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ORIGINAL ARTICLE

Analysis of Factors Inhibiting Perioperative Nurses' Compliance with the Implementation of the Surgical Safety Checklist in the Operating Room of RSPAL dr. Ramelan

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ABSTRACT

Introduction: *Patient safety is one of the key indicators of hospital service quality, particularly in surgical procedures. The Surgical Safety Checklist (SSC) is an important instrument designed to improve patient safety and prevent surgical errors. However, non-compliance among perioperative nurses in implementing the SSC remains a challenge and may reduce its effectiveness.*
Objectives: *This study aimed to analyze the factors inhibiting perioperative nurses' compliance with the implementation of the Surgical Safety Checklist in the operating room of RSPAL dr. Ramelan Surabaya.*
Methods: *A correlational quantitative design was employed in this study. The sample consisted of 67 perioperative nurses selected using a total sampling technique. Data were collected through questionnaires and analyzed using univariate and bivariate statistical analyses to identify the relationship between inhibiting factors and the implementation of the Surgical Safety Checklist.*
Results: *The majority of respondents reported that they had implemented the Surgical Safety Checklist very well. Bivariate analysis revealed that educational background and rewards were significantly associated with the implementation of the Surgical Safety Checklist ($p < 0.05$). In contrast, workload, work interaction or work atmosphere, and sense of security were not significantly associated with SSC implementation ($p > 0.05$).*
Conclusions: *Educational background and rewards were identified as factors that potentially hinder perioperative nurses' compliance with the implementation of the Surgical Safety Checklist. Efforts to improve nurses' educational competence and provide appropriate rewards are recommended to enhance compliance and support patient safety in the operating room.*

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Introduction

Hospitals are healthcare institutions responsible for providing safe, effective, and high-quality services to the public. One type of service that carries a high level of risk is surgery. Surgical procedures play a vital role in saving lives, preventing disability, and improving patients' quality of life. Nevertheless, surgery also carries the potential for various complications and surgical errors that may increase morbidity, mortality, length of hospital stay, and healthcare costs. Consequently, improving patient safety in surgical care has become a primary concern of health organizations worldwide (Rosadiana et al., 2022).

As an expression of its commitment to patient safety, the World Health Organization (WHO) developed the Surgical Safety Checklist (SSC) through the Safe Surgery Saves Lives program in 2008. The SSC is a safety instrument that serves as a communication tool for the surgical team to ensure that all essential patient safety procedures have been carried out before, during, and after surgery. Its implementation consists of three main phases, namely Sign In,

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Time Out, and Sign Out, which aim to reduce the risk of surgical errors and to improve coordination among surgical team members (Sudarsana, 2023). Several studies have shown that SSC implementation can reduce mortality from 2.9% to 0.7% and morbidity from 10.0% to 2.1%, as well as shorten postoperative length of stay (Herman & Dhamanti, 2024).

In Indonesia, patient safety is a key indicator of hospital service quality improvement and of hospital accreditation. The Surgical Safety Checklist forms part of the patient safety goals, particularly in ensuring correct patient identification, correct procedure, and correct surgical site (Muhdar et al., 2021). Accordingly, the successful implementation of the SSC depends not only on the availability of the instrument but also on the compliance of the healthcare professionals involved in perioperative care. Perioperative nurses play a strategic role in SSC implementation because they are directly involved in the preoperative, intraoperative, and postoperative phases; thus, nurses' compliance with the SSC is an important factor in ensuring patient safety throughout the surgical process (Sassanti, 2025).

Although the benefits of the SSC have been widely demonstrated, several studies continue to report non-compliance among healthcare professionals in its implementation. Endah Indrawati and Nita (2022) found nurse non-compliance in the Sign In, Time Out, and Sign Out phases when completing the Surgical Safety Checklist Nurjannah et al., (2024) showed that knowledge, motivation, perception, supervision, and discipline were associated with SSC implementation. Risanti et al., (2021) reported that age, education, length of service, motivation, attitude, and knowledge were associated with nurses' compliance in implementing the SSC. In addition, Syafna (2025) found that attitude and motivation influenced nurses' compliance with SSC implementation, Chotimah & Wijaya (2022) demonstrated an association between length of service and compliance in completing the SSC. These findings indicate that SSC compliance is a multidimensional problem influenced by various individual and organizational factors. .

A literature review by Herman & Dhamanti (2024) indicated that the determinants of compliance with SSC implementation can be grouped into individual factors, team factors, organizational factors, and factors originating from the SSC itself. However, most previous studies have focused primarily on knowledge, motivation, attitude, perception, supervision, length of service, and work discipline. Studies that specifically examine educational background, workload, rewards, work interaction or work atmosphere, and sense of security as factors inhibiting perioperative nurses' compliance remain relatively limited. Moreover, no study has been found that specifically evaluates these factors among perioperative nurses in the operating room of RSPAL dr. Ramelan Surabaya. This condition reveals a research gap that warrants further investigation in order to obtain a more comprehensive understanding of the factors influencing compliance with SSC implementation

RSPAL dr. Ramelan Surabaya is a referral hospital that provides a range of surgical services and involves perioperative nurses in the implementation of the Surgical Safety Checklist. Non-compliant behavior in SSC implementation may reduce the effectiveness of the patient safety program and increase the risk of surgical errors. Based on the theory proposed by Asmadi & Menap (2024), the factors presumed to influence nurses' non-compliance include inadequate education, high workload, lack of rewards, poor work interaction, and an unassured sense of security. Therefore, identifying these factors is essential as a basis for developing strategies to improve compliance and strengthen the patient safety culture in the operating room.

Based on the foregoing, this study aimed to analyze the factors inhibiting perioperative nurses' compliance with the implementation of the Surgical Safety Checklist in the operating room of RSPAL dr. Ramelan Surabaya. The findings are expected to contribute to the development of perioperative nursing science, to serve as an evaluation resource for hospital management, and to support efforts to improve service quality and patient safety in the operating room.

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Methods

This study employed a quantitative design with a correlational approach to analyze the factors inhibiting perioperative nurses' compliance with the implementation of the Surgical Safety Checklist (SSC) in the operating room of RSPAL dr. Ramelan Surabaya. The study was conducted from May to June 2026 in the operating room of RSPAL dr. Ramelan Surabaya.

The study population comprised 74 nurses working in the operating room of RSPAL dr. Ramelan Surabaya. Samples were obtained using total sampling, that is, by including all members of the population who met the inclusion criteria. This technique was chosen because the target population was relatively small and the study aimed to involve all nurses who fulfilled the study criteria at the research site. The inclusion criteria were nurses working in the operating room of RSPAL dr. Ramelan Surabaya with more than one year of work experience. Following the selection process, 67 nurses met the inclusion criteria and were enrolled as respondents, whereas 7 nurses were excluded because they did not meet the inclusion criteria.

The independent variables were the factors presumed to inhibit perioperative nurses' compliance, namely educational background, workload, rewards, work interaction or work atmosphere, and sense of security. The dependent variable was the implementation of the Surgical Safety Checklist (SSC). The demographic characteristics of the respondents described in this study were sex, educational background, average monthly income, and place of residence.

Data were collected using a structured questionnaire. The instrument measuring the factors inhibiting perioperative nurses' compliance consisted of 20 statements covering five indicators: educational background, workload, rewards, work interaction, and sense of security. Each statement was rated on a four-point Likert scale: strongly disagree, disagree, agree, and strongly agree. Meanwhile, SSC implementation was measured using an instrument developed on the basis of the World Health Organization (WHO) guidelines, consisting of 17 items covering the Sign In (7 items), Time Out (6 items), and Sign Out (4 items) phases. Each item was scored 1 if performed and 0 if not performed.

Prior to data collection, the researchers obtained research permission and ethical approval from the relevant institutions. Respondents who agreed to participate were informed of the aims and procedures of the study and were asked to sign an informed consent form. Data were collected by distributing questionnaires to respondents and by observing the implementation of the Surgical Safety Checklist in the operating room.

The collected data were processed through editing, coding, entry, and cleaning stages. Data were analyzed using univariate and bivariate analyses. Univariate analysis was used to describe respondents' characteristics and the distribution of each study variable. Bivariate analysis was used to determine the relationships between educational background, workload, rewards, work interaction or work atmosphere, and sense of security with the implementation of the Surgical Safety Checklist. The level of statistical significance was set at $p < 0.05$.

This study received ethical approval from the Research Ethics Committee of RSPAL dr. Ramelan (ethical clearance letter number 61/EC/KEP/2026, dated 11 May 2026). All respondents were informed of the aims and procedures of the study and were asked to provide written informed consent before participating. The study upheld the principles of respect for respondents' rights, data confidentiality, anonymity, and respondents' freedom to decline or withdraw from the study without any consequences.

Results

This study involved 67 perioperative nurses working in the operating room of RSPAL dr. Ramelan Surabaya. Respondents' characteristics, the distribution of Surgical Safety Checklist (SSC) implementation, and the results of the analysis of factors influencing SSC implementation are presented in Table 1 to Table 4.

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This study involved 67 perioperative nurses in the operating room of RSPAL dr. Ramelan Surabaya. Regarding demographic characteristics, the majority of respondents were female (36 respondents; 53.73%) and held a Diploma III (D3) in Nursing (37 respondents; 55.22%). Most respondents had an average monthly income of IDR 5,000,001–10,000,000 (49 respondents; 73.14%) and resided outside Surabaya (56 respondents; 83.58%).

Table 1. Respondents' Characteristics

Variable	n	Prosentage (%)
Sex		
Male	31	46.27
Female	36	53.73
Educational Background		
Senior high school or equivalent	-	-
D1	-	-
D2	-	-
D3	37	55,22
D4/S1 (Bachelor's)	28	41,79
S2 (Master's)	2	2,99
S3 (Doctoral)	-	-
Average Monthly Income		
≤ IDR 5,000,000	16	23,88
IDR 5,000,001 – 10,000,000	49	49
IDR 10,000,001 – 15,000,000	1	1
> IDR 15,000,001	1	1
Place of Residence		
Central Surabaya	1	1
East Surabaya	2	2
West Surabaya	1	1
North Surabaya	2	2
South Surabaya	5	5
Outside Surabaya	56	56
Total	**67**	**100**

Table 1 shows that most respondents were female (53.73%), held a D3 Nursing qualification (55.22%), had an average monthly income of IDR 5,000,001–10,000,000 (73.14%), and resided outside Surabaya (83.58%).

Table 2. Implementation of the Surgical Safety Checklist by Phase in the Operating Room of RSPAL dr. Ramelan Surabaya

Surgical Safety Checklist	Compliance (%)	Interpretation
Sign In	90,21	Very Good
Time Out	89,57	Very Good
Sign Out	87,50	Very Good

Table 2 shows that SSC implementation was in the very good category in all phases. The Sign In phase had the highest compliance rate at 90.21%, followed by the Time Out phase at 89.57% and the Sign Out phase at 87.50%. Observation results showed that all SSC implementation indicators exceeded 75%, indicating a high level of compliance among perioperative nurses in applying patient safety procedures in the operating room of RSPAL dr. Ramelan Surabaya.

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Table 3. Results of the Analysis of the Relationship Between Inhibiting Factors and the Implementation of the Surgical Safety Checklist in the Operating Room of RSPAL dr. Ramelan Surabaya

Variable	p-value	Remarks
Educational Background	0,033	Significant
Workload	0,109	Not Significant
Rewards	0,000	Significant
Work Interaction or Work Atmosphere	1,000	Not Significant
Sense of Security	0,969	Not Significant

Table 3 shows that educational background and rewards had a significant effect on the implementation of the Surgical Safety Checklist, with p-values of 0.033 and 0.000, respectively ($p < 0.05$). In contrast, workload, work interaction or work atmosphere, and sense of security did not show a significant effect on the implementation of the Surgical Safety Checklist, as their p-values were greater than 0.05.

Table 4. Strength of the Relationship Between Influential Factors and the Implementation of the Surgical Safety Checklist in the Operating Room of RSPAL dr. Ramelan Surabaya

Variable	Contingency Coefficient	Strength of Relationship
Educational Background	0,726	Strong
Rewards	0,797	Strong

Table 4 shows the strength of the relationship between the significant factors and the implementation of the Surgical Safety Checklist (SSC). The contingency coefficient analysis yielded a value of 0.726 for educational background and 0.797 for rewards. Rewards showed a stronger relationship with SSC implementation than educational background. These findings indicate that educational background and rewards are strongly related to the implementation of the Surgical Safety Checklist among perioperative nurses in the operating room of RSPAL dr. Ramelan Surabaya.

Overall, the implementation of the Surgical Safety Checklist in the operating room of RSPAL dr. Ramelan Surabaya was in the very good category. The analysis showed that educational background and rewards were significantly related to the implementation of the Surgical Safety Checklist ($p < 0.05$). In contrast, workload, work interaction or work atmosphere, and sense of security showed no significant relationship. Rewards were the factor with the strongest relationship to the implementation of the Surgical Safety Checklist, with a contingency coefficient of 0.797.

Discussion

The results show that the implementation of the Surgical Safety Checklist (SSC) in the operating room of RSPAL dr. Ramelan Surabaya was in the very good category across all phases, namely Sign In, Time Out, and Sign Out. The high level of compliance in each phase indicates that perioperative nurses have carried out patient safety procedures in accordance with prevailing standards. The Surgical Safety Checklist is a surgical team communication tool developed through the WHO "Safe Surgery Saves Lives" campaign to improve patient safety and to reduce complications and deaths resulting from surgical procedures (Herman & Dhamanti, 2024). In addition, the SSC functions as a communication tool that fosters teamwork among surgeons, anesthesiologists, and nurses in delivering safe and high-quality care to patients (Fauzi et al., 2023).

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The high level of SSC compliance in this study is consistent with Tan et al., (2021) who reported SSC compliance of 79.8% across 860 observed surgical procedures. SSC measurement is based on the three main phases recommended by the WHO, namely Sign In, Time Out, and Sign Out (Sudarsana, 2023). The observations in this study showed that all SSC indicators had compliance percentages above 75%, indicating that a patient safety culture has been well implemented in the operating room of RSPAL dr. Ramelan Surabaya.

The bivariate analysis using the Chi-square test showed that educational background was significantly associated with the implementation of the Surgical Safety Checklist (SSC), with $p = 0.033$ ($p < 0.05$). The strength of the relationship, based on a contingency coefficient of 0.726, indicated a strong association. This finding suggests that educational background is related to SSC implementation by perioperative nurses. The result is consistent with Risanti et al., (2021), who stated that education is related to nurses' compliance in implementing the Surgical Safety Checklist in the central surgical installation.

In addition to educational background, rewards were also significantly associated with the implementation of the Surgical Safety Checklist (SSC), with $p < 0.001$. The contingency coefficient of 0.797 indicated that rewards had the strongest relationship among the factors examined. Rewards represent an organization's recognition of the contributions and performance of healthcare personnel. Providing rewards can serve as a form of motivation for nurses to maintain work behavior that conforms to organizational standards. This finding is consistent with the concept that recognition and rewards can enhance individual motivation in carrying out duties and responsibilities (Sholeh, 2023).

In contrast, workload showed no significant relationship with the implementation of the Surgical Safety Checklist (SSC), with $p = 0.109$ ($p > 0.05$). This result indicates that, in this study, workload was not statistically significantly associated with SSC implementation. Although nurses face high job demands, SSC implementation remains a part of patient safety procedures that must be carried out. Workload refers to the amount of activity that a person must complete within a certain period of time (Alfian & Guswinta, 2023; Saputri & Farhani, 2024). Nevertheless, the majority of respondents in this study perceived that their work remained manageable and therefore did not hinder SSC implementation. This result is consistent with (Widodo, 2024), who stated that workload was not significantly related to compliance with SSC implementation because the checklist is a patient safety procedure that must be performed in every surgical procedure.

Work interaction or work atmosphere showed no significant relationship with the implementation of the Surgical Safety Checklist (SSC), with $p = 1.000$ ($p > 0.05$). This result indicates that work interaction or work atmosphere was not statistically significantly associated with SSC implementation among the respondents of this study. A good work atmosphere is characterized by harmonious working relationships, effective cooperation, and good communication among team members (Syahputra, Reonaldi Podungge & Bokingo, 2022). The majority of respondents in this study perceived that working relationships among nurses were good and harmonious and thus did not constitute a barrier to SSC implementation. This finding is consistent with Asmadi & Menap, (2024), who showed that there was no significant relationship between work interaction and compliance with SSC implementation.

Sense of security likewise showed no significant relationship with the implementation of the Surgical Safety Checklist (SSC), with $p = 0.969$ ($p > 0.05$). According to Maslow's hierarchy of needs, a sense of security is a basic need related to protection from physical and psychological threats (Komalasari, 2022). In this study, the majority of respondents felt that the hospital had provided a safe working environment through occupational safety systems, supervisory oversight, and good organizational support. This finding indicates that sense of security was not statistically significantly associated with SSC implementation among the respondents of this study.

Overall, this study shows that the implementation of the Surgical Safety Checklist (SSC) in the operating room of RSPAL dr. Ramelan Surabaya has been carried out very well. The

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bivariate analysis showed that educational background ($p = 0.033$) and rewards ($p < 0.001$) were significantly associated with SSC implementation, whereas workload ($p = 0.109$), work interaction or work atmosphere ($p = 1.000$), and sense of security ($p = 0.969$) showed no significant relationship. These findings are supported by the questionnaire responses: 44.8% of respondents agreed that there are differences in competence, knowledge, and performance based on educational background. With regard to rewards, 86.6% of respondents strongly agreed that the hospital provides opportunities to pursue further nursing education, while 67.2% strongly agreed that the hospital establishes a clear career pathway. In addition, observation results showed that SSC compliance reached 90.21% in the Sign In phase, 89.57% in the Time Out phase, and 87.50% in the Sign Out phase. These findings suggest that education and rewards are aspects that warrant attention in efforts to maintain and improve SSC implementation. Therefore, continuing education and training, as well as an appropriate reward system, may be considered as part of strategies to improve the quality of SSC implementation.

Conclusion

The implementation of the Surgical Safety Checklist (SSC) in the operating room of RSPAL dr. Ramelan Surabaya was in the very good category across all phases, namely Sign In, Time Out, and Sign Out. The results show that educational background and rewards were significantly associated with the implementation of the Surgical Safety Checklist. Rewards had the strongest relationship with SSC implementation. Meanwhile, workload, work interaction or work atmosphere, and sense of security showed no significant relationship with the implementation of the Surgical Safety Checklist.

The findings of this study indicate that the quality of Surgical Safety Checklist implementation can be improved by strengthening the competence of nursing staff through continuing education and training, and by applying a reward system that can enhance nurses' motivation and compliance in carrying out patient safety procedures in the operating room.

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