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THE INFLUENCE OF KNOWLEDGE, ATTITUDE, AND MOTIVATION ON PATIENT IDENTIFICATION COMPLIANCE

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ABSTRACT
Patient safety is a priority in improving the quality of healthcare services, with patient identification serving as a critical initial step to prevent medical errors. RSUD Sungai Lilin reported 100% compliance with patient identification; however, observations indicated that practices were not consistently implemented. This study aimed to analyse the influence of knowledge, attitude, and motivation on staff compliance with patient identification procedures at RSUD Sungai Lilin, Musi Banyuasin Regency, in 2025. A quantitative design was employed using an observational analytic survey with a cross-sectional approach. Data were collected through questionnaires using a total sampling method involving 186 healthcare providers directly delivering patient care, as well as secondary data from the administrative department. The validity test results showed that all questionnaire items had r-values greater than the r-table value of 0.301 and Cronbach's Alpha values greater than 0.6. The analysis assessed the relationship between the independent variables (knowledge, attitude, motivation) and the dependent variable (compliance with patient identification). The findings revealed that most personnel possessed good knowledge, demonstrated positive attitudes, and exhibited supportive work motivation. Compliance was generally high, although inconsistencies were observed under certain conditions. Statistical tests indicated significant associations between knowledge ($p = 0.020$), attitude ($p = 0.009$), and motivation ($p = 0.009$) with compliance. Motivation emerged as the dominant factor influencing adherence to patient identification. It is concluded that compliance with patient identification is influenced by knowledge, attitude, and motivation, with motivation representing the primary determinant.

Keywords: attitude; compliance; knowledge; motivation; patient identification

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INTRODUCTION

Health development is a strategic effort to enhance public awareness, willingness, and capacity to live healthily to achieve an optimal level of health, while simultaneously serving as an investment in human resource development. Patient safety represents a crucial dimension of healthcare quality, with seven core targets, one of which is correct patient identification. Patient identification is a critical initial step in preventing medical errors, as failures may result in medication errors, inappropriate invasive procedures, or surgery on the wrong patient or body site (Kementerian Kesehatan Republik Indonesia, 2017). Globally, patient misidentification remains a persistent challenge. In the United States, 12.3% of sentinel events between 2014 and 2017 were associated with identification errors. In the United Kingdom, more than 1,300 incidents were reported within two years, while a study in Brazil found 11.9% of patient wristbands incorrect and 4.2% of patients without identification (World Health Organization, 2024). Similar conditions are evident in Indonesia. A study reported that nurse compliance with patient identification was only 81% at Universitas Islam Malang (Zamanti et al., 2025), at Universitas Padjadjaran, only 43% of physicians confirmed patient identity accurately (Permatasari et al., 2023), and in a type D hospital in Blitar, low compliance was attributed to weak supervision, safety culture, and facilities (Rahmawati et al., 2020). In contrast, relatively high compliance was observed in a private hospital in East Java, reaching 88.6% (Ayu et al., 2024). At RSUD Sungai Lilin, administrative reports in 2022–2023 documented 100% compliance in patient identification. Nevertheless, field observations

revealed discrepancies, as some healthcare workers did not consistently follow procedures. This indicates a gap between reported performance and actual practice, potentially influenced by individual factors such as knowledge, attitude, and motivation. Previous studies have demonstrated that these factors are significantly associated with compliance in patient identification (Marlita et al., 2024). Against this background, the present study aims to analyse the influence of knowledge, attitude, and motivation on compliance with patient identification at RSUD Sungai Lilin in 2025. The findings are expected to provide both academic insights and practical recommendations for strengthening patient safety culture and improving healthcare quality on a sustainable basis.

METHOD

This study employed a quantitative design with an observational analytic survey and a cross-sectional approach, aimed at analysing the relationship between healthcare workers' knowledge, attitude, and motivation with compliance in patient identification at RSUD Sungai Lilin, Musi Banyuasin Regency, in 2025. The research was conducted from 1 June to 15 July 2025 at RSUD Sungai Lilin. The study population consisted of all healthcare workers who provided direct services to patients, totalling 186 individuals. A total sampling technique was applied, whereby the entire population was included as the research sample. The inclusion criteria comprised healthcare workers who directly interacted with patients or their families and were willing to complete the questionnaire, while no exclusion criteria were applied.

The research variables included the dependent variable, namely compliance with patient identification, and the independent variables, which encompassed healthcare workers' knowledge, attitude, and motivation. The primary research instrument was a structured questionnaire, developed based on the indicators of each variable, and consisting of questions regarding respondent characteristics, levels of knowledge, attitude, motivation, and compliance with patient identification procedures. The data used consisted of primary data obtained from respondents' questionnaire responses and secondary data in the form of the RSUD Sungai Lilin profile, which supported the research information. The validity and reliability tests showed that out of 15 knowledge questionnaire items, 13 were valid and reliable (Cronbach's Alpha = 0.758), while all 15 attitude items (Cronbach's Alpha = 0.911) and 15 motivation items (Cronbach's Alpha = 0.950) were proven to be valid and reliable, indicating that all instruments were appropriate for use in the data analysis.
Through this design, the study sought to describe the level of compliance with patient identification and to analyse the influence of individual factors including knowledge, attitude, and motivation on compliance with identification procedures. The findings are expected to provide both scientific contributions and practical implications for enhancing healthcare quality and patient safety within the hospital setting.

RESULT

Of the total study population, eight individuals were structurally assigned to service units but, in their daily duties, did not have direct contact with patients. Their responsibilities were primarily administrative, including tasks such as medical record archiving, data entry, and scheduling, without involvement in the delivery of clinical services. As they did not meet the inclusion criteria as healthcare providers delivering direct patient care, these eight individuals were excluded from data collection. Consequently, the final number of respondents was 178.

Based on the results, the majority of healthcare providers at RSUD Sungai Lilin were over 31 years old (52.8%), predominantly female (77.0%), and mostly had secondary education (61.8%). Most had less than five years of service (64.6%). In terms of knowledge, more than half showed a high level (53.4%). Attitudes were mainly positive (52.8%), while motivation was equally divided between supportive and unsupportive (50.0% each). Compliance with patient identification procedures was high, with 79.8% of respondents being compliant.

Table 1
Frequency distribution of respondents based on the characteristics of healthcare providers (n = 178)

Variables		f	%
Age	<31 years	84	47,2
	≥ 31 years	94	52,8
Gender	Male	41	23,0
	Female	137	77,0
Education	Secondary	110	61,8
	Higher	68	38,2
Length of Service	< 5 years	115	64,6
	≥ 5 years	63	35,4
Knowledge	Low	83	46,6
	High	95	53,4
Attitude	Negative	84	47,2
	Positive	94	52,8
Motivation	Unsupportive	89	50,0
	Supportive	89	50,0
Compliance	Non-compliant	36	20,2
	Compliant	142	79,8

Table 2
Association between factors influencing compliance with patient identification among healthcare providers (n = 178)

Variables	Patient Identification Compliance				Total		*p Value*	*OR (95%CI)*
	Non-compliant		Compliant					
	f	%	f	%	f	%		
Age								
<31 years	18	21,4	66	78,6	84	100	0,705	-
≥ 31 years	18	21,4	76	80,9	94	100		
Gender								
Male	9	22,0	32	78,0	41	100	0,754	-
Female	27	19,7	110	80,3	137	100		
Education								
Secondary	22	20,0	88	80,0	110	100	0,924	-
Higher	14	20,6	54	79,4	68	100		
Length of Service								
< 5 years	20	17,4	95	82,6	115	100	0,204	-
≥ 5 years	16	25,4	47	74,6	63	100		
Knowledge								
Low	23	27,7	60	72,3	83	100	0,020	2,418 (1,134-5,156)
High	13	13,7	82	86,3	95	100		
Attitude								
Negative	24	28,6	60	71,4	84	100	0,009	2,733 (1,267-5,896)
Positive	12	12,8	82	87,2	94	100		
Motivation								
Unsupportive	25	28,1	64	71,9	89	100	0,009	2,770 (1,267-6,057)
Supportive	11	12,4	78	87,6	89	100		

Based on table 2, age, sex, education, and length of service did not show a significant association with compliance in patient identification ($p > 0.05$). Conversely, three factors were found to be significantly associated: knowledge, attitude, and motivation. Respondents with low knowledge were 2.4 times more likely to be non-compliant compared to those with high knowledge (OR = 2.418; 95% CI: 1.134–5.156; $p = 0.020$). Similarly, respondents with a negative attitude had a 2.7fold higher risk of non-compliance compared to those with a positive attitude (OR = 2.733; 95% CI: 1.267–5.896; $p = 0.009$). Motivation also emerged as a significant factor, as respondents with unsupportive motivation were 2.8 times more likely to be non-compliant with patient identification compared to those with supportive motivation (OR = 2.770; 95% CI: 1.267–6.057; $p = 0.009$). These findings indicate that compliance with patient identification at RSUD Sungai Lilin is more

strongly influenced by individual internal factors such as knowledge, attitude, and motivation, rather than demographic characteristics.

Table 3
Results of logistic regression analysis using the backward LR method for predictors of patient identification compliance among healthcare providers (n=178)

Step	Variables	*p Value*	*Odds Ratio*	*95,0% C.I.for EXP(B)*	
				Lower	*Upper*
Step1	Knowledge	0,252	1,643	0,703	3,842
	Attitude	0,411	1,582	0,531	4,713
	Motivation	0,381	1,640	0,543	4,955
Step 2	Knowledge	0,172	1,776	0,778	4,051
	Motivation	0,069	2,200	0,942	5,139
Step 3	Motivation	0,011	2,770	1,267	6,057

Based on Table 3, the results of the multivariate logistic regression analysis using the backward LR method showed that, in the first step, all variables (knowledge, attitude, and motivation) were included in the model; however, none demonstrated a significant effect on patient identification compliance ($p > 0.05$). In the second step, the remaining variables were knowledge and motivation, with motivation beginning to show a tendency toward significance ($p = 0.069$) and an odds ratio of 2.200 (95% CI: 0.942–5.139). In the third step, motivation emerged as a significant predictor ($p = 0.011$) with an odds ratio of 2.770 (95% CI: 1.267–6.057). This finding indicates that healthcare providers with supportive motivation were nearly three times more likely to comply with patient identification procedures compared to those with unsupportive motivation. These results confirm that among the three factors examined, motivation is the primary predictor of compliance with patient identification at RSUD Sungai Lilin.

DISCUSSION

Association Between Knowledge and Compliance with Patient Identification

The findings of this study demonstrated a significant association between knowledge and compliance with patient identification ($p = 0.020$; OR = 2.418; 95% CI: 1.134–5.156), indicating that healthcare workers with higher knowledge were 2.4 times more likely to comply compared to those with lower knowledge. This highlights knowledge as an essential factor that can be strengthened through continuous education, consistent with the frameworks of the Theory of Planned Behavior (TPB), the Health Belief Model (HBM), and the recommendations outlined in the WHO Global Patient Safety Action Plan 2021–2030. These results are in line with previous studies that similarly reported a positive correlation between knowledge and compliance in patient safety practices(Anggraeni et al., 2024;Rifai, 2023).

These findings are also consistent with previous studies. For instance, at Permata Hati Hospital (2021), a significant association was identified between nurses' knowledge levels and the implementation of patient identification ($p = 0.005$) (Wulandari et al., 2021). Similarly, a study conducted at Diponegoro National Hospital (2023) reported a strong and positive correlation ($r = 0.619$; $p < 0.001$) between knowledge of patient safety goals and compliance with patient identification (Rifai, 2023). On the other hand, although most of the literature supports the positive relationship between knowledge and compliance, some studies have produced different results. For example, research in the inpatient ward of a private hospital found a significant correlation when measured through questionnaires ($p = 0.049$), but not when assessed through direct observation ($p = 0.159$) (Pratiwi et al., 2019). This suggests that knowledge measured subjectively through self-reported questionnaires does not always reflect actual practice in the clinical setting. Therefore, a combined approach involving both direct observation and more practical, application-oriented education is necessary.

Overall, these findings reinforce the importance of knowledge as a determinant factor in compliance with patient identification. However, for knowledge to yield a tangible impact, it must be integrated

with theoretical approaches such as the Theory of Planned Behavior (TPB) and the Health Belief Model (HBM), which address beliefs, attitudes, intentions, and behavioural control. This should be further supported by continuous educational strategies, the strengthening of a patient safety culture, and the evaluation of actual clinical practice, in line with the WHO Global Patient Safety Action Plan 2021–2030, which emphasises education and training as core pillars of patient safety programmes.

Association Between Attitude and Compliance with Patient Identification

The findings of this study revealed that healthcare workers' attitudes had a significant association with compliance with patient identification procedures (p = 0.009; OR = 2.733; 95% CI: 1.267–5.896). Healthcare workers with a positive attitude were 2.7 times more likely to comply compared to those with a negative attitude, underscoring attitude as a key determinant in shaping compliance behaviour. This is consistent with the Theory of Planned Behavior (TPB), which emphasises the role of attitude in forming behavioural intention (Ajzen, 1991, cited in Ababneh et al., 2022), as well as the Health Belief Model (Green et al., 2020) and Self Determination Theory (Alberts et al., 2024) which highlight the contribution of intrinsic beliefs and values to sustained compliance.

Empirical evidence over the past five years further supports this finding. A study at Permata Hati Hospital (Wulandari et al., 2021) found a significant association between attitude and the implementation of patient identification (p = 0.002), while research conducted at Diponegoro National Hospital (Rifai, 2023) similarly reported a strong positive correlation between healthcare workers' attitudes and compliance with patient identification. Additional studies in academic nursing settings confirmed that fostering positive attitudes through training and clinical practice can significantly enhance patient safety (Hartati et al., 2023). Moreover, research on nursing students demonstrated that a favourable attitude could strengthen the relationship between motivation and compliance with patient safety protocols (Putri et al., 2025).

Nevertheless, this study also showed that nearly half of the respondents still held negative attitudes, with the majority of them falling into the non-compliant category. This condition highlights the need for strategic interventions that place greater emphasis on reinforcing positive attitudes. Such efforts may include continuous coaching, education grounded in patient safety values, supervision under a no blame culture approach, and evidence based behavioural change strategies. These interventions are consistent with the findings of Wardhani et al., (2025), who demonstrated that healthcare workers' attitudes can be improved through integrated educational programmes, as well as Sureskiarti et al., (2023) who stressed the importance of embedding a safety culture to foster sustainable positive attitudes. Thus, cultivating positive attitudes should not only be considered a short-term intervention target but also a long-term investment in establishing a strong patient safety culture.

Association Between Motivation and Compliance with Patient Identification

The findings of this study demonstrated a significant association between motivation and compliance with patient identification (p = 0.009; OR = 2.770; 95% CI: 1.267–6.057), indicating that healthcare workers with higher motivation were 2.77 times more likely to comply. This result is consistent with Self-Determination Theory (SDT), which posits that intrinsic motivation arises from the fulfilment of basic psychological needs such as autonomy, competence, and relatedness, thereby fostering sustained engagement and consistent behaviour in clinical care contexts (Alberts et al., 2024). Similarly, the Health Belief Model (HBM) explains the critical role of perceived benefits, barriers, self-efficacy, and cues to action in shaping proactive health behaviours. Educational interventions based on HBM have demonstrated effectiveness in improving compliance with safety procedures, including infection prevention standards and the use of protective equipment (Green et al., 2020). Furthermore, the Theory of Planned Behavior (TPB) provides a framework in which motivation reinforces intention, which acts as the primary mediator between attitude, subjective

norms, and perceived behavioural control, ultimately leading to compliant actions. Reviews of TPB based interventions in developing countries have also demonstrated the effectiveness of this approach in enhancing desirable health behaviours (Ajzen, 1991, cited in Ababneh et al., 2022).

Recent empirical literature from Indonesia further supports this perspective. A systematic review identified motivation as one of the consistently dominant factors influencing healthcare workers' compliance with patient safety standards (Ali et al., 2025). More specifically, studies on patient identification have reported a positive correlation between motivation and adherence to procedural requirements (Gani et al., 2023). Therefore, the findings of this study not only provide contextual validation of health motivation theories but also highlight the importance of multifactorial intervention approaches: (1) critical training to support staff autonomy and competence (SDT), (2) enhancement of perceived benefits and reduction of barriers in identification procedures (HBM), and (3) implementation of dual identifiers or direct feedback mechanisms to reinforce perceived behavioural control and intention (TPB). Such approaches hold strong potential to strengthen intrinsic motivation while simultaneously creating opportunities for more consistent and sustainable compliance behaviours.

The Most Dominant Factor Associated with Compliance in Patient Identification

Logistic regression analysis revealed that motivation was the only significant predictor of compliance with patient identification ($p = 0.011$; OR = 2.770; 95% CI: 1.267–6.057), indicating that healthcare workers with higher motivation were nearly three times more likely to comply compared to those with lower motivation. This finding suggests that while knowledge and attitude are important elements, they may not consistently translate into compliant behaviour without the presence of strong internal motivation—an underlying principle of Self Determination Theory (SDT). SDT emphasises that intrinsic motivation, supported by the psychological needs for autonomy, competence, and relatedness, is more effective in sustaining long term behavioural adherence within clinical contexts (Alberts et al., 2024).

Furthermore, the consistency of this result aligns with the Theory of Planned Behavior (TPB), where motivation, as a manifestation of behavioural intention, functions as a mediator between attitude, subjective norms, perceived behavioural control, and actual action. In other words, strong motivation reinforces behavioural intention, even when external controls and social norms are favourable (Ajzen, 1991, cited in Ababneh et al., 2022). Contemporary empirical studies in Indonesia further corroborate this perspective. For instance, Gani et al., (2023) reported that motivation was one of the dominant factors influencing healthcare workers' compliance with patient safety protocols.

Additional empirical evidence supports this conclusion. Studies by Muhlis et al., (2023), Della et al., (2023), Melinia Safitri et al., (2024) and Herlina (2020) identified motivation as a dominant determinant of compliance across various healthcare contexts. Collectively, these findings highlight that hospital strategies for improving compliance should focus on strengthening healthcare workers' internal motivation, rather than relying solely on knowledge enhancement or attitude formation. Overall, this body of evidence underscores that effective hospital interventions to improve compliance should prioritise the cultivation of intrinsic motivation among healthcare workers. Potential strategies include training programmes that foster autonomy and competence (SDT), incentive and recognition systems that stimulate intrinsic motivation, and rapid feedback mechanisms to reinforce compliant behaviours (TPB). Such a holistic approach holds substantial potential to promote sustained compliance and ensure a stronger patient safety orientation.

CONCLUSION

Based on the findings of the study conducted at Sungai Lilin District Hospital, Musi Banyuasin Regency, in 2025, it can be concluded that the majority of healthcare providers possessed adequate

knowledge regarding patient identification procedures. This indicates that, cognitively, they recognised the importance of these procedures as an integral component of patient safety efforts. Moreover, their attitudes were generally positive, as reflected in their willingness and acceptance of established rules and standard operating procedures. In addition, healthcare workers demonstrated work motivation that generally supported the implementation of patient identification, stemming both from intrinsic drives to provide optimal care and from extrinsic factors such as hospital policies and a supportive work environment.

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