

## Analysis of Interpersonal Communication, Motivation and Attitudes towards the Implementation of Patient Safety in Hospital Inpatients

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**Abstract.** *The background to this research is that effective integration of interpersonal communication, motivation and attitudes can strengthen the implementation of patient safety in the health service environment, especially in inpatient settings. The aim of this research is to analyze whether there is an influence of Interpersonal Communication, Motivation and Attitude on the implementation of Patient Safety. The stages of achievement in this research include several stages of observation, sample determination, using a cross sectional approach using a questionnaire and data processing using a data analysis method using multiple linear regression tests. This research method is collecting primary data by giving questionnaires to all nurses who are directly involved in efforts to provide services to all patients at Jati Husada Karanganyar General Hospital with a cross sectional design, the sample size is 69 nurses. The research data was then tested for linear regression at a significance level of 0.005. The results of this research are that the level of understanding and implementation of patient safety in the Jati Husada Karanganyar Hospital inpatient is good, which is 89.7% for the level of understanding (interpersonal communication, motivation and attitude), on the variables of Interpersonal Communication, Motivation and Attitude simultaneously. has a significant effect on the implementation of patient safety in the Jati Husada Karanganyar Hospital, which means that the higher the value of interpersonal communication, motivation and attitude, the more disciplined the nurses are in carrying out patient safety procedures, the variables Interpersonal Communication, motivation and attitude have a significant effect on the implementation of patient safety in Inpatient care at Jati Husada Karanganyar Hospital, where the influence is positive, which means that the better the nurse's attitude in implementing patient safety procedures, the higher the level of patient safety implementation.*

**Keywords :** *Interpersonal Communication, Motivation, Attitude, Patient Safety*

### 1. INTRODUCTION

Patient safety is part of health science, especially Risk Management and Patient Safety. Patient Safety is a fundamental principle of patient care as well as a critical component in quality management. Patient safety is useful for describing the magnitude of problems experienced by patients while being treated in hospital, especially those related to various medical procedures that have the potential to pose risks to patients. Hospitals are required to implement patient safety standards to support hospital accreditation.

Patient safety is the main priority for world health policy makers (Trigono and Windiyaningsih, 2023). Communication misunderstandings lead to misdiagnosis, administering the wrong medication, or inappropriate medical treatment (Hajarudin, 2014). According to Hidayat (2017). Patients often complain due to errors in diagnosing the disease. According to research by Renggayun and Yusuf (2016), good communication between doctors and patients can reduce the number of complaints and lawsuits against

doctors. The optimal relationship between health facilities and patients is trust (Depkes RI, 2008).

Doctor-Patient Communication shows an influence on patient satisfaction (Muhdar, et al, 2021). Doctors are expected to be able to listen and pay attention to patient complaints (Riyadi, 2020). If the doctor carrying out the examination appears reluctant to communicate, the patient will feel dissatisfaction with the doctor's services (Ministry of Health of the Republic of Indonesia, 2016). Motivation can influence participation in patient safety training (Kumbadewi, 2016). Attitude is a determining factor in implementing patient safety (Lombogia, 2016). A positive attitude towards patient safety supports the implementation of safety protocols (Nuryadi, et al, 2017). An open attitude towards change and innovation can improve patient safety (Sriningsih and Marlina, 2020).

Jati Husada Karanganyar General Hospital has Inpatient. Inpatient care is a form of health service where patients stay and receive treatment in a health facility for a longer period of time (Notoatmodjo, 2014). During hospitalization, patients can receive various types of care, such as medical examinations, nursing care, medication, surgical intervention, physical therapy, and health condition monitoring (Dewi, et al, 2021). Inpatient services include various types of health services (RI Minister of Health Regulation No. 47, 2021). The first step in providing high-quality inpatient services is to ensure patient safety (Riyadi, 2020).

Patient safety is the reduction of the danger of health care-related injuries (Tesa, et al, 2022). Based on observations, patient safety has been implemented quite well, however there have been several incidents such as patient beds not having railings, water taps leaking, medicines in emergency trolleys being empty. Based on the results of interviews, the implementation of patient safety has never been analyzed. The implementation of patient safety can be implemented well if it is influenced by good interpersonal communication, motivation and good attitudes (Sukmaretnawati, 2014). A positive attitude can motivate team members to communicate effectively and implement patient safety practices consistently (Triwibowo, 2016).

## **2. RESEARCH METHOD(S)**

This research is a quantitative descriptive research. Descriptive research is research that is intended to highlight facts, circumstances, variables and phenomena that occur during the research and present them as they are. This research uses a correlation study design, namely the relationship between two or more variables. This research analyzes the relationship between the independent variable and the dependent variable.

The first stage of this research is the stage of re-studying the results of previous research, which is initial research as an illustration or comparison for future research. The second stage of this research is carrying out observations and preliminary studies at the research location (Jati Husada Karanganyar General Hospital). The third research stage is conducting research (quantitative descriptive). In the third research stage, the researcher collected primary data by giving questionnaires to all nurses who were directly involved in efforts to provide services to all patients at the Jati Husada Karanganyar General Hospital with a cross sectional design, where the cause variable and the effect variable (dependent variable and independent) measured at the same time and instantaneously or data obtained right now. The fourth stage of research is the correlative test. In this fourth stage, the research data is analyzed univariately in the form of a frequency distribution table. The final stage (the five studies) is a linear regression test at a significance level of 0.005. For the discussion stage of the research results, the researcher will use a comparison with the results of previous research/preliminary research and also by comparing with the results of other studies.

## **3. FINDINGS AND DUSCUSSION**

### **Findings**

#### **a. Questionnaire Result Data**

In this study, three independent variables (X) were used, namely interpersonal communication, motivation and attitude; and one dependent variable (Y) namely patient safety. Calculation of questionnaire results uses a Likert scale. From the questionnaire that was given and filled in by 69 nurses at Jati Husada Karanganyar Hospital, the following data was obtained:

In the Interpersonal Communication variable questionnaire there are 14 questions and respondents can fill them in by selecting one of the answers provided, namely strongly disagree, disagree, quite agree, agree and strongly agree. To calculate the answers to the questionnaire, a Likert scale was used with the following details,

value 1 for the answer strongly disagree, value 2 for the answer disagree, value 3 for the answer quite agree, value 4 for the answer agree and value 5 for the answer strongly agree. Then the answers are added up for each respondent. Then proceed with the tests that have been determined.

In the motivation variable questionnaire there are 11 questions and respondents can fill them in by selecting one of the answers provided, namely strongly disagree, disagree, quite agree, agree and strongly agree. To calculate the answers to the questionnaire, a Likert scale was used with the following details, value 1 for the answer strongly disagree, value 2 for the answer disagree, value 3 for the answer quite agree, value 4 for the answer agree and value 5 for the answer strongly agree. Then the answers are added up for each respondent. Then proceed with the tests that have been determined.

In the attitude variable questionnaire there are 10 questions and respondents can fill them in by selecting one of the answers provided, namely strongly disagree, disagree, quite agree, agree and strongly agree. To calculate the answers to the questionnaire, a Likert scale was used with the following details, value 1 for the answer strongly disagree, value 2 for the answer disagree, value 3 for the answer quite agree, value 4 for the answer agree and value 5 for the answer strongly agree. Then the answers are added up for each respondent. Then proceed with the tests that have been determined.

In the patient safety variable questionnaire there are 7 questions and respondents can fill them in by selecting one of the answers provided, namely strongly disagree, disagree, quite agree, agree and strongly agree. To calculate the answers to the questionnaire, a Likert scale was used with the following details, value 1 for the answer strongly disagree, value 2 for the answer disagree, value 3 for the answer quite agree, value 4 for the answer agree and value 5 for the answer strongly agree. Then the answers are added up for each respondent. Then proceed with the tests that have been determined.

#### b. Data Analysis

Data analysis was carried out using descriptive statistical tests, T tests, Anova tests then continued with Linear Regression tests. These five tests were carried out on the variables of interpersonal communication, motivation, attitudes and implementation of patient safety at Jati Husada Karanganyar Hospital.

Descriptive statistical tests are statistics that are used to analyze data by describing or illustrating the data that has been collected as it is without the intention of making generally accepted conclusions or generalizations. The t-test is used to determine whether there is a difference between the estimated value and the value resulting from statistical calculations. Anova is used to test mean differences between groups. The aim of multiple linear regression analysis is to find out how much influence several independent variables have on the dependent variable and also to be able to predict the value of the dependent variable if the value of all independent variables is known.

For each analysis test results are as follows:

### 1. Statistical Test Description

#### a. Statistical descriptive test

Based on the results of the statistical description test calculations, it can be interpreted that for the interpersonal communication variable the minimum number of questionnaires to be filled in is 39 while the maximum number is 70, with an average of 53.75 and a standard deviation of 5.90. For the motivation variable, the minimum number of questionnaires to be completed is 33 while the maximum number is 55, with an average of 46.84 and a standard deviation of 5.403. For the attitude variable the minimum number of questionnaires to be filled in is 30 while the maximum number is 50, with an average of 40.33 and a standard deviation of 5.190 and for the patient safety variable the minimum number of questionnaires to be filled out is 20 while the maximum number is 35, with an average of 29.12 and the standard deviation 4.09.

#### b. Frequency Statistical Test

##### i. Interpersonal Communication

Based on the results of statistical test calculations on the frequency of interpersonal communication variables, it was found that all data were valid based on the number of scores for filling out the questionnaire, with a minimum number of 39 and a maximum number of 70.

##### ii. Motivation

Based on the results of statistical test calculations for the frequency of motivation variables, it was found that all data was valid based on the number

of scores for filling out the questionnaire, with a minimum number of 33 and a maximum number of 55.

iii. Attitude

Based on the results of statistical test calculations for the frequency of attitude variables, it was found that all data was valid based on the number of scores for filling out the questionnaire, with a minimum number of 30 and a maximum number of 50.

iv. Patient Safety

Based on the results of statistical test calculations on the frequency of patient safety variables, it was found that all data was valid based on the number of scores for filling out the questionnaire, with a minimum number of 20 and a maximum number of 35.

2. T test

Based on the results of the one sample test calculation, it can be seen that the significant value (sig) of the interpersonal communication variable is 0.000. Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of interpersonal communication on patient safety. The significant value (sig) of the motivation variable is 0.000. Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of motivation on patient safety. The significant value (sig) of the attitude variable is 0.000. Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of attitude towards patient safety.

3. Anova test

a. One way ANOVA test for interpersonal communication variables with patient safety

Based on the calculation results of the one way ANOVA test for the interpersonal communication variable with patient safety, it can be seen that the significant value (sig) of the interpersonal communication variable is  $0.000 \leq 0.005$ . Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of interpersonal communication on patient safety.

b. One way ANOVA test for motivation variables with patient safety

Based on the calculation results of the one way ANOVA test for the motivation variable with patient safety, it can be seen that the significant value (sig) of the motivation variable is 0.76. Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of motivation on patient safety.

c. One way ANOVA test for attitude variables with patient safety

Based on the results of the one way ANOVA test for the attitude variable with patient safety, it can be seen that the significant value (sig) of the attitude variable is  $0.000 \leq 0.005$ . Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of attitudes towards patient safety.

4. Linear Regression Test

		Coefficients <sup>a</sup>				
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.087	3.610		1.686	.096
	Komunikasi Interpersonal	.428	.067	.617	6.418	.000

**Figure 1.** Calculation Results of Linear Regression Tests for Interpersonal Communication and Patient Safety Variables

Based on Figure 1 regarding the results of linear regression test calculations for interpersonal communication variables with patient safety, it can be seen that the variable's significant value (sig) is 0.000. Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of interpersonal communication on patient safety.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.617 <sup>a</sup>	.381	.371	3.248

**Figure 2.** Results of the Determination Coefficient Test Results for Interpersonal Communication and Patient Safety Variables

Based on Figure 2 regarding the calculation of the coefficient of determination test for interpersonal communication variables, it can be seen that the Adjusted R Square value is 0.617 or 61.7%. The coefficient of determination value shows that the independent variable interpersonal communication explains the patient safety variable for nurses in the inpatient room at Jati Husada Karanganyar Hospital by 61.7%.

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.313	2.444		-.128	.899
	Motivasi	.628	.052	.829	12.120	.000

**Figure 3.** Calculation Results of Linear Regression Tests for Motivation and Patient Safety

Based on Figure 3 regarding the results of linear regression test calculations for motivation and patient safety variables, it can be seen that the significant value (sig) of the variables is 0.000. Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of motivation on patient safety.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.829 <sup>a</sup>	.687	.682	2.310

**Figure 4.** Results of Motivation Determination Coefficient Test Calculations with Patients *Safety*

Based on Figure 4 regarding the calculation of the coefficient of determination test for attitude variables, it can be seen that the Adjusted R Square value is 0.829 or 82.9%. The coefficient of determination value shows that the independent variable motivation explains the patient safety variable for nurses in the inpatient room at Jati Husada Karanganyar Hospital by 82.9%.



**Coefficients<sup>a</sup>**

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.446	1.940		.746	.458
	Sikap	.686	.048	.869	14.381	.000

**Figure 5.** Calculation Results of Linear Regression Tests for Attitude and Patient Safety Variables

Based on Figure 5 regarding the results of linear regression test calculations for attitude and patient safety variables, it can be seen that the significant value (sig) of the variables is 0.000. Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of attitude towards patient safety.

**Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.869 <sup>a</sup>	.755	.752	2.041

**Figure 6.** Calculation Results of the Determination Coefficient Test for Attitude Variables with Patient Safety

Based on Figure 6 regarding the calculation of the coefficient of determination test for attitude variables with patient safety, it can be seen that the Adjusted R Square value is 0.869 or 86.9%. The coefficient of determination value shows that the independent variable attitude explains the patient safety variable for nurses in the inpatient room at Jati Husada Karanganyar Hospital by 86.9%.

**Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.897 <sup>a</sup>	.805	.796	1.851

**Figure 7.** Calculation Results of the Determination Coefficient Test for Interpersonal Communication, Motivation and Attitude Variables with Patient Safety

Based on Figure 7 regarding the calculation of the coefficient of determination test for interpersonal communication, motivation and attitude variables with patient safety, it can be seen that the Adjusted R Square value is 0.897 or 89.7%. The coefficient of determination value shows that the independent variable consisting of the level of interpersonal communication, motivation and attitude is able to explain the patient safety variable for nurses in the inpatient room at Jati Husada Karanganyar Hospital by 89.7%.

#### **4. DUSCUSSION**

##### **a. Relationship between Interpersonal Communication and the implementation of Patient Safety**

Based on the results of the one sample test calculation, it can be seen that the significant value (sig) of the interpersonal communication variable is 0.000. Because the sig value.  $0.000 \leq 0.005$ , it can be concluded that there is an influence of interpersonal communication on patient safety. From the calculation results of the one way ANOVA test for the interpersonal communication variable with patient safety, it can be seen that the significant value (sig) of the interpersonal communication variable is  $0.000 < 0.005$ . Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of interpersonal communication on patient safety. The results of the Coefficient of Determination test show that the  $R^2$  value is 0.617, meaning that 61.7% of interpersonal communication variables influence patient safety.

Based on the results of this research, services at RSU Jati Husada Karanganyar have been able to carry out good communication with patients, in this case doctor-patient interpersonal communication. Interpersonal communication between doctors and patients is carried out referring to therapeutic communication, where communication is intended to help the patient recover. The doctor's ability to explain the diagnosis of the disease and the treatment therapy that the patient needs to be carried out can be mutually understood by both the doctor and the patient.

This is in line with the research results of Maulita, et al (2020) which said that there is an influence between nurse and patient communication on the risk of patient safety incidents. The results of this research are also in line with the research of Riyadi, et al (2020) which states that there is an influence I Doctor-Patient Interpersonal Communication on Patient Satisfaction at the Polyclinic of RSUD Dr. Moch. Anshari Saleh Banjarmasin.

Interpersonal communication between doctors and patients is carried out referring to therapeutic communication, where communication is intended to help the patient recover. The patient's willingness to convey the history of the disease, the perceived health condition and the doctor's ability to explain the diagnosis of the disease and the treatment therapy that the patient needs to undergo can be mutually understood by both the doctor and the patient. To provide satisfaction to patients, it is necessary to maintain and improve Doctor-Patient communication, so that patients seeking treatment have confidence in the services provided and avoid misunderstandings in making diagnoses during examinations. Doctors should allow sufficient time to carry out the examination, so as not to appear rushed in providing services. To provide satisfaction to patients, it is necessary to maintain and improve the quality of service, the cleanliness of the polyclinic area, toilets and waiting rooms must be a concern. The availability of seats, diagnostic support facilities and medicines available in pharmacies should be further improved.

b. The relationship between motivation and the implementation of patient safety

Based on the results of the one sample test calculation, it can be seen that the significant value (sig) of the motivation variable is 0.000. Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of motivation on patient safety. For the calculation results of the one way ANOVA test for the motivation variable with patient safety, it can be seen that the significant value (sig) of the motivation variable is 0.00. Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of motivation on patient safety. The results of the Coefficient of Determination test show that the  $R^2$  value is 0.829, meaning that 82.9% of motivation variables influence patient safety.

This is not in line with the research results of Endriani, et al (2024) which said that the motivation variable did not have a significant effect on the implementation of patient safety in Level IV Hospital Inpatients 02.07.04 Bandar Lampung.

Based on the results of this research, the services at RSUD Jati Husada Karanganyar have been able to provide good motivation to patients. In this case, the motivation given by nurses to patients can increase patient safety while being treated in the inpatient room. Apart from that, the motivation given to nurses and patients can also influence participation in patient safety training.

c. Relationship between attitude and implementation of patient safety

Based on the results of the one sample test calculation, it can be seen that the significant value (sig) of the attitude variable is 0.000. Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of attitude towards patient safety. For the calculation results of the one way ANOVA test for the attitude variable with patient safety, it can be seen that the significant value (sig) of the attitude variable is  $0.000 \leq 0.005$ . Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of attitudes towards patient safety. The results of the Coefficient of Determination test show that the  $R^2$  value is 0.869, meaning that 86.9% of the attitude variable influences patient safety. This is in line with the research results of Aminayanti, et al (2020) which states that the attitude variable has a significant effect on the implementation of patient safety, where The influence is positive, which means that the better the nurse's attitude in implementing patient safety procedures, the higher the level of patient safety implementation. The results of this research are also in line with the research results of Endriani, et al (2024) which said that the attitude variable had a significant effect on the implementation of patient safety in Level IV Hospital Inpatients 02.07.04 Bandar Lampung.

Based on the results of this research, the service at RSU Jati Husada Karanganyar has been able to provide a good attitude to patients. Attitude is a determining factor in implementing patient safety. A positive attitude towards patient safety supports the implementation of safety protocols. An open attitude towards change and innovation can improve patient safety.

d. Relationship between Interpersonal Communication, Motivation and Attitude together with the implementation of Patient Safety

Based on the results of linear regression test calculations for interpersonal communication, motivation and attitude variables, it can be seen that the significant value (sig) of the variables is 0.011. Because the sig value.  $0.000 < 0.005$ , it can be concluded that there is an influence of interpersonal communication, motivation and attitudes towards patient safety. Based on the results of the bivariate correlation test calculations, it can be seen that the Adjusted R Square value is 0.897 or 89.7%. The coefficient of determination value shows that the independent variable consisting of the level of interpersonal communication, motivation and attitude is able to explain the patient safety variable for nurses in the inpatient room at Jati Husada Karanganyar Hospital by 89.7%.

Based on the results of this research, services at RSUD Jati Husada Karanganyar which include interpersonal communication factors, motivation and attitudes of nurses provided to patients have been able to produce very good patient safety for patients, namely 89.7%. Thus it can be concluded that interpersonal communication, motivation and attitudes of nurses are very high in providing services to patients so that excellent patient safety can be created and nurses have high discipline in carrying out patient safety procedures.

## **5. CONCLUSION AND RECOMMENDATION**

- a. The level of understanding and implementation of patient safety in the Jati Husada Karanganyar Hospital inpatient is good, which is 89.7% for the level of understanding (interpersonal communication, motivation and attitude).
- b. The variables Interpersonal Communication, Motivation and Attitude simultaneously have a significant effect on the implementation of patient safety in the Jati Husada Karanganyar Hospital Inpatient, which means that the higher the value of interpersonal communication, motivation and attitude, the more disciplined the nurses are in carrying out patient safety procedures.
- c. In the Interpersonal Communication variable, motivation and attitude have a significant influence on the implementation of patient safety in the Jati Husada Karanganyar Inpatient Hospital, where the influence is positive, which means that the better the nurse's attitude in implementing patient safety procedures, the higher the level of patient safety implementation.

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## REFERENCES

- Aminayanti, N., Kusumapraja, R., & Arrozi, M. (2021). Pengaruh pengetahuan, sikap, dan motivasi perawat terhadap pelaksanaan keselamatan pasien pada unit rawat inap Rumah Sakit Umum Daerah Sekayu. *Jurnal Health Sains*, 2(7), 915-922.
- Apriliyaningtyas, A. P. (2018). Pengaruh pengetahuan dan motivasi terhadap sikap perawat dalam melakukan pelaporan insiden keselamatan pasien di RS dr. Soebandi Jember (Tesis). Universitas Brawijaya.
- Arif, Y. W. T., Fanny, N., & Lestari, D. P. (2022). Analysis of the service quality of outpatient registration at the hospital based on the level of patient satisfaction. *International Journal of Engineering Technology and Natural Sciences*.
- Departemen Kesehatan RI. (2008). *Panduan nasional keselamatan pasien rumah sakit*.
- Dewi, O., Kusumapradja, R., & Indrawati, R. (2021). Pengaruh sikap dan motivasi terhadap penerapan program patient safety di Rumah Sakit Mekar Sari. *Journal of Hospital*, 383-391.
- Endriani, C., Kodyat, A. G., & Trigono, A. (2023). Pengaruh komunikasi interpersonal, motivasi, dan sikap terhadap pelaksanaan patient safety di rawat inap rumah sakit tingkat IV 02.07.04 Bandar Lampung. *Jurnal Manajemen dan Administrasi Rumah Sakit Indonesia (MARSI)*, 8(2), 233-241.
- Fanny, N., Fatimah, F. S., & Huda, M. I. N. (2022). Hubungan komunikasi efektif petugas pendaftaran dengan kepuasan pasien di Rumah Sakit X. *Prosiding Seminar Informasi Kesehatan Nasional*.
- Fanny, N., Nugraheni, S. W., & Hidayatillah, S. A. (2021). Pengaruh kualitas pelayanan kesehatan terhadap kepuasan pasien rawat jalan di RS Muhammadiyah Selogiri Wonogiri. *Prosiding Seminar Informasi Kesehatan Nasional*.
- Hajarudin. (2014). Hubungan antara komunikasi terapeutik perawat dengan tingkat kepuasan pasien di Puskesmas Pleret Bantul Yogyakarta. Universitas Muhammadiyah Yogyakarta.
- Hidayat, A. (2017). Perbedaan uji normalitas dan homogenitas. *Statistikian*. <https://www.statistikian.com> (Diakses pada 24 Juni 2023).
- Kemenkes RI. (2016). *Permenkes RI No. 24 Tahun 2016 tentang persyaratan teknis bangunan dan prasarana rumah sakit*.
- Kumbadewi, L. (2016). Pengaruh umur, pengalaman kerja, upah, teknologi, dan lingkungan kerja terhadap produktivitas karyawan. *E-Journal Bisma Universitas Ganesha*, 4.
- Lombogia. (2016). Hubungan perilaku dengan kemampuan perawat dalam melaksanakan keselamatan pasien (patient safety) di ruang akut Instalasi Gawat Darurat RSUP Prof. Dr. R. D. Kandou Manado. *Jurnal Keperawatan*. <https://ejournal.unsrat.ac.id/index.php/jkp/article/view/12916/12503> (Diakses pada 4 Juni 2023).

- Maulita, T., Hilda, & Widiastuti, H. P. (2020). Pengaruh komunikasi perawat dengan pasien terhadap risiko insiden keselamatan pasien di ruang rawat inap kelas III. *Jurnal Kesehatan*, 5(2), 45-51.
- Muhdar, S. M., Darmin, S. M., Tukatman, M., Paryono, S. N., Bestfy, M. S., & Bangu, A. S. (2021). *Manajemen patient safety*. Penerbit Tahta Media Group.
- Murharyati, A., Fauzi, Z. H., Ernawati, Apriani, A., & Windyastuti, E. (2023). Hubungan beban kerja dengan pelaksanaan komunikasi interpersonal perawat IGD dan ICU. *Journal of Advanced Nursing and Health Sciences*, 4(1), 1-8.
- Notoatmodjo, S. (2014). *Promosi kesehatan dan perilaku kesehatan*. Rineka Cipta.
- Nuryadi, A., Astuti, T. D., Utami, E. S., & Budiantara, M. (2017). *Dasar-dasar statistik*. Gramasurya.
- Peraturan Menteri Kesehatan Republik Indonesia No. 11 Tahun 2017 tentang keselamatan pasien. *Diponegoro Journal of Accounting*, 2(1), 1-10.
- Peraturan Menteri Kesehatan Republik Indonesia No. 47 Tahun 2021 tentang penyelenggaraan bidang perumahsakit.
- Renggayun, A., & Yusuf, M. (2016). Motivasi eksternal perawat dalam menerapkan patient safety. (Diakses pada 24 Juni 2023).
- Riyadi, M. H. (2020). Pengaruh komunikasi interpersonal dokter-pasien dan kualitas pelayanan terhadap tingkat kepuasan pasien di Poliklinik RSUD Dr. H. Moch. Ansari Saleh Banjarmasin. *Jurnal Komunikasi Bisnis dan Manajemen*, 55-71.
- Rusdianto. (2023). Pengaruh komunikasi interpersonal dan iklim organisasi terhadap stres perawat Rumah Sakit Tk. IV Im 07.01 Lhokseumawe (Tesis). Universitas Medan Area.
- Setiadi. (2015). *Konsep dan praktik penulisan riset keperawatan*. Graha Ilmu.
- Sriningsih, S. K., & Marlina, E. (2020). Pengetahuan penerapan keselamatan pasien (patient safety) pada petugas kesehatan. *Jurnal Kesehatan*, 1-13.
- Sukmaretnawati, C. (2014). Pengaruh stres kerja perawat terhadap perilaku implementasi patient safety di IGD RS Panembahan Senopati Bantul. *Indonesian Journal of Nursing Practices*.
- Tesa, P. C., Purwanza, S. W., & Wachidan, E. Z. (2022). Metode komunikasi dengan pendekatan SBAR terhadap keselamatan pasien (studi literatur). *Jurnal Nursing Information*, 67-73.
- Trigono, A., & Windyaningsih, C. (2023). Analisa budaya perilaku safety perawat di Rumah Sakit Mitra Keluarga Bekasi. *MARSI*. <http://ejournal.urindo.ac.id/index.php/MARSI>
- Triwibowo, C., Yuliawati, S., & Husna, N. A. (2016). Handover sebagai upaya peningkatan keselamatan pasien (patient safety) di rumah sakit. *Jurnal Keperawatan Soedirman (The Soedirman Journal of Nursing)*, 76-79.