Waluya The International Science Of Health Journal
Vol.4 No.2

ISSN: 2829-2278

WALUYA THE INTERNATIONAL SCIENCE OF HEALTH JOURNAL

Officer Compliance Regarding Implementation of The Surgical Safety Checklist Based on Theory of Planned Behavior in Patients at The Central Surgical Installation of Regional Public Service Agency Benyamin Guluh Hospital, Kolaka District

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ARTICLE INFO

Article history
Received : May 31th, 2025
Revised : June 23th, 2025
Accepted : June 29th, 2025

Keywords
Normative Cultural,
Attitude.

ABSTRACT

Introduction: The importance of compliance behavior of the application of the surgical safety checklist to the treatment process by ensuring that specific tasks are completed and indirectly by improving communication among the surgical team in each surgical procedure to minimize surgical errors. Based on medical record data at Regional Public Service Agency Benyamin Guluh Hospital, Kolaka Regency, it was found that the number of patients undergoing operative procedures in 2021 was 1,456 patients, in 2022 there were 2,195 patients, in 2023 there were 2,839 patients.

Method: This type of research is quantitative research with a cross sectional study approach The population is all health workers (surgical team) in charge of the Central Surgical Installation of Benyamin Guluh Hospital, Kolaka Regency in 2023, totaling 35 people. Sample withdrawal using Purposive Sampling with a sample size of 26 respondents. Statistical tests used are Structural Equation Modeling and Partial Least Square (SEM PLS) models.

Result: This study shows that behavior beliefs affect officer compliance regarding the implementation of the surgical safety checklist. Behavioral beliefs have no effect on control beliefs. Normative control (normative beliefs) affects control beliefs. Normative control (normative beliefs) affects officer compliance regarding the implementation of the surgical safety checklist. Control beliefs affect officer compliance regarding the implementation of the surgical safety checklist.

Conclusion: The conclusion of this study is behavioral beliefs, normative control, confidence control have a significant effect on officer compliance regarding the implementation of the surgical safety checklist.

Introduction

Patient safety is one of the main issues in providing health services in hospitals. This issue is growing because there are still many unexpected events and near misses that often occur in health services in hospitals.[1] The risk of accidents occurring during surgical procedures is very high if the implementation does not comply with established standard operational procedures.[2] The surgical team certainly does not want to cause injury to the patient, but the fact is that there are still patients who experience adverse events and KNC, even causing death or serious injury.[3]

Based on WHO (World Health Organization) data that every year more than 224 million surgical procedures are carried out worldwide and it is estimated that an average of one patient complication incident is reported every 35 seconds and the most common complication incidents are related to surgical procedures (27%), errors drugs (18.3%) and healthcare-associated infections (12.2%). Several hospitals in the Netherlands showed a decrease in the complication rate, namely from 27.3 per 100 patients to 16.7 per 100 after implementing the surgical safety checklist and a decrease in the death rate from 1.5% to 0.8%. And the reduction rate was consistent for 3 months after the implementation of the surgical safety checklist.[4]

Basic Health Research Data in 2018 reported that at least 1.2 million patients underwent surgical procedures during the period 2013 to 2018 in Indonesia. Surgery is reported to rank 11th among all treatment or treatment techniques in all hospitals.[5]

Based on medical record data at Regional Public Service Agency Benyamin Guluh Hospital, Kolaka Regency, data on the number of patients undergoing surgery in 2021 was 1,456 patients, in 2022 there were 2,195 patients, in 2023 there were 2,839 patients.[6]

A preliminary study conducted at the Regional Public Service Agency of Benyamin Guluh Hospital, Kolaka Regency on January 8 2024, through direct interviews with two doctors on duty in the operating room, stated that the implementation of the surgical safety checklist had not been implemented properly. Reporting and analysis of Patient Safety Incidents is not optimal. The results of an interview with a nurse on duty in the operating room stated that she had carried out a surgical safety checklist. However, the result is not perfect, and nurses don't understand the SPO surgery safety checklist. Whereas two nurses stated that they knew but had not fully understood or memorized it.[7]

The impact caused by low compliance with the implementation of the surgical safety format.[8] The checklist in the operating room includes everything from the wrong patient , the wrong side of the operation (wrong site), inadequate preparation for the operation, to leaving gauze or surgical tools left in the patient's body and the occurrence of surgical site infection. due to inadequate post-operative preparation and nursing care.[9]

The low awareness of the surgical team in implementing patient safety culture, one of the mistakes is compliance with the implementation of surgical safety checklists in surgical procedures that can endanger surgical patients.[10] This is not in accordance with regulation legislation And Standard National Accreditation Hospitals that require the implementation of surgical safety checklists in room operation must 100% For eliminate problem Which worrying and possible mistakes that must be resolved in surgery.[11]

Based on the background above, the author is interested in conducting research on " Officer Compliance with the Implementation of the Surgical Safety Checklist Based on the Theory of Planned Behavior in Patients in the Central Surgical Installation of the Regional Public Service Agency Benyamin Guluh Hospital, Kolaka Regency."

Method

This research is quantitative research with a cross - sectional study approach.[12] The population in this study were all health workers(surgical team) in charge of the Central Surgical Installation of Benyamin Guluh Hospital Kolaka Regency in 2023 amount 35 people. The sampling used a purposive technique sampling. Primary data is in the form of respondent identity data, behavioral beliefs, normative control, control beliefs. Secondary data includes a general description of the research location consisting of geographic and demographic data of the research location obtained from the Benyamin Guluh Hospital

documentation. Data analysis using Structural Equation Modeling and Partial Least Square (SEM PLS)models.[13]

Result

The sample in this study had a majority age of 31-40 years as many as 12 respondents , the majority gender was male as many as 18 respondents (69.2 %) , the most profession was a nurse as many as 13 respondents (50 %) . Then, the majority of the sample's work period was > 5 years as many as 25 respondents (96.2 %)

Table 1 shows the experience dimension (X11), the lowest mean value is 4.54 which is included in the strongly agree category (namely statement X11.1); The highest mean value is 4.73 which is in the strongly agree category (namely statement X11.2); with the overall mean of the dimensions being 4.65 which is in the Strongly agree category. Profit dimension (X12), the lowest mean value is 4.69 which is included in the strongly agree category (namely statements X12.1 and X12.2); The highest mean value is 4.73 which is in the strongly agree category (namely statements X12.3 and X12.4); with the overall mean of the dimensions being 4.71 which is in the Strongly agree category. Consequence dimension (X13), the lowest mean value is 4.69 which is included in the strongly agree category (namely statement X13.3); The highest mean value is 4.85 which is in the strongly agree category (namely statement X13.1); with the overall mean of the dimensions being 4.78 which is in the Strongly agree category. Overall, the mean of the behavioral beliefs variable X1 is 4.72 which is in the Strongly agree category.

Table 2 shows the Leadership dimension (X21), the lowest mean value is 4.15 which is included in the Agree category (namely statement X21.1); The highest mean value is 4.69 which is included in the strongly agree category (namely statement X21.3); with the overall mean of the dimensions being 4.41 which is in the strongly agree category. Peer Dimension (X22), the lowest mean value is 4.73 which is included in the strongly agree category (namely statement X22.3); The highest mean value is 4.81 which is included in the strongly agree category (namely statement X22.2); with the overall mean of the dimensions being 4.77 which is in the Strongly agree category. Work team dimension (X23), the lowest mean value is 4.58 which is included in the strongly agree category (namely statement X23.1); The highest mean value is 4.73 which is included in the strongly agree category (namely statement X23.3); with the overall mean of the dimensions being 4.67 which is in the strongly agree category. Overall, the mean of the normative control variable X2 is 4.60 which is in the Strongly agree category.

Table 3 shows the dimensions of Availability of Facilities such as SPO (X31), the lowest mean value is 4.50 which is included in the Strongly agree category (namely statement X31.2); The highest mean value is 4.73 which is included in the strongly agree category (namely statement X31.4); with the overall mean of the dimensions being 4.62 which is included in the strongly agree category. Dimension availability of SSC Format (X32), the lowest mean value is 4.27 which is included in the strongly agree category (namely statement X32.1); The highest mean value is 4.88 which is in the strongly agree category (namely statement X32.3); with the overall mean of the dimensions being 4.56 which is in the Strongly agree category. Knowledge dimension (X33), the lowest mean value is 4.50 which is included in the strongly agree category (namely statement X33.3); The highest mean value is 4.54 which is in the strongly agree category (namely statements X33.1 and X33.2); with the overall mean of the dimensions being 4.53 which is in the Strongly agree category. Overall, the mean of the control beliefs variable x3 is 4.57 which is in the strongly agree category.

Table 1
Descriptive variable Behavior *Beliefs* (X_1)

Dimensions		Answer Choices										Mean (per question)	Mean (per dimension)
		Strongly Disagree (1)		Disagree (2)		Neutral (3)		Agree (4)		Strongly Agree (5)			
		f	%	f	%	f	%	f	%	f	%		
Experience (X11)	X11.1	0	0.0%	0	0.0%	0	0.0%	12	46.2%	14	53.8%	4.54 (Strongly Agree)	4.65 (Strongly agree)
	X11.2	0	0.0%	0	0.0%	0	0.0%	7	26.9%	19	73.1%	4.73 (Strongly Agree)	
	X11.3	0	0.0%	0	0.0%	0	0.0%	8	30.8%	18	69.2%	4.69 (Strongly Agree)	
Profit (X12)	X12.1	0	0.0%	0	0.0%	0	0.0%	8	30.8%	18	69.2%	4.69 (Strongly Agree)	4.71 (Strongly agree)
	X12.2	0	0.0%	0	0.0%	0	0.0%	8	30.8%	18	69.2%	4.69 (Strongly Agree)	
	X12.3	0	0.0%	0	0.0%	0	0.0%	7	26.9%	19	73.1%	4.73 (Strongly Agree)	
	X12.4	0	0.0%	0	0.0%	0	0.0%	7	26.9%	19	73.1%	4.73 (Strongly Agree)	
Consequences (X13)	X13.1	0	0.0%	0	0.0%	0	0.0%	4	15.4%	22	84.6%	4.85 (Strongly Agree)	4.78 (Strongly agree)
	X13.2	0	0.0%	0	0.0%	0	0.0%	5	19.2%	21	80.8%	4.81 (Strongly Agree)	
	X13.3	0	0.0%	0	0.0%	0	0.0%	8	30.8%	18	69.2%	4.69 (Strongly Agree)	
Mean per variable												4.72 (Strongly agree)	

Table 2
Descriptive Normative Control variable (X_2)

Dimensions		Answer Choices										Mean (per question)	Mean (per dimension)
		Strongly Disagree (1)		Disagree (2)		Neutral (3)		Agree (4)		Strongly Agree (5)			
		f	%	f	%	f	%	f	%	f	%		
Leader (X21)	X21.1	0	0.0%	0	0.0%	6	23.1%	10	38.5%	10	38.5%	4.15 (Agree)	4.41 (Strongly agree)
	X21.2	0	0.0%	0	0.0%	3	11.5%	13	50.0%	10	38.5%	4.27 (Strongly Agree)	
	X21.3	0	0.0%	0	0.0%	0	0.0%	8	30.8%	18	69.2%	4.69 (Strongly Agree)	
	X21.4	0	0.0%	0	0.0%	1	3.8%	10	38.5%	15	57.7%	4.54 (Strongly Agree)	
Colleagues (X22)	X22.1	0	0.0%	0	0.0%	0	0.0%	6	23.1%	20	76.9%	4.77 (Strongly Agree)	4.77 (Strongly agree)
	X22.2	0	0.0%	0	0.0%	0	0.0%	5	19.2%	21	80.8%	4.81 (Strongly Agree)	
	X22.3	0	0.0%	0	0.0%	0	0.0%	7	26.9%	19	73.1%	4.73 (Strongly Agree)	
Work Team (X23)	X23.1	0	0.0%	0	0.0%	0	0.0%	11	42.3%	15	57.7%	4.58 (Strongly Agree)	4.67 (Strongly agree)
	X23.2	0	0.0%	0	0.0%	0	0.0%	8	30.8%	18	69.2%	4.69 (Strongly Agree)	
	X23.3	0	0.0%	0	0.0%	0	0.0%	7	26.9%	19	73.1%	4.73 (Strongly Agree)	
Mean per variable												4.60 (Strongly agree)	

Table 3
Descriptive variable Control *Beliefs* (X_3)

Dimensions		Answer Choices										Mean (per question)	Mean (per dimension)
		Strongly Disagree (1)		Disagree (2)		Neutral (3)		Agree (4)		Strongly Agree (5)			
		f	%	f	%	f	%	f	%	f	%		
Availability of Facilities Such as SPO (X31)	X31.1	0	0.0%	0	0.0%	0	0.0%	11	42.3%	15	57.7%	4.58 (Strongly Agree)	4.62 (Strongly agree)
	X31.2	0	0.0%	0	0.0%	2	7.7%	9	34.6%	15	57.7%	4.50 (Strongly Agree)	
	X31.3	0	0.0%	0	0.0%	0	0.0%	9	34.6%	17	65.4%	4.65 (Strongly Agree)	
	X31.4	0	0.0%	0	0.0%	0	0.0%	7	26.9%	19	73.1%	4.73 (Strongly Agree)	
Available SSC Format (X32)	X32.1	1	3.8%	1	3.8%	1	3.8%	10	38.5%	13	50.0%	4.27 (Strongly Agree)	4.56 (Strongly agree)
	X32.2	0	0.0%	1	3.8%	0	0.0%	9	34.6%	16	61.5%	4.54 (Strongly Agree)	
	X32.3	0	0.0%	0	0.0%	0	0.0%	3	11.5%	23	88.5%	4.88 (Strongly Agree)	
Knowledge (X33)	X33.1	0	0.0%	0	0.0%	1	3.8%	10	38.5%	15	57.7%	4.54 (Strongly Agree)	4.53 (Strongly agree)
	X33.2	0	0.0%	1	3.8%	0	0.0%	9	34.6%	16	61.5%	4.54 (Strongly Agree)	
	X33.3	0	0.0%	1	3.8%	0	0.0%	10	38.5%	15	57.7%	4.50 (Strongly Agree)	
Mean per variable												4.57 (Strongly agree)	

Discussion

Behavioral Beliefs

The Surgical Safety Checklist is a communication tool, encouraging teamwork for patient safety which is used by professional teams in the operating room to improve quality and reduce deaths and complications due to surgery, and requires a common perception between surgeons, anesthetists and nurses.[14]

Overall, the average mean of the behavioral beliefs variable X1 is 4.72 which is in the Strongly agree category. This is greatly influenced by the individual's intention to display a behavior which is a combination of the attitude towards displaying that behavior and subjective norms. Individual attitudes towards behavior include beliefs about a behavior, evaluation of the results of the behavior, subjective norms, normative beliefs and motivation to comply.

Variable (X1) has an AVE root value of 0.845 and the highest correlation value is 0.761 (i.e. the correlation between behavioral beliefs (X1) and SSC implementation (Y)). Because the AVE root value is greater than the highest correlation value with other variables, this means that the behavioral belief variable (X1) meets the discriminant validity requirements.

Discriminant validity is a way of assessing how different a construct is from other constructs, which can be determined by comparing the AVE value of the two constructs with the squared value of the correlation between the two constructs being tested.[15] If someone perceives that the results of performing a behavior are positive, he will have a positive attitude towards that behavior. On the contrary, it can also be stated that if a behavior is thought to be negative. If other relevant people view displaying this behavior as something positive and the person is motivated to meet the expectations of other relevant people, then that is what is called a positive subjective.[16]

If other people see the behavior that will be displayed as something negative and that person wants to meet the expectations of these other people, that is what is called negative subjective norms. Attitudes and subjective norms are measured with a scale (e.g. likert scale) using the phrases like/dislike, good/bad, and agree/disagree.[17]

From the test results listed in the table above, it can be seen that the path coefficient value of X1 to Y is 0.744 (positive direction), T statistics is 2.903 and the p- value is 0.004. Test results show that the T-statistics value is > 1.96 and the p-value is < 0.05. This means that behavioral confidence (X1) has a significant influence on the Implementation of SSC (Y) in a positive direction. Thus, H1 is accepted.

Actions taken by the operating team during the sign out phase include the type of action, completeness of instruments, gauze and needles available, specimens (surgical products), problems with equipment, cabling of surgical products, special attention from management, verification hours and signature of the operating team. The operations team's actions are in accordance with WHO's sign out guidelines which state that the sign out phase is the phase where the operations team will review the operations that have been carried out. Checking the completeness of gauze, counting instruments, labeling specimens, equipment damage or other problems that need to be addressed. The final step taken by the operating team is a follow-up plan and focuses on post-operative management and recovery before moving the patient from the operating room.

Behavioral beliefs are one aspect of carrying out management which is based on customer orientation and patient safety. Nurses' high behavioral beliefs will improve the quality of patient care, especially patients in the operating room. This can prevent medical errors from nurses in carrying out nursing care to hospital patients. The higher the behavioral confidence , it is hoped that it can improve the good performance of nurses, improve patient safety so that this has an impact on issues of quality and hospital image which are now increasingly becoming a priority for hospitals.

Normative Control

Subjective norms are a function of individual beliefs in terms of approving or disapproving certain behavior, approving or disapproving of a behavior is based on a belief called normative belief.[18]

Overall, the mean of the normative control variable (X2) is 4.60 which is in the Strongly agree category. The main assumption of the theory of reasoned action and the theory of planned behavior is that individuals are rational in considering actions and the implications of actions (decision making). The rationality of decision making assumes that the decision is made under uncertainty. Carrying out tasks in the operating room without a surgical safety checklist greatly influences the uncertainty of the medical actions that will be carried out, and will even affect patient safety.

Variable (X2) has an AVE root value of 0.783 and the highest correlation value is 0.759 (i.e. the correlation of normative control (X2) with behavioral beliefs (X1)). Because the AVE root value is greater than the highest correlation value with other variables, this means that the normative control variable (X2) meets the discriminant validity requirements. Behavioral intention indicates how much effort an individual is willing to commit to performing a behavior with higher commitment than the likelihood that the behavior will be carried out. The desire to behave is determined by attitudes and subjective norms.

The results of research regarding the compliance of the operating team in implementing surgical patient safety in operations at the Benyamin Guluh Kolaka Hospital, can illustrate that the operating team complies with implementing surgical patient safety during the sign-in phase which consists of confirming the patient's identity, confirming the incision location, checking the anesthesia machine and medication. Medication, confirm whether the patient has a history of allergies, confirm whether the patient has difficulty breathing/risk of aspiration and use of breathing aids, confirm the risk of blood loss and confirm intravenous access/fluid therapy plans, the sign-in phase is the initial benchmark for success in subsequent stages and to ensure intraoperative patient safety.

From the test results listed in the table above, it can be seen that the path coefficient value of X2 to Y is -0.053 (negative direction), T statistics is 0.172 and the p- value is 0.864 .The test results show that the T statistics value< 1.96 and p-value >0.05 . This means that normative control (x2) does not have a significant influence on the implementation of SSC (Y) in a negative direction. Thus, H4 is rejected. Subjective norms are a person's feelings or assumptions regarding the expectations of people in his life regarding whether or not to carry out certain behaviors. Because these feelings are subjective in nature, this dimension is called subjective norms. The relationship between attitudes and behavior is very determining, so subjective norms are also influenced by beliefs. The difference is that if the relationship between attitudes and behavior is a function of beliefs about the behavior that will be carried out (behavioral belief), then subjective norms are a function of a person's beliefs obtained from the views of other people. others related to it (normative belief).

Control Beliefs

Control beliefs relate to the perception of the existence of factors that can facilitate or hinder the performance of a behavior. It is assumed that these control beliefs – combined with the perceived strength of each control factor – determine the prevailing perception of behavioral control. Specifically, the perceived power of each control factor to inhibit or facilitate behavioral performance contributes to perceived behavioral control in direct proportion to a person's subjective probability that the control factor is present (see perceived behavioral control).[19]

overall, the mean of the control beliefs variable X3 is 4.57 which is in the strongly agree category. Feelings related to control behavior by distinguishing them from locus of control or center of control. Center of control relates to a person's beliefs that are relatively stable in all situations. Perceptions of behavioral control can change depending on the situation and the type of behavior to be performed. The center of control is related to the individual's belief that his success in doing everything depends on his own efforts.

Variable (X3) has an AVE root value of 0.931 and the highest correlation value is 0.652 (i.e. the correlation of belief control (X3) with normative control (X2). Because the AVE root value is greater than the highest correlation value with other variables, this means that the confidence control variable (X3) meets the discriminant validity requirements. The operations team's compliance with implementing sign-in can be influenced by the operations team's work period based on the number of operations handled. This condition affects the motivation of the operations team to fill out the sign-in sheet completely.

From the test results listed in the table above, it can be seen that the path coefficient value of X3 to Y is 0.107 (positive direction), T statistics is 0.472 and the p- value is 0.637 .The test results show that the T statistics value< 1.96 and p-value >0.05 . This means that confidence control (X3) does not have a significant influence on the Implementation of SSC (Y) in a positive direction.

The use of the surgical safety checklist is intended to facilitate effective communication in surgical procedures so as to improve the quality of nursing services and increase efforts to increase patient safety in the surgical room both before surgery, surgery and after surgery, so that clear benefits can be obtained, namely the safety of surgical procedures which will reduce the level of morbidity and mortality for surgical patients, safety and comfort in carrying out surgical procedures before, during and after surgery for health workers, implementation of patient safety programs in hospitals which can be a source of increasing the number of consumers using services which will result in additional volume of hospital income.[20

Conclusion

Behavioral beliefs have a significant effect on officer compliance regarding the implementation of the surgical safety checklist. behavioral beliefs do not have a significant effect

on control beliefs. Normative control has a significant effect on control beliefs. Normative control has a significant effect on officer compliance regarding the implementation of the surgical safety checklist. Control beliefs have a significant effect on officer compliance regarding the implementation of the surgical safety checklist.

Reference

1. Hastuti, SKW, Puspaningtyas, DR & Syam, NS Implementation of patient safety culture in outcome level in X general hospital in Yogyakarta.*Int. J. Community Med. Public Heal.*7, 36–41 (2020).
2. Badri, A.-FBA, Wahyuni, AAIS, Susanto, N. & Fatimah, S. Implementation of Personal Protective Equipment During Lifting on the Platform to Minimize Work Accidents on the SV. Fiona 38 Ship.*JPB J. Patria Bahari*4, 7–16 (2024).
3. Sudiharjani, N. Early Mobilization and Healing of Surgical Wounds in Post-Caesarean Section (SC) Mothers in the Dahlia Room, Salatiga City Regional General Hospital. in*Proceedings of National & International Seminars*(2012).
4. Rachmawaty, R., Yusuf, S. & Karniawan, W. Implementation of The WHO Surgical Safety Check List: Literature Review: The Implementation of The WHO Surgical Safety Check List: Literature Review.*Scientific J. Nursing*6, 252–260 (2020).
5. Asriyanti, A., Prabawati, D. & Wilhelmus, W. Effectiveness of Guided E-Booklet-Based Education on Self Care Behavior and Blood Sugar in Hospital X Bandung.*J. Heal. Science*5, 610–628 (2024).
6. Latifah, M., Chairunnas, A. & Sabarudin, S. Analysis of Accounting Information Systems (AIS) on the Revenue Cycle of VIP Room Inpatient Care at Benyamin Guluh Hospital, Kolaka Regency.*J. Accounting Control*1, 226–235 (2023).
7. Lee, JJ, Clarke, CL, Carson, MN & Yang, SC How do Korean nursing students build knowledge? A constructivist grounded theory study.*BMJ Open*8, e022050 (2018).
8. Manamela, LM, Rasweswe, MM & Mooa, RS Factors contributing to non-adherence of the peri-operative surgical team to WHO surgical safety checklist in the Kingdom of Saudi Arabia.*Perioper. Care Opera. Room Manager.*29, 100292 (2022).
9. Ardiansyah, D. & Wijayanti, R. Extrinsic Risk Factors Associated with the Incidence of Central Line Associated Blood Stream Infection (CLABSI) in the Neonatal Intensive Care Unit (NICU).*PIN-LITAMAS*2, 73–84 (2020).
10. Weinger, MB Time out! Rethinking surgical safety: more than just a checklist.*BMJ Quality & Safety*vol. 30 613–617 at (2021).
11. Barimani, B., Ahangar, P., Nandra, R. & Porter, K. The WHO surgical safety checklist: a review of outcomes and implementation strategies.*Perioper. care Opera. room Manag.*21, 100117 (2020).
12. Prof. Dr. Sugiyono. Qualitative Research Methodology. In Qualitative Research Methodology.*Sarasin Rake*at (2020).
13. Nurhidayati, M. & Cahyani, NK Factors Influencing E-Channel User Satisfaction and Loyalty of BSI KCP Ponorogo Customers.*Etihad J. Islam. Bank. Financ.*1, 146–157 (2021).
14. Oktaviono,YH. *Compilation On Percutaneous Coronary Intervention.* at (2020).
15. Rönkkö, M. & Cho, E. An updated guideline for assessing discriminant validity.*Organ. Res. methods*25, 6–14 (2022).
16. Saputra, C.*et al.*Surgical Safety Checklist Implementation Factors in the Operating Room. *J. Nursing* 14, 291–300 (2022).
17. Sejahtera, HI & Simatupang, LL The Relationship between the Implementation of the Surgical Safety Checklist and Injury Incidents (Patient Safety) at Murni Teguh Hospital, Tuban, Bali.*Excell. Midwifery J.*7, 35–42 (2024).
18. Lara, G. *Analysis of Factors Influencing Generation Z's Interest in Investing in the Capital Market (a Study on Generation Z in*

Bandar Lampung City). (2022).

19. Amiruddin, A., Emilia, O., Prawitasari, S. & Prawirodihardjo, L. The Relationship between Surgical Team Compliance in the Implementation of Surgery Safety Checklist with Surgical Wound Infection and Length of Hospitalization in Cesarean Section Patients at the Regional General Hospital of Malang Regency Barru. *J. Health*. Reproduction 5, 145–158 (2018).
20. Handoko, S. & Basuki, D. Nurse compliance in implementing surgical safety checklist in the sign out phase in the operating room of the Emergency Room of RSPAL DR. *Ramelan Surabaya*. at (2023).