

Assessment of Patient Safety Culture at a Private Hospital in Surabaya: A Cross-Sectional Study Using HSOPSC 2.0

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ABSTRACT

Patient safety remains a global health priority and a key indicator of hospital service quality. This study aims to assess the patient safety culture at a private hospital in Surabaya, Indonesia. A descriptive cross-sectional study was conducted using the HSOPSC 2.0 questionnaire from AHRQ. A total of 222 hospital staff responded. The overall positive patient safety culture score was 62%, categorized as average. The highest-scoring dimensions were teamwork (80%), organizational learning-continuous improvement (79%), and communication about errors (77%). Conversely, the lowest-scoring dimensions were staffing and work tempo (24%), patient safety incident reporting (46%), and response to errors (48%). Regular patient safety culture surveys along with improvement intervention are essential for continuous quality improvement in hospital settings.

Keywords: HSOPSC version 2.0, patient safety, patient safety culture

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BACKGROUND

Patient safety is a framework that encompasses a culture, behavioral environment, procedures, and technology in terms of providing consistent patient care to reduce risk, minimize errors, reduce harm and mitigate the impact of errors. There are 134 million untoward incidents experienced by patients in healthcare facilities, especially in middle- and low-income countries (WHO, 2021).

Patient safety is a critical topic that has become a global and national issue and serves as a fundamental principle in providing services to patients, especially in terms of hospital quality management. Based on Law number 17 of 2023 concerning health, all health facilities are required to organize quality health services and prioritize patient safety (President of Indonesia, 2023). Patient safety incidents themselves are events that are unintentional and a condition that results in / has the potential to result in injury that can actually be prevented. In accordance with Indonesian Minister of Health Regulation number 11 of 2017 concerning patient safety, incidents in healthcare facilities include potential injury conditions, near-injury events, non-injury events, unexpected events and sentinels (Indonesian Ministry of Health, 2017). These potential injuries can lead to disability or become life-threatening in context of healthcare service.

Every patient safety incident that occurs must be reported. In Indonesia, all accredited hospitals are required to report patient safety incidents externally to the Ministry of Health. Based on data from the Ministry of Health's SIRS website, there are around 3,175 hospitals in Indonesia, of which 1,473 (46.39%) have been accredited. Referring to the hospital patient safety incident data report in Indonesia throughout 2021, a total of 2,272 incidents were reported (Dhamanti et al., 2024).

The occurrence of patient safety incidents itself can be caused by the lack of proper implementation of patient safety culture within healthcare organizations. Based on the Decree of the Director General of Health Services in 2024 concerning patient safety culture survey guidelines, safety culture is an effort to create a collaborative environment, respect each other, solve problems as a team, involve and empower patients and families, promote psychological well-being, realize human limitations that allow a person to make mistakes and near-injury events and realize the opportunity to learn from incidents. Meanwhile, patient safety culture is a behavior of individuals and / or organizations that continuously seek various efforts to reduce injury to patients due to the service process provided based on shared beliefs and values (Director General of Health Services, 2024).

Many instruments for measuring patient safety culture, one of which is from Agency for Healthcare Research and Quality (AHRQ), which is standardized and validated. The Indonesian government's guidelines for measuring patient safety culture also recommend using Hospital Survey on Patient Safety Culture (HSOPSC) version 2.0. Patient safety culture can be measured by determining key priorities, attitudes, and behaviors that support and promote patient safety. Building a strong patient safety culture is essential within the healthcare system, both in hospital environment and in service units. Based on AHRQ, patient safety culture can be measured in terms of the perspective of hospital staff, from version 2 there are 10 dimensions, namely the dimensions of cooperation; staffing and work tempo; organizational learning with continuous improvement; response to errors; supervisor, manager, or medical chair support for patient safety; communication about errors; openness of communication; reporting of patient safety events; hospital management support for patient safety; and submission and exchange of information (J. Westat et al., 2021).

All staff working in an institution are responsible to create a positive patient safety culture with the support of the highest leadership. Improving safety culture is not easy and

cannot happen automatically or in an instant so it requires ongoing or continuous evaluation and monitoring.

Based on data from the Quality and Patient Safety Committee at Private Hospital in Surabaya, it was found that there were 77 reports of patient safety incidents in 2023, while in 2024 there were only 56 reports. This means that there is a decrease in the reporting of patient safety incidents, including potential injury conditions, near-injury events, non-injury events, unexpected events, and sentinel incidents. In line with the vision and mission of hospitals that provide services to patients prioritizing patient safety, the implementation of a patient safety culture needs to be a concern. The lack of implementation of patient safety culture and reporting on patient safety incidents that are still minimal is one of the backgrounds of the researcher's interest in knowing the implementation of patient safety culture by measuring patient safety culture and knowing which dimensions of patient safety culture need improvement and need to be maintained.

METHODS

This study is a descriptive quantitative research using a survey method with a Cross-Sectional Study approach. The study was conducted to determine staff perceptions of patient safety culture in Private Hospital X in Surabaya from November 1, 2024 to December 31, 2024. Population refers to all objects or units whose characteristics will be studied (Sarmanu, 2017). The population of this study were all workers in the X Private Hospital unit in Surabaya, totaling 406 workers. In this case the staff in the hospital were not limited to medical personnel (doctors, nurses, and other health workers) but also included non-health staff.

Sample is part of the population under study so that the research results of sample characteristics describe the characteristics of the population under study. The research sample was obtained through random sampling based on the work units in the research area hospitals. The sample calculation was carried out using the Slovin formula with a margin of error set at 0.05 so that a minimum sample of 201 respondents was obtained.

The number of respondents who filled out the safety culture survey google form in accordance with HSOPSC version 2 from AHRQ was 231 respondents. After cleaning the data, 222 respondents with valid answers were obtained, so the sample size in this study was 222 respondents.

This study used a data collection tool in the form of a patient safety culture survey questionnaire in hospitals with the HSOPSC version 2.0 from AHRQ in Indonesian. The survey questionnaire is in digital form that can be filled in by respondents and consists of 48 questions with 10 dimensions of culture measured, namely cooperation, staffing and work tempo, organizational learning - continuous improvement, response to errors, supervisor, manager, or medical chair support for patient safety, communication about errors, open communication, reporting of patient safety events, hospital management support for patient safety, submission and exchange of information. Each question regarding the cultural dimension of patient safety uses a likert scale of with 1 (strongly disagree), 2 (disagree), 3 (neutral), 4 (agree), and 5 (strongly agree).

Prior to the survey, the Quality Improvement and Patient Safety Committee notified all staff that a Patient Safety Culture Survey would be conducted. The notification includes the duration of implementation period from November 1 to December 15, 2024, purpose and data confidentiality. Data collection was conducted through Safety Culture Survey digitally or online. After data collection, data cleaning is then carried out by examining each data that has been entered to sort out complete, clear, relevant and consistent data. The data was then tabulated and analyzed using positive score calculations. To calculate the score, it is necessary to recognize two types of questions in the questionnaire, namely positive questions and negative questions. For positive questions, the percentage of respondents who gave a rating of

4 or 5 will be calculated compared to the total number of respondents. Conversely, for negative questions, the percentage of respondents who gave a rating of 1 or 2 will be calculated compared to the total number of respondents. The average percentage for each dimension can be obtained from the positive scores for each question. Data tabulation was performed using WPS Office Excel software.

RESULTS

The subjects of this study consisted of 222 respondents who had characteristics based on gender, age, education, tenure in the hospital, and work unit.

Table 1. Characteristics of Respondents

Respondents Characteristics	n	%
Gender		
Male	64	29%
Female	158	71%
Total	222	100%
Age		
20-25 years old	52	23%
26-30 years old	62	28%
31-35 years old	58	26%
36-40 years old	22	10%
41-45 years old	10	5%
46-49 years old	11	5%
50-55 years old	3	1%
56-59 years old	4	2%
Total	222	100%
Education		
Junior High School	2	1%
High School/Vocational	26	12%
Academy (D1/D2/D3)	94	42%
Bachelor (D4/S1)	98	44%
Master/Specialist (S2/S3)	2	1%
Total	222	100%
Length of Service		
<1 year	22	10%
1-3 years	73	33%
4-6 years	58	26%
7-9 years	33	15%
≥10 years	36	16%
Total	222	100%

Based on table 1 of the characteristics of the respondents above, it was found that the gender of the respondents was mostly female at 71.2% (n = 158), the remaining male gender was 28.8% (n = 64). In the characteristics of the greatest age between 26-30 years by 28% (n = 62) then the age range 31-35 years by 26% (n = 58) and the age range 20-25 years by 23% (n = 52). From the characteristics of respondents in terms of education, the highest number of undergraduates (D4 / S1) was 44.1% (n = 98) and academy (D1 / D2 / D3) was 42% (n = 94). For the characteristics of respondents from the length of service in the hospital, the most is 1 - 3 years as much as 33% (n = 73) then ranked 2nd and 3rd, namely the range of service in the hospital 4-6 years and > 10 years by 26% and 16%.

Table 2. Measurement of patient safety culture of Private Hospital X in Surabaya in 2024

No.	Dimensions	Number of Positive Response	Percentage of Positive Response
1	Teamwork	531	80%
2	Organizational Learning – Continuous Improvement	525	79%
3	Communication about Error	510	77%
4	Supervisor, Manager, or Medical Chair Support for Patient Safety	452	68%
5	Submission and Exchange of Information	453	68%
6	Hospital Management Support for Patient Safety	437	66%
7	Openness of Communications	564	64%
8	Response to Error	424	48%
9	Patient Safety Incidents Report	205	46%
10	Staffing and Work Tempo	212	24%
Total Percentage Positive Response Patient Safety Culture			62%

The results of the survey score assessment provide an overview of the patient safety culture. The scores are divided into three categories, namely good $\geq 75\%$, average 50 - 75% and requires improvement ($<50\%$). Scores on each culture and question can provide recommendations for improvements needed when it is proven that one of the cultures is at a score of $<50\%$ or needs improvement.

Based on table 2, it is known that the level of patient safety culture in Private Hospital in Surabaya in 2024 from 222 samples, reached 62% which is categorized as average, indicating that there are aspects of safety culture that are already good, but there are also aspects that still need to be improved and enhanced. Patient safety culture with positive scores from the best are the dimensions of teamwork (80%), organizational learning - continuous improvement (79%), communication about errors (77%), supervisor, manager, or medical chair support for patient safety (68%), submission and exchange of information (68%), hospital management support for patient safety (66%), open communication (64%), response to errors (48%), reporting of patient safety events (46%), and lastly staffing and work tempo (24%).

This means that the 3 (three) highest patient safety culture areas in Private Hospital in Surabaya in 2024 are teamwork, organizational learning - continuous improvement, and communication about errors. While the 3 (three) areas of the lowest patient safety culture / need improvement are response to errors, reporting patient safety events, and the lowest dimension is managing staff and work tempo.

DISCUSSION

Assessment of patient safety culture in health facilities is a first step to improve service quality and reduce the occurrence of patient safety incidents. From the perception of patient safety culture in the descriptive research area at Private Hospital X in Surabaya in 2024, it was found that the patient safety culture score was 62%, categorizing it as an average positive safety culture. This positive patient safety culture score is 1% lower than the score reported in the AHRQ database in 2012, which was 63% using the same patient safety culture instrument (R. Westat et al., 2012). Research by Ningsih et al., 2023 on 90 nurses at X Bekasi Hospital in 2022 obtained a positive patient safety culture score of 62.5% in a moderate / average culture.

From the description of the patient safety culture survey based on staff perceptions at X Private Hospital in Surabaya in 2024, it was found that the 3 (three) highest patient safety culture areas were teamwork (80%), organizational learning - continuous improvement (79%), and communication about errors (77%). Similar to the AHRQ database findings from 2012, which included 1,128 hospitals and 567,703 healthcare workers, the dimensions of patient safety culture with the highest positive response were teamwork with a positive response of 80% and organizational learning - continuous improvement with a positive response of 72% (R. Westat et al., 2012).

Teamwork is the area of safety culture with the strongest positive perspective in this study at 80%. With good teamwork, it is expected that each staff can work together as a team to work more effectively, help each other when busy and have mutual respect between team members. This is one of the strengths in the organization in achieving a common goal including in terms of patient safety in health facilities. The results of this study are in line with the research of Huong Tran et al., 2021 on hospitals in Vietnam which had the highest positive patient safety culture (91.3%). Similarly, research conducted by Ali et al., 2024 in Ethiopian public hospitals also has a patient safety culture area of teamwork in units with the highest positive culture among the dimensions measured (74.1%). Yarnita & Efitra, 2020 on the significant relationship between teamwork and patient safety culture chi square p value <0.05, namely 0.017 in their research in the inpatient room of the Arifin Achmad Hospital, Riau Province.

The existence of good teamwork will create an environment and even a good work culture for all team members so that it will be easier to achieve the expected organizational goals. Cooperation within the unit is important for the sustainability of the unit itself, especially agencies with health services such as hospitals with outputs in the form of services that will receive subjective assessments from their customers. Ha et al., 2023 in the Hanoi Vietnam general hospital had a safety culture survey with the highest dimension of teamwork in the unit of 93.4% in 705 nurses. In line with Wahyuningsih et al., 2024 the patient safety culture at Panembahan Senopati Hospital Yogyakarta with 383 hospital employees as respondents obtained the highest positive cultural dimension / area of teamwork with a score of 83.81%. This teamwork is needed in terms of coordination within units and between units so that it will minimize the occurrence of incidents in health facilities.

The organizational learning dimension with continuous learning has a good positive safety culture score of 79%. There are 5 (five) components that make up a positive safety culture, namely informed culture (information sharing culture), reporting culture (reporting culture), flexible culture, learning culture and just culture. Learning culture and flexible culture are 2 of the 5 components that make up a positive safety culture. This area of patient safety culture is important because every work process is reviewed regularly and every safety incident becomes a change that needs to be made so that mistakes are not repeated with consistent evaluation. In line with Huong Tran et al., 2021, a positive score of 88.4% is included in the 2nd highest dimension in the dimensions affecting patient safety culture in terms of organizational learning with continuous learning. Strong positive results in the dimension of organizational learning with continuous learning that affects the improvement of patient safety culture were also Ha et al., 2023 on 705 nurses in Hanoi Vietnam Hospital with a positive score of 77.2%, Wahyuningsih et al., 2024 at Panembahan Senopati Yogyakarta Hospital with a positive score of 86.34%, and Mangindara et al., 2020 on 148 officers of the inpatient unit of Bhayangkara Makassar Hospital with a positive score of 86.5%. Interventions to improve patient safety culture focus on several subdimensions and are effective in improving patient safety such as team actors, open communication, and organizational learning with continuous learning (Brubakk et al., 2021).

The dimension of communication about errors also has a strong positive patient safety culture score of 77%. Staff who make mistakes need to be informed of the mistakes that have been made including discussing follow-up to prevent recurrence of errors and evaluating any positive changes to the mistakes that have been made. In line with the dimension of continuous improvement, communication about errors shows that staff are open about mistakes that have been made and learn from them, so that they are not repeated.

On the other hand from the patient safety culture survey based on staff perceptions at Private Hospital X in Surabaya in 2024, the 3 (three) lowest patient safety culture areas / dimensions improvement, namely response to errors (48%), patient safety incident reporting (46%), and staffing and work tempo (24%). In line with the AHRQ database in 2012, the dimensions of patient safety culture that need improvement are response to errors with a positive response of 44% and staff organization and work tempo with a positive response of 56% (R. Westat et al., 2012).

The 2024 patient safety survey at Private Hospital X in Surabaya identified several weak dimensions of patient safety culture, including the response to errors, which had a positive score of only 48%, indicating a need for improvement. When staff make mistakes, they should be treated fairly during the review process, be involved in learning from the error, and be engaged in resolving it. A blame-focused response to errors should be avoided to support a just culture in patient safety. Similar to Granel et al., 2020 in 2 hospitals in Spain, a survey of patient safety culture in nurses found that the response area to errors only had positive scores of 39.7% and 35.5%. Similarly, research by Zhao et al., 2017 survey of patient safety culture in health workers in Chinese hospitals in the area of response to errors also requires improvement with a positive score of only 15.7%. Research by Tlili et al., 2020 on 158 nurses in 30 Tunisian primary health services and Aljaffary et al., 2022 on 310 healthcare workers in six health services in Saudi Arabia found that the blame response to errors had low positive scores of 36.5% and 30.7%, respectively. Not penalizing errors allowed staff to feel that incident reporting was not harmful. However, previous studies have also shown that the area of not penalizing errors still needs improvement to maintain a patient safety culture in a health facility. A culture of no blaming, no shaming, and no naming needs to be instilled. Error reporting should be considered as a learning tool and considered as a step to prevent incidents and improve patient safety in an institution, especially in health facilities.

The dimension of reporting patient safety events is also a weak dimension of patient safety culture that requires improvement with a positive score of only 46%. In Granel et al., 2020 in 2 hospitals in Spain found that incident reporting also received weak scores of 43.92% and 42.75%. Several other studies conducted by Ali et al., 2024 at a general hospital in Ethiopia, Tlili et al., 2020 at 30 primary health services in Tunisia, and Aljaffary et al., 2022 at 6 primary health services in Saudi Arabia also found that the frequency of incident reporting was still low, namely 23.3%, 27.7%, and 10.6%. When an incident occurs in the hospital, officers need to report it with the aim that the risk factors for the incident can be analyzed so as to reduce the possibility that the same error will be minimized or even repeated. The low frequency of incident reporting is due to an underdeveloped just culture, which makes staff fearful of making mistakes and reduces their awareness of patient safety (Aljaffary et al., 2022).

Research by Ningsih et al., 2023 on patient safety culture among nurses at X Bekasi hospital in 2022, which was conducted through interviews found that nurse's mistakes were only corrected but not thoroughly evaluated, and that nurses feared being blamed if they reported incidents. Research by Dhamanti et al., 2020 found that the biggest obstacles faced by health workers in reporting incidents were avoiding conflict and fear. Officers often choose not to report incidents for fear that such actions could trigger conflicts involving themselves or other coworkers. Lestari et al., 2021 in their research explained that the low frequency of incident reporting is an obstacle for staff in learning about incidents that occur, so that

prevention efforts against similar events cannot be made. Therefore, reporting patient safety incidents is very important so that unexpected incidents can be used as lessons learned and not repeated. Reporting behavior is stronger when individuals understand the consequences and follow-up of reporting the incident.

The dimension of staffing and work tempo is the weakest dimension in the results of the patient safety culture survey at Private Hospital X in Surabaya in 2024 with a positive score of only 24%. In an effort to improve patient safety culture, it is also necessary to have a sufficient number of human resources to handle the existing workload so that staff work according to working time (not overtime) and do not feel rushed which can result in an error or unexpected patient safety incident.

In line with the research of Granel et al., 2020 in 2 hospitals in Spain, it was found that the staffing area was the lowest safety culture, namely 16.3% and 11.4%. Similarly, research by Mangindara et al., 2020 on 148 inpatient officers at Bhayangkara Makassar Hospital and Tlili et al., 2020 on 30 primary health services in Tunisia found that the staffing area in patient safety culture has a low positive score of 20.9% and 34.76%. Yarnita & Efitra, 2020 found a significant relationship between fatigue due to high workload and patient safety culture, chi square p value <0.05, namely with the result of 0.013 in their research. A longitudinal study in Norway showed that improving the work environment, including reducing work fatigue and improving worker psychology, is an important factor in improving patient safety (Brubakk et al., 2021).

The condition above is caused by an insufficient number of staff compared to the high demand for services or the number of patients, which increases the workload of health service providers. In healthcare service delivery, the availability of adequate staff is an important aspect that needs attention because a lack of workforce can increase workload and impact the quality of patient care as well as the implementation of patient safety culture. To improve the staffing aspect of the safety culture, an evaluation should be conducted on staff allocation, working hours, competencies, unit placement, task distribution, and equitable distribution of duties among healthcare workers. Evaluating the effectiveness and efficiency of roles based on workforce types to prevent role overlap or duplication should also be implemented.

The results of this patient safety culture survey are used as a benchmark for patient safety in hospitals and even more broadly in Indonesia. Well-managed patient safety will demonstrate the quality and excellence of services that are very beneficial to hospital management. Low dimensions can be improved, but dimensions that are already good should not be overlooked.

CONCLUSION

The perception of patient safety culture at X Private Hospital Surabaya in 2024, based on the HSOPSC version 2.0 from AHRQ, showed a positive score of 62%, which falls under the average category of patient safety culture. The dimensions with good safety culture scores include teamwork, organizational learning – continuous improvement, and communication about errors. Meanwhile, the patient safety culture dimensions that need improvement are response to errors, patient safety event reporting, and staff management and work tempo. Improvements in the reporting system and understanding of incident reports used for future improvements without punitive response should be emphasized to all staff. In addition, workloads and work rhythms need to be evaluated to improve patient safety culture. The patient safety culture survey is important and should be conducted continuously as a step for performance evaluation and quality and patient safety improvement in the hospital. This includes paying attention to any regulatory changes related to patient safety set by the government or the healthcare facility itself.

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