



Comparative Effectiveness of Video and Leaflet Education on Nurses' Attitudes and Compliance with Standard Operating Procedures

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ABSTRACT

Background: Nurses' compliance with Standard Operating Procedures (SOPs) is essential for ensuring patient safety and quality of care. Educational media are commonly used to improve nurses' attitudes and compliance; however, evidence comparing the effectiveness of video and leaflet media remains limited. This study aimed to compare the effectiveness of video and leaflet education in improving nurses' attitudes and compliance with SOPs.

Method: A quasi-experimental study with a pretest-posttest two-group design was conducted among 60 nurses. Participants were divided equally into a video group (n=30) and a leaflet group (n=30). Data were collected using an attitude questionnaire and a compliance observation checklist. Following a single educational intervention, posttests were conducted 60 days later. Data were analyzed using the Wilcoxon Signed-Rank Test and the Mann-Whitney U test based on N-Gain scores.

Result: Both groups showed significant improvements in attitudes and compliance after the intervention ($p < 0.001$). The video group achieved higher N-Gain scores for attitude (79.11%) and compliance (77.43%), which were categorized as effective. The leaflet group achieved N-Gain scores of 66.97% for attitude and 71.88% for compliance, indicating moderate effectiveness. Significant differences were found between the two groups for attitude ($p = 0.008$) and compliance ($p = 0.013$), demonstrating that video-based education was more effective than leaflet-based education.

Conclusion: Both video and leaflet education improved nurses' attitudes and compliance with SOPs. However, video-based education produced greater improvements and may be recommended as a primary educational strategy to enhance nursing practice and patient safety.

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INTRODUCTION

Compliance with Standard Operating Procedures (SOPs) is a fundamental component of patient safety and quality healthcare delivery. Nurses, as the largest group of healthcare professionals and the primary providers of direct patient care, are expected to consistently adhere to established clinical procedures in their daily practice. Compliance with SOPs contributes to the prevention of healthcare-associated infections, medication errors, patient falls, and other adverse events that may compromise patient outcomes. Therefore, maintaining a high level of adherence to SOPs is essential for ensuring safe, effective, and evidence-based nursing care (Vaismoradi et al., 2020; Setiawati et al., 2024).

Despite its importance, achieving optimal compliance among nurses remains a challenge in many healthcare settings. Previous studies have reported variations in nurses' adherence to patient safety procedures, including hand hygiene practices, medication administration protocols, and fall prevention measures. Inadequate compliance may result from multiple factors, such as insufficient knowledge, negative attitudes, workload pressures, limited supervision, and inadequate training opportunities. Consequently, improving nurses' attitudes and compliance toward SOP implementation continues to be a priority for healthcare organizations seeking to strengthen patient safety culture and service quality (Zebua et al., 2024; Rohmah & Prayoga, 2025; Ibrahim et al., 2024).

Educational interventions are among the most commonly used strategies to improve healthcare workers' knowledge, attitudes, and professional behaviors. Effective educational programs not only enhance understanding of clinical procedures but also encourage positive behavioral changes that can be sustained in daily practice. Training and educational interventions have been consistently identified as important approaches for improving nurse compliance and patient safety implementation (Setiawati et al., 2024; Tajuddin et al., 2025). Among the various educational media available, videos and leaflets are frequently utilized because they are practical, relatively inexpensive, and easily distributed within healthcare settings.

The potential advantage of video-based education can be explained by the Cognitive Theory of Multimedia Learning, which suggests that individuals learn more effectively when information is presented through both visual and auditory channels rather than through text alone. Multimedia learning can improve attention, information processing, and information retention, potentially leading to better behavioral outcomes. Recent evidence has shown that multimedia-based educational interventions can significantly improve nurses' adherence to patient safety principles and enhance learning outcomes compared with conventional educational approaches (Faridi et al., 2025). Furthermore, audiovisual learning has increasingly been recognized as an effective strategy for strengthening procedural competence and compliance in clinical practice.

Previous studies have demonstrated that both video-based and leaflet-based educational interventions can improve knowledge and health-related behaviors. However, findings regarding their comparative effectiveness remain inconsistent. Most available studies have focused on patients, students, or community populations and have primarily evaluated knowledge outcomes rather than behavioral compliance. Evidence directly comparing video and leaflet education among nurses, particularly regarding attitudes and compliance with Standard Operating Procedures, remains limited. Furthermore, only a few studies have assessed whether educational effects are maintained beyond the immediate post-intervention period (Kimberly & Khoiriyati, 2025; Faridi et al., 2025).

Given the critical role of nurses in ensuring patient safety and the limited evidence regarding the most effective educational medium for improving professional compliance, further investigation is warranted. Therefore, this study aimed to compare the effectiveness of video and leaflet education in improving nurses' attitudes and compliance with Standard Operating Procedures. The findings are expected to provide evidence-based recommendations for hospital

training programs and contribute to efforts aimed at enhancing nursing performance and patient safety outcomes.

METHOD

Study Design and Setting

This study employed a quasi-experimental design with a pretest–posttest two-group approach to compare the effectiveness of video and leaflet educational media in improving nurses' attitudes and compliance with Standard Operating Procedures (SOPs). The study was conducted in a Type B hospital in Jepara, Indonesia, involving five inpatient units: Pediatrics, Surgery, Intensive Care Unit (ICU), Emergency Department (ED), and Internal Medicine. These units were selected because they implement comparable nursing SOPs and represent diverse clinical service areas.

Participants and Sampling

The study population consisted of all registered nurses working in the selected inpatient wards. Participants were recruited using proportional stratified purposive sampling to ensure representation from each ward. Inclusion criteria were: (1) permanent nurses with at least one year of work experience, (2) actively working in one of the selected inpatient wards, (3) not having received formal SOP-related training during the previous six months, and (4) willing to participate throughout the study period. Nurses who were on extended leave, undergoing orientation, or unable to complete the study procedures were excluded.

Of 76 nurses initially screened, 16 were excluded because they did not meet the eligibility criteria, leaving a final sample of 60 participants. The participants were allocated into two intervention groups: a video group ($n = 30$) and a leaflet group ($n = 30$).

Research Instruments

Data were collected using two instruments: an attitude questionnaire and a compliance observation checklist. The attitude questionnaire assessed nurses' perceptions and attitudes toward SOP implementation, while the observation checklist measured compliance with nursing SOPs during routine clinical practice. The compliance checklist consisted of ten observable SOP indicators, scored as 1 (compliant) or 0 (non-compliant), resulting in a total score ranging from 0 to 10. Prior to data collection, all instruments underwent validity and reliability testing.

Data Collection Procedure

Following approval from hospital management and the nursing committee, eligible participants were informed about the study objectives, procedures, benefits, and ethical considerations. Written informed consent was obtained from all participants before data collection.

Baseline assessments were conducted during the first week of the study. Attitude data were collected through self-administered questionnaires completed individually by participants. Compliance data were obtained through non-participant observation conducted by trained enumerators. Each nurse was observed on three separate occasions across different work shifts (morning, afternoon, and night), with a minimum observation duration of two hours per session. The average score from the three observations was used as the baseline compliance score.

Intervention

After completion of the pretest assessment, participants received educational interventions according to their assigned groups. The video group attended a structured educational session using a 10-minute audiovisual module containing demonstrations of SOP implementation,

supported by narration, animations, and explanatory text. The educational video was developed by the research team based on hospital SOP guidelines and reviewed by nursing experts.

The leaflet group received an A5-sized educational leaflet containing the same information presented in the video, including illustrations and written explanations regarding SOP implementation. Participants in this group also received a 10-minute explanation from the researcher to ensure consistency of educational content between groups.

To minimize contamination between groups, educational sessions were conducted separately, and no additional SOP-related training was provided during the study period.

Posttest Assessment

Posttest measurements were conducted 60 days after the intervention to evaluate medium-term changes in attitudes and compliance. The same questionnaire and observation checklist used during the pretest were administered during the posttest. Compliance observations were conducted using the same procedures as baseline assessments. To reduce measurement bias, enumerators conducting posttest observations were blinded to group allocation.

Ethical Considerations

This study received ethical approval from the Health Research Ethics Committee of Universitas Muhammadiyah Purwokerto (Approval No. KEPK/UMP/160/IV/2026). Participation was voluntary, and written informed consent was obtained from all participants. Participant confidentiality and anonymity were maintained throughout the study.

Data Analysis

Data were analyzed using SPSS version XX. Descriptive statistics were used to summarize participant characteristics. The Shapiro–Wilk test was performed to assess data normality. Since the data were not normally distributed ($p < 0.05$), non-parametric statistical tests were applied. The Wilcoxon Signed-Rank Test was used to compare pretest and posttest scores within each group, while differences between the video and leaflet groups were analyzed using the Mann–Whitney U Test based on individual N-Gain scores. Educational effectiveness was interpreted according to Hake's N-Gain criteria: $>76\%$ (effective), $56\text{--}75\%$ (moderately effective), $40\text{--}55\%$ (less effective), and $<40\%$ (ineffective).

RESULTS AND DISCUSSION

Results

Respondent Characteristics

A total of 60 nurses participated in this study, consisting of 30 nurses in the video group and 30 nurses in the leaflet group. The demographic characteristics of the respondents are presented in Table 1.

Table 1. Respondent Characteristics

Table 1. Respondent Characteristics			
No	Respondent Characteristics	F	%
1	Age (years)		
	25–30	22	36,7
	31–35	18	30,0
	36–40	9	15,0
	41–45	6	10,0
	46–50	4	6,7
	>50	1	1,7
2	Gender		
	Male	29	48,3
	Female	31	51,7
3	Educational		
	D3	24	40,0
	Ners	24	40,0
	S2 Ners	12	20,0
4	Length of Service (years)		
	1–5	17	28,3
	6–10	19	31,7
	11–15	10	16,7
	16–20	6	10,0
	21–25	5	8,3
	26–30	3	5,0
5	Workspace		
	Anak	12	20,0
	Bedah	12	20,0
	ICU	12	20,0
	IGD	12	20,0
	Interna	12	20,0
6	Training		
	Tidak pernah	60	100,0

Source: data processed by researchers (2026)

Most respondents were aged 25–35 years (66.7%), with the largest proportion in the 25–30-year age group (36.7%). Female nurses accounted for 51.7% of participants, while male nurses represented 48.3%. Regarding educational background, Diploma III and Bachelor/Ners graduates each constituted 40.0% of the sample, whereas 20.0% held a Master of Nursing degree. Most respondents had worked for 1–10 years (60.0%). Participants were equally distributed across the five inpatient wards, with each ward contributing 20.0% of the sample. None of the respondents had received SOP-related training within the previous six months.

Normality Test

The normality of attitude and compliance scores was assessed using the Shapiro–Wilk test. The results are presented in Table 2.

Table 2. Results of the Shapiro–Wilk Normality Test

Variable	W	n	p-value
Pretest attitude	0.870	60	<0.001
Posttest attitude	0.910	60	<0.001
Pretest compliance	0.864	60	<0.001
Posttest compliance	0.821	60	<0.001

The normality of attitude and compliance scores was assessed using the Shapiro–Wilk test. As shown in Table 2, all variables produced p-values below 0.05, indicating a non-normal distribution. Consequently, non-parametric statistical tests were employed for hypothesis testing.

Effect of Educational Interventions Within Groups

The effects of the educational interventions on nurses' attitudes and compliance were analyzed using the Wilcoxon Signed-Rank Test. The results are presented in Table 3.

Table 3. Results of the Wilcoxon Signed-Rank Test

Table 3. Results of the Wilcoxon Pretest-Posttest Test per Group

Group	Variable	Pretest Median	Posttest Median	Z	p-value
Video	Attitude	58.0	86.0	-4.78	<0.001
	Compliance	62.5	88.0	-4.81	<0.001
Leaflet	Attitude	59.0	80.0	-4.77	<0.001
	Compliance	63.0	82.0	-4.76	<0.001

As shown in Table 3, significant improvements were observed in both attitude and compliance scores following the educational interventions. In the video group, the median attitude score increased from 58.0 at pretest to 86.0 at posttest, while the median compliance score increased from 62.5 to 88.0. Similarly, in the leaflet group, the median attitude score increased from 59.0 to 80.0, and the median compliance score increased from 63.0 to 82.0. All comparisons yielded statistically significant results ($p < 0.001$), indicating that both educational media effectively improved nurses' attitudes and compliance with Standard Operating Procedures (SOPs).

Comparison of Effectiveness Between Groups

The comparative effectiveness of video and leaflet educational media was evaluated using N-Gain scores and analyzed using the Mann–Whitney U Test. The results are presented in Table 4.

Table 4. Comparison of N-Gain Scores Between the Video and Leaflet Groups

Variable	Group	Mean N-Gain (%)	Median (%)	SD	Effectiveness Category	p-value
Attitude	Video	79.11	77.23	15.26	Effective	0.008
	Leaflet	66.97	70.60	20.54	Moderately effective	
Compliance	Video	77.43	75.00	11.37	Effective	0.013
	Leaflet	71.88	66.67	14.71	Moderately effective	

As shown in Table 4, the video group achieved higher N-Gain scores than the leaflet group for both attitude and compliance outcomes. For attitude, the video group obtained a mean N-Gain score of 79.11%, whereas the leaflet group achieved 66.97%. The difference between groups was statistically significant ($p = 0.008$). Similarly, for compliance outcomes, the video group achieved a mean N-Gain score of 77.43%, compared with 71.88% in the leaflet group. The

difference was also statistically significant ($p = 0.013$). According to Hake's criteria, the video intervention was classified as effective for both attitude and compliance outcomes, whereas the leaflet intervention was classified as moderately effective. These findings indicate that both educational media improved nurses' attitudes and compliance with Standard Operating Procedures (SOPs), although video-based education produced significantly greater improvements than leaflet-based education.

Discussion

The findings of this study demonstrated that both video- and leaflet-based educational interventions significantly improved nurses' attitudes and compliance with Standard Operating Procedures (SOPs). Significant improvements were observed in both intervention groups after the 60-day follow-up period, indicating that educational interventions can positively influence professional behavior among nurses. These findings support previous evidence showing that nurses' compliance with patient safety procedures is closely associated with their level of knowledge and attitudes toward SOP implementation (Aprisunadi et al., 2022; Vaismoradi et al., 2020). Educational interventions provide structured learning opportunities that reinforce understanding of clinical standards and encourage adherence to safe nursing practices.

The significant improvement observed in both groups suggests that educational media, regardless of format, can facilitate learning and behavioral change. This finding is consistent with previous studies reporting that both printed and audiovisual educational materials contribute to improvements in knowledge, attitudes, and health-related behaviors. Nurlaelasari et al. (2023) reported that both leaflet and audiovisual media effectively improved knowledge regarding wound care, while Surastiningsih et al. (2025) found that leaflet and video interventions significantly improved patients' knowledge and attitudes toward fall prevention. Similarly, a systematic review by Amaral et al. (2023) concluded that patient safety education programs consistently improve healthcare professionals' knowledge, attitudes, and safety-related practices. Furthermore, Agbar et al. (2023) reported that educational interventions positively contribute to the development of patient safety culture among healthcare workers. These findings indicate that educational content itself plays an important role in influencing behavioral outcomes when delivered systematically and appropriately.

Despite the effectiveness of both interventions, the video group demonstrated significantly greater improvements in attitudes and compliance compared with the leaflet group. The higher N-Gain scores observed in the video group indicate that audiovisual learning may provide advantages beyond those achieved through printed educational materials alone. Similar findings were reported by Rahima et al. (2025), who found that patient safety education delivered through video significantly improved nurses' knowledge regarding correct patient identification. Likewise, Jen et al. (2022) demonstrated that mobile-video learning effectively enhanced nursing staff competence in personal protective equipment training. Park et al. (2023) also reported that simulation- and video-based patient safety education improved nurses' competencies and strengthened safety-related performance in clinical settings. These findings collectively support the superiority of audiovisual learning approaches for professional healthcare education.

The superiority of video-based education may be explained by its ability to present information through multiple sensory channels simultaneously. Videos combine visual demonstrations, narration, movement, and sequential procedural explanations, enabling learners to observe the correct implementation of clinical procedures in real time. This characteristic is particularly important for nursing procedures that require step-by-step execution and procedural accuracy. In contrast, leaflet media primarily rely on written explanations and static illustrations, requiring learners to independently interpret and translate information into practice. Consequently, video media may facilitate a deeper understanding of procedural workflows and improve retention of learned behaviors. A recent systematic review by Morgado et al. (2024) concluded that video-

based educational approaches enhance learner engagement, comprehension, and information retention through the integration of visual and auditory stimuli.

The greater improvement in compliance observed in the video group is particularly relevant considering that adherence to SOPs remains a challenge in clinical practice. Previous studies have reported suboptimal compliance among nurses in implementing patient safety procedures and nursing standards (Azizah & Nurhayati, 2024; Rohmah & Prayoga, 2025; Siallagan et al., 2025; Amalia et al., 2025). Inadequate compliance may increase the risk of patient safety incidents, medication errors, healthcare-associated infections, and other preventable adverse events. Therefore, identifying educational strategies that effectively improve adherence to SOPs is essential for strengthening patient safety culture within healthcare organizations.

An important finding of the present study is that the superiority of video-based education remained evident 60 days after the intervention. This suggests that audiovisual learning may support not only immediate understanding but also medium-term retention of attitudes and compliance behaviors. Similar findings have been reported by Al-Nawafleh et al. (2024), who demonstrated sustained improvements in patient safety competencies following educational interventions among nursing students. The ability of videos to provide realistic demonstrations and reinforce procedural memory may contribute to the sustainability of behavioral changes observed among participants. These findings highlight the potential value of integrating video-based learning into continuous professional development programs for nurses.

The findings of this study have important practical implications. Hospitals should consider incorporating video-based educational modules into routine training programs, particularly for patient safety initiatives and SOP compliance training. Video media can provide standardized learning experiences, facilitate repeated exposure to key procedures, and ensure consistency in educational delivery across clinical units. In addition, video-based learning can be integrated into hospital learning management systems and accessed repeatedly by nursing staff. Nevertheless, leaflet media remain useful as complementary educational tools that reinforce essential information and serve as convenient reference materials during daily clinical practice.

Several limitations should be acknowledged. First, this study was conducted in a single hospital setting, which may limit the generalizability of the findings to other healthcare institutions. Second, compliance was assessed through direct observation, which may still be subject to observer-related bias despite efforts to minimize measurement errors. Future studies should involve multiple hospitals, larger sample sizes, and additional outcome indicators, such as healthcare-associated infection rates, medication errors, patient safety incidents, and long-term adherence outcomes, to further evaluate the effectiveness of educational interventions on nursing performance and patient safety.

CONCLUSION

Both video and leaflet based educational interventions significantly improved nurses' attitudes and compliance with Standard Operating Procedures (SOPs) after a 60-day follow-up. However, video-based education demonstrated significantly greater effectiveness than leaflet-based education, as evidenced by higher N-Gain scores and statistically significant differences in both attitude and compliance outcomes. The superiority of video education may be attributed to its dynamic audiovisual presentation, which facilitates procedural understanding, information retention, and sustained behavioral change. These findings suggest that hospitals should prioritize video-based education as the primary strategy for SOP training, while using leaflets as complementary reinforcement materials. Integrating video-based learning into continuous professional development programs may contribute to improved nursing performance, stronger patient safety culture, and higher quality of healthcare services.

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