituents of hospitals, both as customers and as targets for hospital goods. Consumers, particularly patients, will not stop making decisions until the process of getting services is complete. Patients will provide feedback about the services they get. The assessment process's outcomes will elicit sentiments of pleasure or discontent.

According to Kotler (2003), patient satisfaction will be attained if optimum outcomes are produced for each patient and health services pay attention to patients' or families' abilities, to complaints, to physical environmental circumstances and responsiveness, or to prioritizing patient demands. Meanwhile, Heriandi (2006) asserts that patient satisfaction is the first sign of a hospital's standard and a proxy for service quality. Low patient satisfaction will have an effect on hospital visits, and the attitude of nurses toward patients will also have an effect on patient contentment, as by periodically rising patient requirements, their expectations for the level of services supplied will grow as well.

The relationship between correct patient identification and patient satisfaction

According to the findings of study done in Room 27 of RSUD dr Saiful Anwar, 101 respondents were accurately recognized and pleased (82.11 percent), while there were none. While 10 respondents (8.1 percent) recognized patients properly but were unsatisfied, 12 respondents identified patients correctly but were dissatisfied (9.75 percent). Ten respondents were accurately recognized but were unsatisfied (8.1 percent), owing to the fact that nurses did not always solicit patient concerns and did not always provide directions on the next course of action to be taken. While the patients were accurately recognized and expressed dissatisfaction by as many as 12 respondents, the hospital environment was less capable of providing comfort to the patient, and when the patient need help, the nurse did not offer it promptly.

The findings of this study corroborate those of Desy Nuraeni (2017) regarding the relationship between the implementation of standard operating procedures for installing patient identity bracelets and patient satisfaction in the inpatient reception room at the Wates Kulon Progo Hospital in the good category, namely 32 people (42.7 percent), as well as patient satisfaction in the majority of categories, as many as 42 people (56 percent). The findings indicated a substantial correlation between the application of the SOP for patient identification bracelet installation and patient satisfaction in the PPRI room at Wates Kulon Progo Hospital.

According to data research, the most impactful element on patient satisfaction is nurse service. This is because nurse services are the primary pillar of health care in hospitals and serve as the primary barometer of the overall performance of health care. Nursing services of the highest quality must also be delivered in a professional way by professional nursing employees. Each component of therapy and patient care performed by the health care team must be recorded to offer an overall picture of the patient's health status and to serve as legal proof for patients, families, other health care teams, and other interested parties. As a result, RSUD dr Saiful Anwar Malang must perform patient safety training for health professionals in

order to enhance the quality of service in Room 27 and therefore limit the incidence of unforeseen incidents (KTD). As a result, patients may express their satisfaction with the nursing services offered.

CONCLUSIONS AND RECOMMENDATIONS

According to the findings of the data analysis test using the chi-square (x2) test, there is a correlation between accurate patient identification and patient satisfaction, indicating that patients are content with the care given by nurses. The researchers urge that more study be conducted with a bigger sample size and in other treatment rooms, so that a survey of patient satisfaction may be conducted in additional treatment rooms.

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