



PATIENT SAFETY CULTURE SURVEY IN THE SITI HAJAR ISLAMIC HOSPITAL

Authors:

Estry Mardhiah Pangastuti¹, Sri Sundari²

^{1,2}Universitas Muhammadiyah Yogyakarta, Indonesia

Corresponding Email: estry.mardhiah.psc21@mail.umy.ac.id

About the Author

1. 1st Author : dr Estry Mardhiah Pangastuti
Affiliation : Magister Administrasi Rumah Sakit, Universitas Muhammadiyah Yogyakarta.
Mailing address : Jl. Danau Batur 2 No 8 Pagutan Permai, Mataram - Nusa Tenggara Barat
Email of author : estry.mardhiah@mail.umy.ac.id
Orcid ID :
Google Scholar URL : <https://scholar.google.com/citations?user=sXSkyZ4AAAAJ&hl=en>
Phone number : 0859359196202
- 2nd Author : Dr. dr. Sri Sundari M.Kes
Affiliation : Magister Administrasi Rumah Sakit, Universitas Muhammadiyah Yogyakarta
Mailing address : (Eg: Jl. A. Yani 1A Tambahrejo, Kecamatan Gadingrejo Kabupaten Pringsewu, Lampung – Indonesia 35372)
Email of author : sundari_purbo@yahoo.com.sg
Orcid ID : <https://orcid.org/0000-0002-4773-1746>
Google Scholar URL : <https://scholar.google.com/citations?user=GIORaWMAAAAJ&hl=id>
Phone number : 08122789196

ABSTRACT

At trying to prevent unforeseen events, patient safety culture is crucial at healthcare facilities that provide care to patients. The high rate of reported deaths in some nations is a result of avoidable medical mistakes. According to information from the Ministry of Health of Indonesia, 12% of all Indonesian hospitals (RS) reported patient safety problems in 2019 having a rate of 5.2%, West Nusa Tenggara Province is Indonesia's 10th lowest prevalence of IKP in hospitals. Until March 2022, there were 4 cases at RSI Siti Hajar Mataram that happened in the medical support unit. This study's goal was to determine the patient safety culture at medical support unit. The research population for this study was the personnel of medical support units, and it used a cross-sectional research methodology with a total sample procedure. According to the analysis's findings, the following variables have a statistically significant impact on patient safety culture as a whole: perception, reporting frequency, supervision, communication openness, reciprocal error, staffing, and management support. Each dimension has a P value 0.05 and an average association strength that is both sufficient and strong. the requirement for more managerial involvement in the design, oversight, and evaluation of patient safety culture implementation.

Keywords: patient safety culture dimensions

ABSTRAK

Budaya keselamatan pasien penting dalam memberikan pelayanan kesehatan pada pasien di fasilitas kesehatan untuk mengontrol terjadinya kejadian yang tidak diharapkan. Di beberapa negara tingginya kasus kematian yang dilaporkan disebabkan oleh insiden akibat kesalahan medis yang dapat dicegah. Berdasarkan data dari Kementerian Kesehatan tahun 2019, pelaporan insiden keselamatan pasien (IKP) sebesar 12% dari keseluruhan rumah sakit (RS) di Indonesia. Kejadian IKP RS di Provinsi Nusa Tenggara Barat berada pada peringkat 10 terendah di Indonesia dengan angka 5.2%. Adapun IKP di RSI Siti Hajar Mataram hingga Maret 2022 sebanyak 4 kasus yang terjadi di unit penunjang medik. Tujuan penelitian ini adalah mengidentifikasi budaya keselamatan pasien di unit penunjang medik di RSI Siti Hajar Mataram. Penelitian ini menggunakan metode penelitian cross-sectional dengan teknik pengambilan sampel total sampling dengan populasi penelitian adalah seluruh staf unit penunjang medik. Hasil analisis menunjukkan bahwa dimensi yang memiliki pengaruh secara statistik dengan budaya keselamatan pasien secara keseluruhan adalah dimensi persepsi, dimensi frekuensi pelaporan, dimensi supervisi, dimensi keterbukaan komunikasi, dimensi timbal balik kesalahan, dimensi staffing, dan dimensi dukungan manajemen. Masing-masing dimensi memiliki nilai P value < 0,05 dengan kekuatan hubungan rata-rata cukup dan kuat. Perlunya peningkatan peran manajerial dalam perencanaan, pemantauan, dan evaluasi pelaksanaan dimensi budaya keselamatan pasien.

Kata kunci: dimensi budaya keselamatan pasien

INTRODUCTION

The basic pillar of hospital patient safety is patient safety culture, which is also a key component of attempts to lower the frequency of Adverse Event (AE) (WANG, 2014). When an organization adopts a patient safety culture, it will focus on systemic flaws rather than scapegoating personnel or individuals (CHEN, 2010).

According to the IOM report *To Err is Human: Building A Safer Health System*, there were 98,000 medical error-related deaths in the United States of America in 2000. In 11 JCI-accredited hospitals across 5 countries, 52 incidences were reported, according to research by Buhari (2018). The majority of cases—31%—are from Hong Kong, followed by Australia with 25%, India with 23%, the United States of America with 12%, and Canada with 10%. In contrast, there were 7,465 cases in Indonesia in 2019; in more detail, there were 171 fatalities, 80 cases of serious damage, 372 cases of moderate injury, 1,183 cases of mild injury, and 5,659 cases with no injury. (HABIBAH, 2021)

The Ministry of Health reported that 12% of all Indonesian hospitals reported any Patient Safety Incidents in 2019, which is the most recent year for which data is available. With only 2 hospitals reporting patient safety events to the Hospital Patient Safety Committee (KKPRS), NTB Province has the 10th lowest rate of hospital patient safety incident reporting in Indonesia (5.2%). (Daud, 2020) Two cases of Patient Safety Incidents were reported at RSI Siti Hajar Mataram in 2021, and from 2022 to March 2022, there were four cases, four of which occurred in medical support units.

The underreporting of patient safety incidents is brought on by the heavy schedule of officers, lack of hospital staff feedback on incident reporting, and fearness of employees of the negative effects of reporting an occurrence (GUNAWAN, 2015). The way incidents are reported in hospitals will be impacted by the role superiors and supervision play in establishing a patient safety culture (IRAWAN, 2017)

Patient safety incident reports reported in Siti Hajar Mataram from 2021 to the first quarter of 2022 were from the medical care sector. Based on initial interviews with 12 medical support staff at Siti Hajar Hospital Mataram, they are not well aware of the patient safety culture, their understanding of accident reporting is still lacking, so some units do not know what mistakes they have. . to report due to the understanding of their immediate manager in the units that they are able to solve errors at the unit level, therefore there is no need to report them, even if they are related to patient safety.

Therefore, this study aims to identify the patient safety culture in the Medical Support Unit of RSI Siti Hajar Mataram

METHOD

Participant characteristics and research design

This study was a quantitative study with a cross-sectional study method. The population in this study was all staff at the Medical Support Unit of RSI Siti Hajar Mataram with the research sample using a total sample taking of all Medical Support Unit staff for research. Inclusion criteria were all Medical Support Unit staff who had worked > 6 months in the Medical Support Unit. Exclusion criteria include: Medical support unit staff who have only worked < 6 months; Filling out the questionnaire is incomplete; Fill out the questionnaire with the same answers from start to finish

Sampling procedures

This study was conducted from September to October 2022. This research focused on the entire staff of RSI Siti Hajar Mataram in Medical Support Unit. The sampling method used was total sampling with 42 samples. Participants were asked to sign an informed consent form to comply with research ethics prior data collection.

Sample size, power, and precision

The total number of responses collected is 41 responses because one of them had a same answer in every questions so it was excluded. Every responses were analyzed by SPSS.

The research flow was carried out by preparing a questionnaire in Indonesian, selecting respondents according to the criteria, distributing questionnaires to research samples, processing data with descriptive statistics, processing bivariate data with Kendal Tau, processing multivariate data with multiple logistics, and drawing up conclusions.

Measures and covariates

The study examined the 12 aspects of patient safety as independent variables, while patient safety culture was the dependent variable. Aspects of patient safety measured were those of perceptions, reporting frequency, monitoring, organizational learning, internal cooperation, well-communication, reciprocity, non-punitive response, staffing, management support, interagency collaboration, handoff and transitions. The HSOPSC questionnaire comprises of 12 aspects and 42 evaluation items in this study. The researchers also examined the correlation between the variables in the 12-dimensional HSOPSC. Response choices are used using a Likert data scale.

The HSOPSC questions have been tested for their validity and reliability after being translated onto Bahasa Indonesia. The test consisted of 20 individuals who were tested for validity and reliability. Validity test using Person Correlation test and reliability using Cronbach's Alfa test. The results of the validity and reliability test show that all the points of the tool are valid and reliable according to Table 1 until Table 6

Tabel 1
Validity Test Result of Unit

No. Item	r_{xy}	r_{tabel}	Information
1	0.794	0,443	Valid
2	0.866	0,443	Valid
3	0.935	0,443	Valid
4	0.866	0,443	Valid
5	0.813	0,443	Valid
6	0.763	0,443	Valid
7	0.813	0,443	Valid
8	0.857	0,443	Valid
9	0.938	0,443	Valid
10	0.935	0,443	Valid

11	0.944	0,443	Valid
12	0.794	0,443	Valid
13	0.944	0,443	Valid
14	0.794	0,443	Valid
15	0.866	0,443	Valid
16	0.935	0,443	Valid
17	0.944	0,443	Valid
18	0.794	0,443	Valid

Tabel 2
Validity Test Results of Supervisor

No. Item	r_{xy}	r_{tabel}	Information
1	0.976	0,443	Valid
2	0.992	0,443	Valid
3	0.992	0,443	Valid
4	0.934	0,443	Valid

Tabel 3
Validity Test Results of Communication Openness

No. Item	r_{xy}	r_{tabel}	Information
1	0.961	0,443	Valid
2	0.876	0,443	Valid
3	0.961	0,443	Valid
4	0.876	0,443	Valid
5	0.773	0,443	Valid
6	0.963	0,443	Valid

Tabel 4
Validity Test Results of Reporting Event Frequency

No. Item	r_{xy}	r_{tabel}	Information
1	0.922	0,443	Valid
2	0.856	0,443	Valid
3	0.904	0,443	Valid

Tabel 5
Validity Test Results of Hospital Management Supporting

No. Item	r_{xy}	r_{tabel}	Information
1	0.900	0,443	Valid
2	0.912	0,443	Valid
3	0.868	0,443	Valid
4	0.823	0,443	Valid
5	0.868	0,443	Valid
6	0.840	0,443	Valid
7	0.902	0,443	Valid
8	0.900	0,443	Valid
9	0.919	0,443	Valid
10	0.720	0,443	Valid
11	0.912	0,443	Valid

Tabel 6
Validity Test Results of Patient Safety Culture Dimensions

No. Item	r_{xy}	r_{tabel}	Information
1	0.747	0,443	Valid

2	0.900	0,443	Valid
3	0.913	0,443	Valid
4	0.900	0,443	Valid
5	0.849	0,443	Valid
6	0.803	0,443	Valid
7	0.849	0,443	Valid
8	0.850	0,443	Valid
9	0.917	0,443	Valid
10	0.913	0,443	Valid
11	0.926	0,443	Valid
12	0.747	0,443	Valid

Data analysis

The data analysis was conducted using univariate data to determine the frequency distribution for each dimension/variable. Bivariate analysis used Kendal Tau analysis using SPSS software to find out which variable has the most influence on patient safety culture. Then, multivariate analysis by multiple logistic regression.

RESULTS AND DISCUSSION

The main target of this survey was conducted in all medical support services, specifically the radiology, pharmacy, laboratory and nutrition departments with a total of 42 respondents, but based on the results collected data, one respondent was included in the exclusion list. standard. to complete the questionnaire with the same answers from start to finish. Thus, the total number of responses collected is 41 responses. Detailed results of data collection from respondents are:

Table 7

Frequency Distribution of Respondents in Unit

Unit	Respondents	Percentage
Radiology	6	14,6%
Pharmacy	19	46,3%
Laboratorium	9	22%
Nutrition	7	17,1%
Total	41	100%

Tabel 8

Frequency Distribution of Staff Level Responses

Unit Kerja	Staffs	Respondents	Percentage
Radiology	8	6	75%
Pharmacy	27	19	70%
Laboratorium	11	9	82%
Nutrition	18	7	39%

Table 9

Frequency Distribution based on Gender

Gender	Respondents	Percentage
Perempuan	31	75,6%
Laki-laki	10	24,4%
Total	41	100%

Table 10

Frequency Distribution based on Long Working Hours

Long Working Hours	Respondents	Percentage
<1 year	4	9.8%

1-5 years	27	65.9%
6-10 years	3	7.3%
11-15 years	6	14.6%
16-20 years	0	0%
>21 years	1	2.4%
Total	41	100%

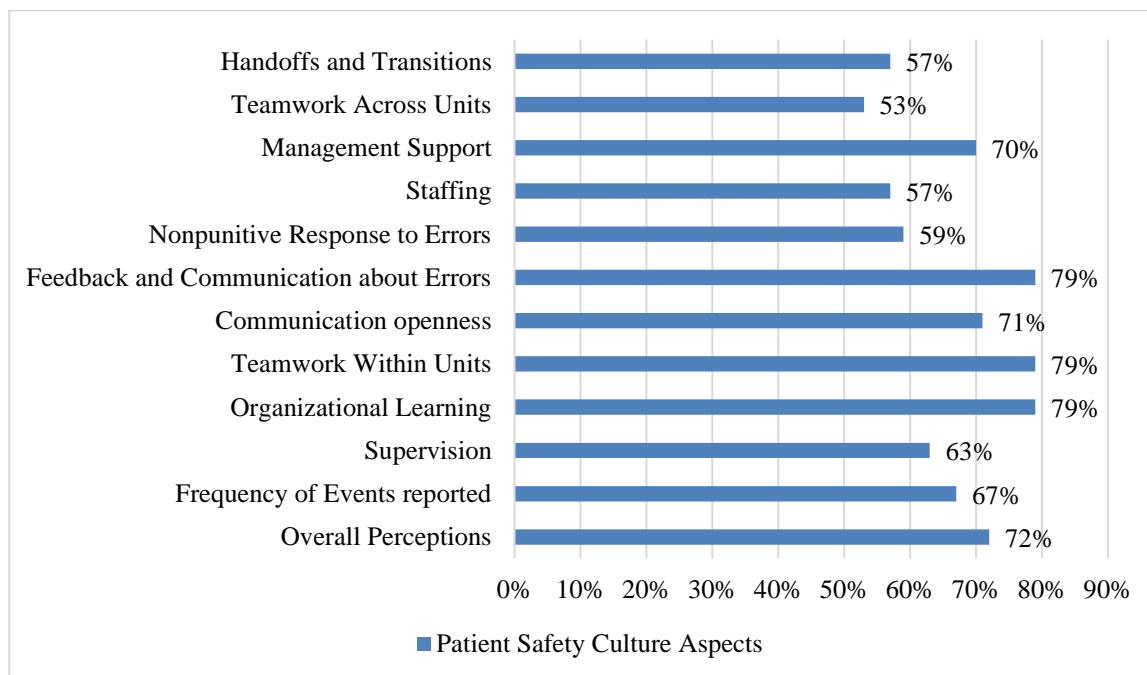
Table 11
Frequency Distribution based on Long Working Hours in Unit

Long Working Hours in Unit	Respondents	Percentage
<1 year	4	9.8%
1-5 years	28	68.3%
6-10 years	3	7.3%
11-15 years	5	12.2%
16-20 years	0	0%
>21 years	1	2.4%
Total	41	100%

Table 12
Frequency Distribution based on Daily Working Hours

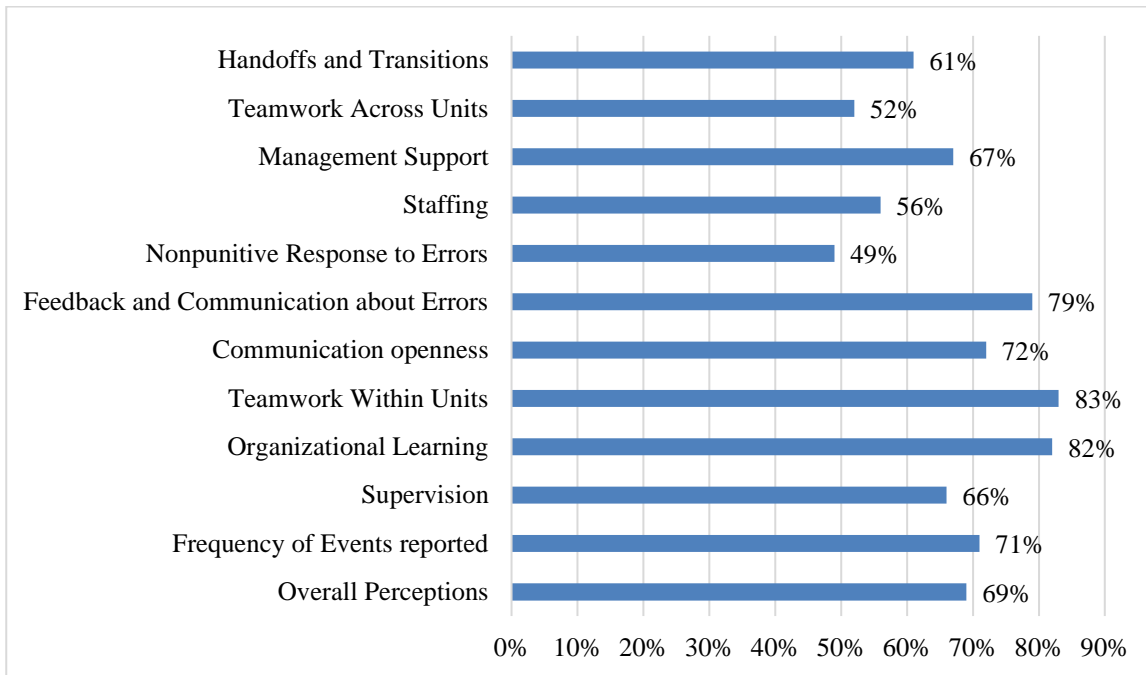
Daily Working Hours	Respondents	Percentage
<20 hours/week	0	0%
20-39 hours/week	10	24.4%
40-59 hours/week	30	73.2%
60-79 hours/week	0	0%
80-99 hours/week	0	0%
>100 hours/week	1	2.4%
Total	41	100%

In this study, 12 aspects believed to influence patient safety were examined. All these aspects are analyzed and the results are grouped into Low Culture if the positive perception is <50%, Medium Culture if the positive perception is 50-75%, and Strong Culture if the positive perception is >75%. Data analysis of respondents' responses to the patient safety culture questionnaire was performed. The assessment of cultural reliability for each dimension refers to predetermined reliability percentage standards, specifically as follows:

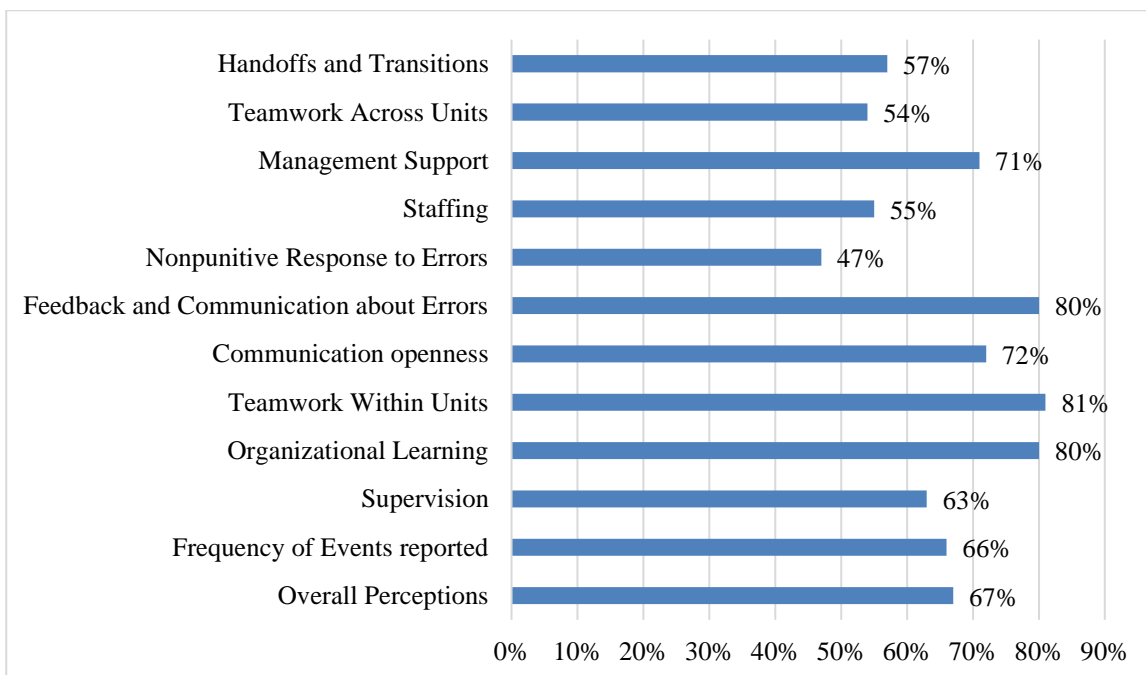


Picture 1. Patients Safety Culture Aspects

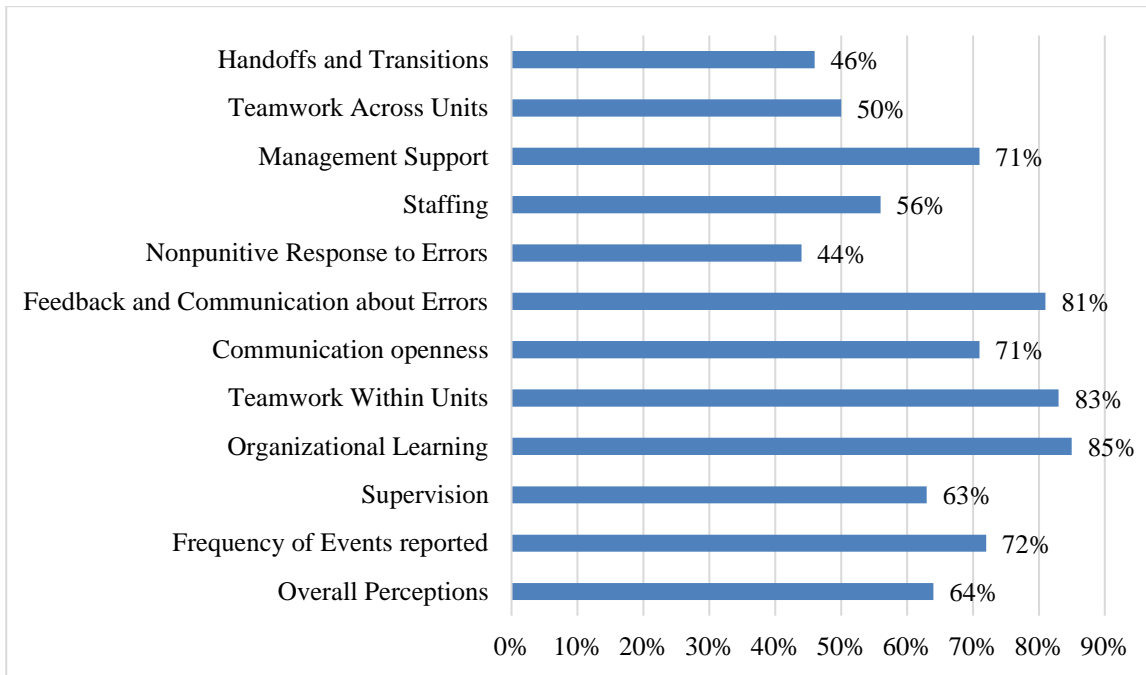
In addition, the researchers also conducted a univariate analysis of patient safety culture by work unit with results as shown in Figures 4.2 to 4.5 below.



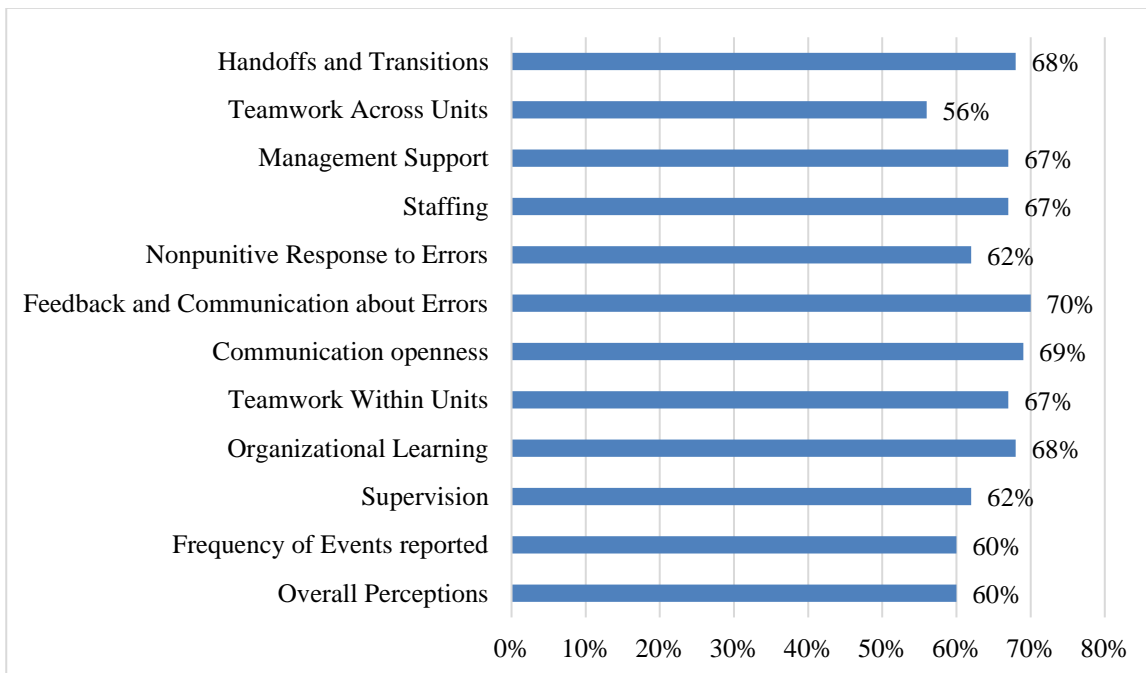
Picture 2. Patients Safety Culture Aspects in Radiology Unit



Picture 3. Patients Safety Culture Aspects in Pharmacy Unit

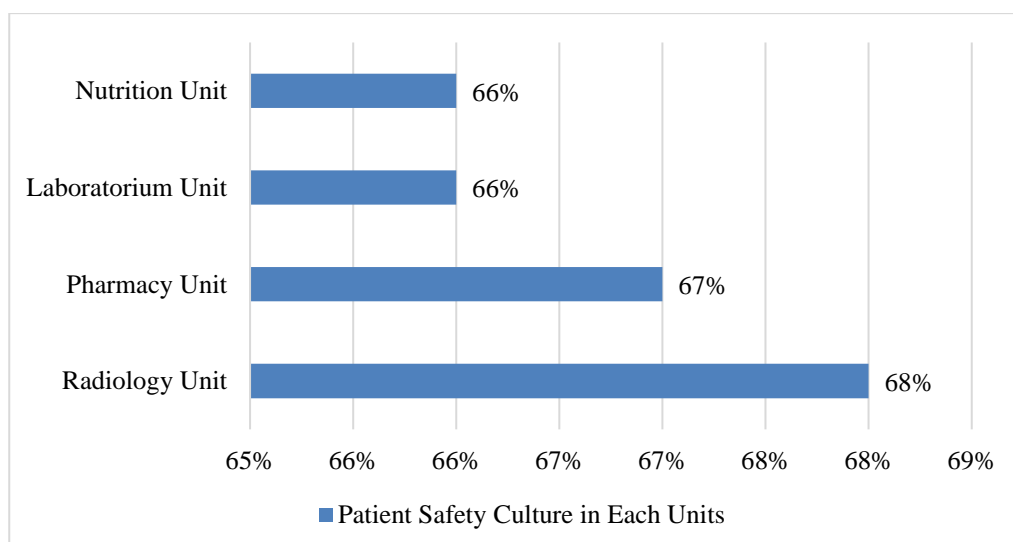


Picture 4. Patients Safety Culture Aspects in Laboratory Unit



Picture 5. Patients Safety Culture Aspects in Nutritional Unit

Then, all aspects are analyzed and considered holistically from the perspectives per service unit in the hospital so that the results are consistent with Figure 4.6.



Picture 6. Patients Safety Culture in Each Units

The analysis results show that there is a relationship between the aspects of awareness, frequency of reporting, monitoring, openness in communication, reciprocity of errors, human resources, management support and safety culture patient. The results of the analysis is in this table below.

Table 13
Analisis Korelasi Dimensi dan Budaya Keselamatan Pasien

No	Variables	Patient Safety Culture		Strength
		P value	r	
1	Overall Perceptions	0,003	0,474	Moderate
2	Frequency of Events reported	0,008	-,0406	Very Weak
3	Supervision	0,000	0,698	Strong
4	Organizational Learning	0,890	0,022	Very Weak
5	Teamwork Within Units	0,188	0,206	Very Weak
6	Communication openness	0,000	0,608	Strong
7	Feedback and Communication about Errors	0,036	0,332	Moderate
8	Nonpunitive Response to Errors	0,320	0,156	Very Weak
9	Staffing	0,001	0,510	Strong
10	Management Support	0,000	0,7	Strong
11	Teamwork Across Units	0,746	0,051	Very Weak
12	Handoffs and Transitions	0,095	0,257	Moderate

Patient Safety Culture in Medical Support Units

Patient safety is a system that makes patient care safer in hospitals or other health care facilities. Implementing this system will prevent injury to the patient, whether caused by doing something for the patient or by not doing something that should have been done. Patient safety includes risk assessment, risk identification and management, incident reporting and analysis, the ability to learn from incidents, and monitoring and implementing solutions to minimize risks. (GUNAWAN, 2015)

The aspect of error reciprocity is one of the strong cultural aspects that influences patient safety culture. The non-blaming response of superiors and colleagues when errors or incidents occur is very important (SURYANTO, 2018). Errors are used as evaluation and learning material to deploy safer and better services in the future. Responding well to errors that occur in the working environment makes medical staff more self-aware and not afraid to admit their mistakes. Having the assurance that errors that occur will not threaten the employee's career or employment is part of the positive aspect of reciprocity of errors. The dimension of reciprocity cannot be separated from the openness of

communication. The open communication aspect of patient safety culture is generally of the average culture type. Then, the reciprocity of errors and the openness of communication are analyzed from the incident reports. Reports can only be beneficial if constructive feedback is received (Suranto, et al. 2020). Feedback is a good basis for health workers regarding reported cases. Feedback discussions can break the chain of problems or improve health problems (Irwan. Ginting, 2023)

The organizational learning aspect also has a strong cultural dimension due to the existence of a positive organizational climate that influences individual self-esteem and learning about patient safety issues. Each organization has different scientific principles and different patient safety priorities. This is also tied to internal collaboration. Collaboration between departments within health service units generally also comes from the same educational, professional, and organizational backgrounds. A strong team often supports a good patient safety culture (SURYANTO, 2018).

Unlike the previous dimensions which have the highest rate and are classified as strong (79%), the dimension of coordination between departments has the lowest rate (53%). This may indicate that there is still not optimal cooperation and coordination between each unit/department to provide the best care for patients (Suranto, et al. 2020). Based on the analysis results, this is a moderate cultural category, so it is necessary to strengthen collaborative efforts between medical service units at RSI Siti Hajar Mataram. The distribution of different duty teams is one of the factors leading to a lack of cooperation between services. Team capacity building carried out by hospitals also helps build relationships and establish collaboration between departments. Improving good communication patterns among medical staff and implementing patient-centered care and collaboration between medical staff and medical staff may be a solution to enhance these aspects of cooperation. Collaborate across departments within a patient safety culture. Writing down the main tasks and functions of each team and member needs to be done too. This relates to team performance and responsibility. Good team planning leads to the achievement of expected goals (Chalidyanto et al., 2022). Patients who receive treatment should be accompanied by a doctor and nurse. In patients undergoing surgical procedures, it is necessary to confirm and mark the location of the patient, it's formation of team planning and implementing (Rosa, 2022).

The implementation of a patient safety culture system also depends on the seniority and working hours of employees. Based on data analysis results, it shows that the majority of health workers working at medical service units have worked for 1-5 years (65.9%), their current working time at the unit is also the same. prevails from 1 to 5 years. . year (68.3%). Meanwhile, based on working hours, the majority of medical staff in medical unit departments work from 40 to 59 hours/week (73.2%). Seniority and tenure in the current unit also support a patient safety culture. Habitual patterns are connecting markers of seniority. Service routine patterns and implementation of patient safety cultural aspects can be positive or negative. Positive habits have a positive influence on the implementation of a patient safety culture system and vice versa. Weekly working hours also contribute to improving the concentration level of medical officers and staff. A good level of focus and concentration will certainly also lead to the implementation of a good patient safety culture system.

Response Level of Staff in Medical Support Units to the Patient Safety Culture Survey

The responsiveness of the support staff can also be seen. Participation in completing the questionnaire was measured by the number of healthcare workers completing the questionnaire. Respondents from multiple health service units represent the number of staff willing to participate in evaluating the implementation of patient safety culture to improve it if necessary. Patient safety culture is a behavior that reflects the structure and system of good or bad health services provided, thereby creating value and trust not only for patients but also for all stakeholders. in the system. Staff with good response rates facilitate the implementation of a patient safety culture (DISCH, 2011).

Based on data collection and analysis results, it shows that the highest employee response rate is in the Laboratorium unit (82%), followed by the radiology unit (75%) while the lowest is a nutritional unit (39%). All aspects of the medical service unit are exposed to the risk of near misses or adverse events. The research results of AZIZAH (2016) suggest that the safety and correctness of improper diet are incidents of near misses and adverse events. The root cause of this incident was due to failure to implement Standar Operational Procedures, environmental factors, communication factors and capacity factors.

The most influence patient safety culture Factors in medical support units

The direction and strength of the relationship dimensions with a significant degree of correlation are the perception dimension with a positive relationship direction and the relationship strength is sufficient, the reporting frequency dimension with a negative relationship direction and relationship strength is very weak, the Supervision dimension has a positive relationship orientation and strong relationship strength, the openness in communication dimension has a positive relationship orientation and strong relationship strength, the reciprocity error dimension has a positive relationship direction and relationship strength is sufficient, the human resources and support management dimension has a positive relationship direction with strong relationship strength.

Correlation of Patient Safety Surveys Aspects in Medical Support Units

Safety is a vulnerable issue and a significant concern worldwide, especially when it comes to safety in hospitals. There are five important factors related to hospital safety, which are patient safety, worker safety, building safety, environmental safety and equipment safety, affecting both patients and staff. hospital staff. These five aspects should be key points to be implemented in all hospitals even if overall patient safety is the main priority to be implemented, which raises questions about hospital quality (PURNOMO, 2021).

Data analysis results show that the 12 aspects that have a statistical relationship with patient safety culture are cognitive aspects with a positive relationship direction and sufficient relationship strength (P value 0.003, r 0.474). The reporting frequency dimension had a significant relationship in the negative direction but the strength of the relationship was very weak (P value 0.008, r -0.406). The supervision dimension (P value 0.000, r 0.698) had a significant relationship with positive relational leadership and strong relational strength. The aspect of communication openness also had a significant relationship with positive relationship direction and relationship strength (P value 0.000, r 0.608). The reciprocity error dimension had a significant relationship with positive relationship direction and sufficient relationship strength (P value 0.036, r 0.332). The personal aspect had a significant relationship with the direction of the positive relationship and the strength of the relationship (P value 0.001, r 0.510). The management support dimension also had a significant relationship with positive relationship orientation and strong relationships (P value 0.000, r 0.7).

The dimensions that did not have a statistically significant relationship with patient safety culture were the dimensions of organizational learning, intra-department collaboration, non-punitive response, and inter-department collaboration, as well as transition and endurance. This is also supported by the strength of the relationship in the very weak and sufficient categories.

The results of this study are not consistent with the study conducted by DRAGANOVIĆ, (2022) who stated that the highest factors of patient safety according to outcome measures were handover and transfer continued, while in this study, the transfer and turnover aspects did not have a significant and strong relationship. The relationship is quite good and the analysis in terms of direction, transfer and replacement has an average cultural category (57%). However, the points from the results of the study by DRAGANOVIĆ (2022) and the study by KINANTI (2020) correspond to the aspect of management support being influential and powerful in the implementation of mainstream culture

about patient safety. This is indicated by the importance of relationships with positive relational leadership and the strong strength of relationships, however, in terms, management support falls under the category of average culture.

The results of this study analysis show that interdepartmental collaboration and organizational learning have no significant relationship, which is inversely proportional to the study conducted by KANG (2020), which states that intra-unit collaboration, organizational learning, and continuous improvement are considered important aspects in shaping a patient safety culture. This study also examined similar dimensions with similar measuring instruments.

Aspects of awareness, frequency of reporting, openness of communication, reciprocity of errors, and personnel and management support are indeed related in culturally competent patients safety. Management functions are functions and activities that are interconnected to perform work to improve the effectiveness and quality performance of patient safety services. There should be a schedule related to briefings and discussions that can be considered as an opportunity to compensate for mistakes as well as open communication between employees carried out regularly during each shift. in the department. In the meantime, sessions can be scheduled each week to discuss cases related to patient safety topics (HANDAYANI, 2022). Leaders who act as team members have advantages that support patient safety incidents. Leaders will be open and involved in the process in the form of input and learning (Pratiwi, 2021).

Effective supervisor support provided at least three times was considered effective in implementing a patient safety culture. The process of supervising and directing, coordinating, and facilitating employee achievement by providing adequate information has a positive relationship with changes that improve health service behavior. This form of supervision and management support aims to motivate employees to develop and help employees create a safe environment for patients. Having some form of appreciation for staff handling patient safety aspects as well as appreciation for staff achievements can be a motivator for staff to perform basic tasks and functions to create a culture of patient safety (HANDAYANI, 2022). An obstacle to implementing the patient safety program is ineffective communication due to the instruction giver not reconfirming the instructions given to the implementing nurse (Tanjung, 2021).

The cognitive dimension itself is a cognitive process of understanding the environment associated with attitudes, including the consequences of past experiences and experiences. Perceptions can be shaped by other aspects of patient safety culture (VELLYANA, 2015). Therefore, the relationship between the dimensions and the implementation of the competing dimensions can create a patient safety culture that is consistent with the desires of patients as consumers and hospitals as producers. export. Consistent with the study of HUANG (2021), which states that although a patient safety culture has been implemented, more efforts are needed to support and promote patient safety movements.

LIMITATION OF THE STUDY

The number of respondents is small, so the research results are relatively small to be generalizable.

CONCLUSIONS AND SUGGESTIONS

Patient safety culture was highest in the radiology unit (68%), followed by the pharmacy unit (67%), while patient safety culture was lowest in the nutrition unit (66%) and testing unit (66%). However, in general it belongs to the average cultural category. The highest staff response rate was recorded in the laboratory unit (82%), followed by the radiology unit (75%) and pharmacy unit (70%), and the

staff response rate was lowest recorded in nutritional units (39. %). aspects that most influence patient safety culture. In all units, we see that the intra-party cooperation aspect (79%), the organizational learning aspect (79%), and the error reciprocity aspect (79%) are all supported. included in the strong cultural category. The relationships that have a significant impact on patient safety culture are awareness aspects, reporting frequency, supervision aspects, open communication, reciprocity of errors, personnel support, and management. physical. All aspects that have a significant relationship with patient safety culture have a sufficiently close and strong relationship. Strengthen management's role in planning, monitoring, and evaluating the implementation of aspects of patient safety culture. Carry out briefing and answering activities according to each work schedule, update information related to patient safety and the latest scientific knowledge for all employees as well as distribute workload and fair working hours.

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