

Table 1 gives details on the three hundred PAU nursing students included in the research. Students indicated a strong knowledge of the "Five Rights" of medicine administration (mean = 2.72) and comprehension of pharmaceutical storage and disposal (2.7). Nonetheless, knowledge diminishes somewhat on the identification of pharmacological interactions (2.59), the recognition of adverse reactions (2.56), and the understanding of legal implications (2.6). The aggregate knowledge score is 2.66, accompanied by a standard deviation of 0.35, indicating a reasonably high but imperfect comprehension of pharmaceutical safety. Table 3 evaluates how nurses students apply medication safety knowledge in practice. A 3-point scale is used. Students report the highest compliance with checking allergy history (average = 2.78), a critical safety step. Adherence to the "Five Rights" and noting side effects also score well (averages = 2.68 and 2.66, respectively). The location of residency did not markedly impact knowledge or practice, indicating that contextual influences may be less relevant than educational exposure and clinical experience. Table 5 delineates prevalent obstacles in the teaching and implementation of medication safety. A significant majority (66%) reported inadequate information, while 59% indicated anxiety over the administration of high-risk medications, and 58% noted irregular oversight from clinical instructors. Other problems include not knowing enough about how medications can interact with each other (42% of respondents) and not having any standard testing tools (32% of respondents), which shows that the program needs to improve both academic knowledge and practical testing methods. Table 6 offers insightful analysis of how well nursing students believe they are ready for handling pharmaceutical safety issues. Gender is significant in practice scores, with females achieving a higher average (2.72) than men (2.58), accompanied by a significant p-value (0.001); nevertheless, knowledge scores did not exhibit significant differences between genders. The findings indicate that the system encounters issues, such as the need for enhanced instructional support, methods to augment confidence, and a culture of problem-sharing devoid of punitive measures. Residency data reveals a fairly balanced distribution: 39% live in cities, 37% in villages, and 21.7% in camps, with a small minority (2.3%) from Bedouin communities. Lower scores appear in double-checking medication labels (2.59) and reporting errors or adverse drug reactions (2.60), which are vital safety behaviors but may be hindered by fear or lack of confidence. Table 1 provides more details about the characteristics of the participants.