

THE INFLUENCE OF NURSING ETHICS ROUNDS ON PATIENT IDENTIFICATION ACCURACY

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Article Received date: 10 June 2025

Article Revised date: 30 June 2025

Article Accepted date: 21 July 2025



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ABSTRACT

Ethics plays a central role in nurses' moral behavior toward patients, which significantly impacts patient health. Ethics is considered a crucial element of all health professions, including nursing, and can affect patient safety, particularly in the implementation of patient identification. One intervention that can be used to maintain ethical behavior among nursing staff is the nursing ethics round. This study aims to analyze the impact of the implementation of nursing ethics rounds on the implementation of patient identification in hospitals. The method used in this study is quantitative research using a quasi-experiment without a control group, with a sample size of 56 respondents. The intervention was a nursing ethics round. Data analysis was conducted using parametric alternative tests. McNemar. The results of this study indicate that there is a significant influence of the implementation of nursing ethics rounds on the implementation of patient identification in the Hospital Inpatient Ward. Nursing ethics rounds are included in the controlling management function (control or supervision) by the nursing committee to ensure the achievement of organizational goals, maintain service quality, and patient safety, especially in the implementation of patient identification.

KEYWORDS: Nursing ethics round, code of ethics, patient identification.

INTRODUCTION

Ethics and patient safety are two crucial aspects of healthcare. Ethical principles applied in patient care are key to providing quality care to prevent harm to patients, which can lead to physical damage, emotional harm, such as dissatisfaction, disability, or even death, and ultimately, the goal of care, which is patient safety, will not be realized.^[1]

Ethics has a central role in the moral behavior of nurses towards patients, which has a significant impact on improving patient health.^[2] The ethics of nursing staff in hospitals are maintained and preserved by the nursing committee, which is a non-structural body of the hospital that aims to improve the professionalism of nursing staff so that the quality of nursing services oriented towards patient safety in hospitals is more guaranteed and protected.^[3] Ethics are considered an important element of all health professions, including nursing, that can affect patient safety, especially in the implementation of patient identification.

Patient identification is one of the six fundamental patient safety goals that must be met by a healthcare professional, with the aim of ensuring that patients receive the correct and appropriate standard of care and treatment according to their needs.^[4] Patient identification errors result in wrong patients, wrong procedures, and wrong treatments. The impact of adverse events and misidentifications can have extreme consequences, with outcomes ranging from near misses to catastrophic events.^[5]

The International Commission (JCI) revealed that there were 130 cases of patient safety incidents caused by misidentification in 2015, including transfusions, wrong patient errors, wrong site errors, and wrong procedure errors.^[5] Patient misidentification can result in patients being misdiagnosed, treated incorrectly (including wrong patient surgical procedures), receiving the wrong medication, and incorrect pathology labeling. Implementing proper patient identification can reduce the number of patient safety incidents.

Nurses, as members of the healthcare team who are in constant contact with patients twenty-four hours a day, have a vital role in maintaining patient safety, particularly in the implementation of patient identification. Nurses who provide nursing care to patients must continuously strive to improve the quality of service while maintaining attention to safety rights and preventing incidents as a form of ethical behavior in implementing nursing care.^[6] This position makes the role of nurses very important in preventing patient safety incidents.^[7]

A preliminary study conducted by the author, based on interviews with the nursing supervision team at the hospital, found that patient identification in the hospital remains low. Nurses are still not properly identifying patients. Observations made by the author during inpatient care for one month revealed that patients undergoing procedures were not properly identified. The majority of nurses had performed patient identification, but the implementation was not appropriate, such as not asking names with open-ended questions and not confirming dates of birth. Some nurses were even found to be performing procedures without identifying patients.

Observations and preliminary studies conducted by researchers, in line with the report on the achievement of patient safety targets conducted by the Quality and Patient Safety Committee at the Hospital, found that patient identification was the patient safety target with the lowest achievement, namely 75% with a target of 100%. The achievement of patient identification with a score of 75% in the quarter resulted in several reports of patient safety incidents obtained by the Quality and Patient Safety Committee in the first quarter, namely 4 cases of near injury events, 1 case of non-injury events, and 1 case of undesirable events.

Research conducted in one of the accredited hospitals explained that the implementation of identification by nurses was lacking, identification checks by nurses were lacking, and identification carried out by nurses for unconscious patients was still lacking. Patient identification is a patient safety target that still needs attention because its implementation is still ignored by nurses.^[8] Research at a regional general hospital found that not all nurses knew about the standard procedures for using patient identification bracelets, and not all nurses' actions were correct in carrying out procedures using patient identification bracelets.^[9]

Management and organizational factors are related to the implementation of patient identification, so that periodic evaluation of the implementation of patient identification accuracy is needed.^[10] Other studies report that there is an influence of the implementation of the nursing code of ethics on nursing services.^[11] Nursing ethics rounds are one form of monitoring and evaluation by the nursing committee regarding the quality of nurses who provide

care, and as a form of implementing the controlling management function.

A study conducted in the Netherlands reported that managers' reasons for conducting ethics rounds were to improve the quality of daily services.^[12] Another study explained that the implementation of ethics rounds had an impact on the quality of ethics in the institution.^[13] Based on the two studies mentioned, it is known that ethics rounds are one strategy that can be used to improve the quality of services and increase patient safety. This made the author interested in conducting research on whether nursing ethics rounds can improve the achievement rate of accurate patient identification in hospitals.

MATERIALS AND METHODS

The method used in this research is quantitative research using a quasi-experiment without a control. The intervention was a nursing ethics round. The test was conducted twice, once before and once after the intervention. The quantitative population in this study was all inpatient nurses, selected using a total sampling technique, totaling 56 nurses. The quantitative instrument in this study used a patient identification observation sheet in accordance with Minister of Health Regulation No. 11 concerning Patient Safety. Research data includes nominal identification data of the patient in the form of done and not done. Analysis of research data using non-parametric alternative tests, McNemar. Overall, the research implemented ethical principles, and this research has received ethical approval with number 200/II.LAU/KET.ETIK/IV/2024.

RESULTS AND DISCUSSION

This research was conducted at a hospital in Pontianak, collecting data through observations of patient identification. The first observation, a pretest, and the second observation were conducted within a month of the first observation, a post-test.

The characteristics of the respondents in this study are described in Table 1.

Table 1: Description of respondent characteristics, n=56.

Characteristics	f	(%)
Age		
26-35 years old	48	85.7
36-45 years old	8	14.3
Education		
Diploma	14	25
Bachelor	39	69.6
Master of Nursing	3	5.4
Level Career		
PK 1	3	5.4
PK 2	28	50
PK 3	25	44.6
Total	56	100

Table 1 explains the characteristics of respondents who played a role in the study, such as age, education, and career level. The age of the respondents was 48 people (85.7%), the majority of whom were in the early adulthood age range, the last education of the respondents was mostly at the Nurse level as many as 39 people (69.6%), and the majority of respondents were at the PK 2 career level as many as 28 people (50%).

An overview of the implementation of patient identification in the inpatient ward is presented in Table 2.

Table 2: Implementation of Patient Identification, n=56.

Identification Patient	Pretest		Posttest	
	f	%	f	%
Yes	44	78.6	53	94.6
No	12	21.4	3	5.4
Total	56	100	56	100

Table 2 shows that observations of the implementation of patient identification before the nursing ethics round intervention (Pretest) showed that identification was carried out by 44 people (78.6%) and not by 12 people (21.4%). Observations after the nursing ethics round showed that identification was carried out by 53 people (94.6%) and not by 3 people.

People (5.4%).

The McNemar Test analysis results before and after the post-test will be depicted in the table.

Table 3: McNemar Test Analysis n=56.

		Posttest		Total	p
		No	Yes		
Pre-test	No	2	10	12	0.012
	Yes	1	43	44	
Total		3	53	56	

Table 3 posttest results show that two respondents who had not previously performed patient identification continued to do so. Ten respondents who had not previously performed patient identification did so.

Three respondents who previously performed patient identification stopped doing so. Forty-three respondents who previously performed patient identification continued to do so. Statistically, the results of this study found that the implementation of nursing ethics rounds had an effect on patient identification, with a $p = 0.012$ ($p < 0.05$).

The majority of respondents in this study were in the early adulthood age range (26-35 years), namely 48 people (85.7%). Age is identical to the process of physical and mental maturity as well as an individual's thought patterns in making decisions, so that, according to growth and development theory, age is used as an

indicator of maturity classification.^[5] Research conducted showed that there was a relationship between age and the accuracy of patient identification by inpatient nurses. Early adulthood is an age when people have a high level of curiosity and are easily adaptable.^[14]

The second variable described in this study is education, where the majority of respondents in this study were at the nursing education level, as many as 39 people (69.6%). A person's education influences a person's work, including in patient identification compliance. The higher a person's education, the easier it is for them to receive and digest new information from outside. In addition, a more open mind is also often found in people with higher education.^[5] This statement is in line with research conducted, which stated that there is a relationship between the level of education and the implementation of accurate patient identification in the Inpatient Ward.^[14]

The third variable described in this study is career level, where the majority of respondents, 28 people (50%), are at career level PK 2. The study found that there was a relationship between nurse competence and compliance with patient identification.^[15] Another study entitled Nurse Competence for Patient Safety in Several Hospitals found that there was a significant relationship between nurse competence and patient safety. Competence is often a motivation for employees to increase creativity in their workplace.^[15]

The pretest-posttest analysis is in line with research conducted regarding the factors that influence the implementation of patient safety in the inpatient room; it was found that there was an influence of supervision on the implementation of patient safety in the inpatient room.^[16] Another study conducted an analysis of factors related to nurse compliance in the implementation of patient identification in the inpatient room of internal medicine, which found that there was a significant relationship between supervision and nurse compliance in the implementation of patient identification.^[17]

The nursing ethics round is included in the controlling management function (control or supervision) by the nursing committee. Controlling in nursing management is a process of monitoring, evaluating, and improving the implementation of the nursing plan to ensure that goals are achieved according to standards.^[18] The main purpose of controlling is to ensure the achievement of organizational goals and maintain the quality of service.

Nursing ethics round is a method in the identification and evaluation of performance, ethical discipline of nursing staff, which is useful for improving services to patients and providing input to nurses about performance. And ethical discipline towards himself.^[19] The main objective of the ethics round is to develop relevant competencies in health professionals to identify, prevent, and resolve ethical conflicts.^[13] Research in the Netherlands

conducted by Silen et al. One of the reasons managers conduct ethics rounds is to improve the quality of service every day.^[12]

CONCLUSION

Based on the research results, it was found that the pretest and posttest showed a significant influence between the nursing ethics round and the implementation of patient identification.

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