Factors related to the implementation of patient identification in hospitals: A literature review

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Abstract

Introduction: Patient safety is the basic and main principle in providing health care. Patient safety in hospitals begins with patient identification. Errors at the patient identification stage will have an impact on health care errors at the next stage. However, findings in the field show that the patient identification process has not been completely carried out properly by health workers.

Purpose: Analyze factors related to the implementation of patient identification in hospitals.

Method: This research uses a literature review method. Articles were collected from three database sources, namely ScienceDirect, Portal Garuda and Google Scholar, which were published between 2019 and 2023. Article searches used the keywords "related factors" AND "patient identification" AND "hospital".

Results: Research studies were conducted in three different countries and showed that there were various factors related to the implementation of patient identification in hospitals. The factors most frequently found were related to hospital facilities and supervision from superiors.

Conclusion: The implementation of patient identification in hospitals is related to three factors which are divided into predisposing factors, enabling factors and reinforcing factors.

Keywords: Related factors; Patient identification; Hospital

1. Introduction

Patient safety is the basic and main principle in providing health care. Patient safety refers to a system to make patient care safer [1]. According to the World Health Organization [2], in middle and developing countries there are 134 million patient safety incidents that occur every year. Most of these incidents were caused by unsafe medical care, resulting in 2.6 million deaths [2]. Meanwhile in Indonesia, the Directorate General of Health Services reported that there were 10,570 cases of patient safety incidents that occurred until 2019 [3].

Patient safety in hospitals begins with patient identification. Errors at the patient identification stage will have an impact on health care errors at the next stage [4]. The Department of Veterans Affairs (VA) National Center for Patient Safety in the United States found that from January 2000 to March 2003 there were more than 100 patient safety incidents with the root cause originating from patient identification errors [5]. The patient safety incident report in Indonesia based on 2012 Joint Commission International (JCI) data found that patient identification errors occurred in 68% of blood transfusion incidents and 13% of surgical errors [6].

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Based on this explanation, it can be seen that the patient identification process has not been completely carried out properly by health workers. In fact, correct patient identification can prevent failure of care provided by health workers at various levels of health care [7]. So, this article was written with the aim of analyzing factors related to the implementation of patient identification in hospitals.

2. Material and methods
This research uses a literature review method. The data collection process was carried out by collecting articles from three data base sources, namely ScienceDirect, Portal Garuda and Google Scholar. The keywords used in the article search were "related factors" AND "patient identification" AND "hospital". The inclusion criteria for article searches are articles published between 2019 and 2023, in the form of original articles, full text and open access, using quantitative research methods, and research not limited to certain regions or countries.

3. Results and discussion
Based on a search of the articles collected and the author's analysis, it was found that:

Table 1 Summary of research results

<table>
<thead>
<tr>
<th>No</th>
<th>Author</th>
<th>Title</th>
<th>Method</th>
<th>Sample</th>
<th>Country</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Usman et al. [8]</td>
<td>The Relationship between Nurses' Mental Workload and the Implementation of Patient Identification in Administering Medication during the Covid-19 Period in the Inpatient Room of RSUD Ajibarang</td>
<td>Cross-sectional</td>
<td>50 nurses in the inpatient room</td>
<td>Indonesia</td>
<td>There is a relationship between the mental workload of nurses and the application of patient identification in administering drugs during the Covid-19 period in the inpatient room at RSUD Ajibarang (p=0.005)</td>
</tr>
<tr>
<td>2.</td>
<td>Eliwarti. [9]</td>
<td>Analysis of Factors Associated with Nurse Compliance in Implementing Patient Identification in the Internal Medicine Inpatient Room at RSUP Dr. M. Djamil Padang</td>
<td>Cross-sectional</td>
<td>38 nurses in the internal medicine inpatient room</td>
<td>Indonesia</td>
<td>There is a relationship between facilities factors (p=0.000) and supervision (p=0.005) with nurses’ adherence in applying for patient identification.</td>
</tr>
<tr>
<td>3.</td>
<td>Simamora et al. [10]</td>
<td>Analysis of Factors Related to the Accuracy of the Implementation of Patient Identification by Nurses in the ICU Rantauprapat Hospital 2021</td>
<td>Cross-sectional</td>
<td>64 nurses in the inpatient room</td>
<td>Indonesia</td>
<td>Variables related to the implementation of patient identification were age (p=0.001), education (p=0.007), length of service (p=0.026), hospital policy (p=0.006), and supervision (p=0.000).</td>
</tr>
<tr>
<td>4.</td>
<td>Herlina et al. [11]</td>
<td>The Relationship of Motivation with Compliance in Nurses Implementation of Patient Identification as part of Patient Safety in the Inpatient Room</td>
<td>Cross-sectional</td>
<td>26 nurses in the inpatient room</td>
<td>Indonesia</td>
<td>There is a relationship between nurse motivation and compliance with the implementation of patient identification (p=0.004)</td>
</tr>
</tbody>
</table>
Based on Table 1, all the factors that have been identified can be grouped into 3 categories. The grouping is carried out based on the theory of Lawrence Green (1980) [15], which classifies factors related to the occurrence of an action into three, namely predisposing factors, enabling factors and reinforcing factors. The results of grouping factors related to the implementation of patient identification in hospitals are listed in Table 2.

Table 2 Grouping of factors related to the implementation of patient identification in hospital

<table>
<thead>
<tr>
<th>Predisposing Factors</th>
<th>Enabling Factors</th>
<th>Reinforcing Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Hospital facilities</td>
<td>Supervision</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Availability of information</td>
<td>Hospital policy</td>
</tr>
<tr>
<td>Age</td>
<td>Work team</td>
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<tr>
<td>Length of service</td>
<td>Hospital management</td>
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<tr>
<td>Workload</td>
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<tr>
<td>Work motivation</td>
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</tbody>
</table>

Based on the Table 2, the discussion section will discuss factors related to the implementation of patient identification in hospital which is divided into 3 factors according to the theory of Lawrence Green (1980) [15].

3.1. Predisposing Factors

Predisposing factors are factors that underlie a person’s motivation to do something [15]. Predisposing factors identified from this research include nurses’ education and knowledge, nurses’ age and length of service, workload, and work motivation. In the patient identification process there is a relationship between knowledge and accuracy of patient identification [13, 14]. High knowledge will increase the accuracy of patient identification by 3,043 times [14]. Nurses’ knowledge can be improved through education. Research from Simamora et al. [10] shows that the risk of inaccurate implementation of patient identification is 2.17 times greater in associate degree of nursing compared to bachelor of nursing.

Simamora et al. [10] states that correct patient identification is more common in nurses aged 32-45 years. Age has a relationship with comprehension power and mindset in carrying out tasks. Nurses with a young or productive age range are in optimal conditions to apply their competencies so they tend to provide optimal nursing care [16]. Research by Simamora et al [10] also shows that the accuracy of implementing patient identification is higher in nurses with > 5 years of service.
Workload is related to the job description that a person must complete within a certain time limit [17]. Research conducted by Usman et al. [8] found that high workloads can trigger work stress and lack of concentration among nurses. Then it will have an impact on patient safety incidents, especially in the patient identification process when administering medication.

Work motivation is a basic thing that functions as a driver of a person's behavior. Nurses with good work motivation will also have good compliance in carrying out patient identification [11]. The existence of work motivation encourages nurses to have high enthusiasm in carrying out their work responsibilities. Conversely, without motivation, nurses cannot meet work standards. This is because motivation leads to enjoyment in carrying out tasks and job satisfaction [18].

3.2. Enabling Factors

Enabling factors are factors that play a role in facilitating someone's behavior [15]. Enabling factors identified from this research include facilities, availability of information, work teams and hospital management. Hospital facilities are related to staff compliance in identifying patients [9, 12, 14]. Kim & Se [12] stated that the success of patient identification is related to the environment. These environmental factors are manifested in the form of facilities in hospitals, including the availability of identity bracelets, appropriate identity stickers, printing machines that function well, and report books [9]. Apart from that, environmental factors are also related to the work team and hospital management [14].

Sufficient available information is also related to the implementation of patient identification [12]. If officers know the importance of patient identification behavior before medical procedures are carried out, then they tend to be encouraged to follow existing guidelines or procedures [12]. Therefore, to provide understanding to officers, it is necessary to provide information through outreach and training [6].

3.3. Reinforcing Factors

Reinforcing factors are factors that play a role in strengthening someone's behavior [15]. Reinforcing factors identified from this research include supervision and hospital policies. Supervision is related to officer compliance in identifying patients. Supervision functions to direct and supervise all treatment actions related to medical care [9, 10]. This supervision from superiors causes nurses to become more disciplined in identifying patients. On the other hand, if there is no supervision, nurses will have less desire to implement patient identification according to existing procedures [9].

Simamora et al. [10] states that patient identification tends to be carried out correctly in hospitals with good policies. This policy is outlined in hospital regulations and standard operating procedures which are socialized to officers so that officers know the correct implementation of patient identification. Patient identification errors that conflict with procedures have the potential to endanger patient safety. If this is not addressed immediately, it can have an impact on ongoing health problems such as non-injury incidents, near-injury incidents, or unexpected incidents [18].

4. Conclusion

The results of the literature review show that there are factors related to the implementation of patient identification in hospitals. These factors can be grouped into 3 factors based on behavioral theory by Lawrence Green [15] which include predisposing factors, enabling factors and reinforcing factors. Predisposing factors relate to the nurses' education and knowledge, the nurses' age and length of service, the nurses' workload, and the nurses' work motivation. Enabling factors or enabling factors are related to hospital facilities that support the implementation of patient identification such as the availability of identity bracelets, identity stickers, printing machines and report books, good work teams and hospital management, as well as the availability of information regarding patient identification obtained by officers through outreach and training. Meanwhile, reinforcing factors are related to supervision from superiors and hospital policies regarding patient identification.

Compliance with ethical standards

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References


