

Analysis of the Relationship Between the Implementation of Patient Safety Culture and Staff Perceptions of the Level of Patient Safety at Cikarang Community Health Center Using the Hospital Survey on Patient Safety Culture (HSOPSC)

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ABSTRACT

Keywords:

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Implementing patient safety at Community Health Center is one of the main priorities in providing high quality health services to patients. As a part from carrying out its function as a public health service, a Community Health Center must also pay attention to continuously improving patient safety, in achieving universal and sustainable health coverage. The aim of this research is to gain an understanding of the influence of patient safety culture on staff perceptions of patient safety level in Cikarang Community Center. This design of this research is a quantitative analysis design with a cross sectional study approach, using observational research method. The subjects of this research are staff (including medical health workers and non-medical health workers) at the Cikarang Community Health Center, which consists of 57 persons, and the technique used is total sampling method. The majority of the staff in Cikarang Community Health Center perceive the patient safety level to be excellent (68,4%). The factors that have significant relationship with the patient safety perception are teamwork (p-value = 0,023), management support (p-value = 0,042), overall perception of patient safety (p-value = 0,029), feedback and communication about errors (p-value = 0,034), and incident reporting frequency (p-value = 0,012). The factors that influence staff perception on patient safety level are incident reporting frequency (OR = 7,738), teamwork (OR = 2,554), supervisor support (OR = 1,287) and management support (OR = 2,102), while the factor that are less likely to influence staff perception on patient safety level are organizational learning (OR = 0,681), feedback and communication about errors (OR = 0,147), and communicative openness (OR = 0,550). The improvement of patient safety culture in Cikarang Community Health Center can be done by increasing in im plementation of incident reporting frequency, teamwork, supervisor support and management support.

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1. INTRODUCTION

Community Health Center is a health service facility that is responsible for carrying out health efforts, in all levels on prevention, namely promotive, preventive, curative and rehabilitative. Community Health Centers as organizers of health development are an integral part of national development. The aim of implementing health development is to increase awareness, willingness and ability to live healthily for everyone so that optimal quality levels of public health can be achieved, both socially and economically. [1]

Implementing patient safety at Community Health Centers is one of the main priorities in providing services to patients. Based on the statute of the Minister of Health no. 46 year 2015 concerning accreditation, apart from carrying out its function as a public health service, Community Health Service must also pay attention to patient safety. Improving patient safety in primary care is

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critical in achieving universal and sustainable health coverage. The statute of the Minister of Health No. 11 year 2017 article 5 paragraph 1 emphasizes that every health facility is obliged to strive for patient safety with the aim of providing a safer healthcare system, characterized by risk assessment, identification and management of patient risks, reporting and analysis of incidents, the ability to learn from incidents and the impact of follow-up, and also the implementation of solutions to minimize risks and prevent injuries. In paragraph 2, it is stated that to implement patient safety, it is necessary to establish a service system that implements patient safety standards, patient safety targets and seven steps towards patient safety. [2]

Every health service facility must always maintain the safety of its health service process to avoid medical errors that can affect the quality of health services. Patient safety has a big influence on the image, social responsibility, morals and performance of health workers so that patient safety is related to the issue of quality and image of a health service, including community health centers. Community health centers must design and improve processes, monitor and evaluate performance, analyze incidents intensively and make changes to improve performance and patient safety. The design process must be supported by building a patient safety culture, namely by increasing awareness of the value of patient safety, leading and supporting staff, integrating risk management activities, developing reporting systems, involving and communicating with patients, learning and sharing experiences about patient safety, preventing injuries. through the implementation of a patient safety system. [2]

Previous study showed that one in ten patients in developing countries, including Indonesia, experienced an injury while undergoing treatment in hospital. Reporting medical errors is a fundamental effort to prevent medical errors because reporting medical errors is needed as an effort in the continuous learning and evaluation process. Building a culture of patient safety in healthcare facilities is the obligation and responsibility of all staff, especially the medical personnel. [3]

The Hospital Survey on Patient Safety Culture (HSOPSC) questionnaire is one of the best known and most widely used questionnaires in various countries to assess patient safety culture, and is widely recommended by accreditation bodies to measure patient safety culture. Previous research reported that this questionnaire had higher consistency than other patient safety culture questionnaires. This questionnaire was developed by the Agency for Healthcare Research and Quality (AHRQ) and asks what hospital staff think about the patient safety culture in the hospitals where they work. [4]

Cikarang Community Health Center operates 24-hour with inpatient facility, that is located in Kabupaten Bekasi, West Java. This healthcare facility promotes high-quality health services. Service quality is a multi-dimensional concept, in which patient safety is one of the most important and influential dimensions. Therefore, one of the basic goals of healthcare settings is the maintenance, protection and promotion of patient safety. Patient safety as an important component of the quality of health services is defined as preventing harm to patients during the provision of health services.

2. METHOD

The scope of this research is healthcare quality which focus on patient safety. This design of this research is a quantitative analysis design with a cross sectional study approach, using observational research method which analyzes variable data collected at a certain time period from a sample population of health workers at the Cikarang Community Health Center. The subjects of this research are staff (including medical health workers and non-medical health workers) at the Cikarang Community Health Center. The sampling technique used in this research is total sampling, which consists of 57 personels.

3. RESULTS AND DISCUSSION

The following results in Table 1 showed the frequency distribution of respondents' characteristics, according to age, sex, education level, period of employment, employee status and marriage status. This data showed us the characteristics of the staff working in Cikarang Community Health Center, although this data will not be analyzed any further related to the patient safety culture.

Table 1. Frequency Distribution of Repondents' Characteristics

Respondent's Characteristics	Amount	Percentage
Age		
Below 40 years old	25	43,9%
Above 40 years old	32	56,1%
Sex		
Male	9	15,8%
Female	48	84,2%
Education Level		
Primary – Secondary Level	13	22,8%
Higher Education Level	44	77,2%
Period of Employment		
Less than 10 years	28	49,1%
10 years and more	29	50,9%
Employee Status		
Civil servant	31	54,4%
Non civil servant	26	45,6%
Marriage Status		
Not married	7	12,3%
Married	50	87,7%

Based on table 1, the number of respondents aged below 40 years old is 25 people (43,9%) while the number of respondents above 40 years old is 32 people (56,1%). The number of respondents with primary – secondary education level is 13 people (22,8%) while the number of those with higher education level is 44 people (77,2%). The number of respondents with less than 10 years of working experience in Cikarang Community Health Center is 28 people (49,1%) while the number of those with more than 10 years of working experience is 29 people (50,9%). The number of respondents with civil servant status is 31 people (54,4%) while the number of respondents with non-civil servant status is 26 people (45,6%). Most of the respondents, 50 people (87,7%) are married, and most are female, 48 people (84,2%).

The staff perceptions on patient safety culture in Cikarang Community Health Center is measured using the Hospital Survey on Patient Safety Culture (HSOPSC) questionnaire. This survey consists of 12 dimensions of patient safety culture and patient safety outcome, namely teamwork, supervisor support, organizational learning, management support, feedback and communication about errors, communicative openness, incident reporting frequency, inter-unit collaboration, staffing, patient handover and patient transfer, non-punitive responses to errors, and overall perception of patient safety. The average score of each dimension of HSOPSC response is categorized into positive and negative response. [4]

Table 2. Average Positive Response Rate Results on HSOPSC Survey in Cikarang Community Health Center

Patient Safety Dimension	Amount	Percentage
Teamwork	30	52.6%
Supervisor Support	37	64.9%
Organizational Learning	27	47.4%
Management Support	43	75.4%
Overall Perception of Patient Safety	35	61.4%
Feedback and Communication about Errors	46	80.7%
Communicative Openness	31	54.4%
Incident Reporting Frequency	43	75.4%
Inter-Unit Collaboration	37	64.9%
Staffing	47	82.5%
Patient Handover and Patient Transfer	41	71.9%
Non-Punitive Responses to Errors	40	70.2%

Based on table 2, the highest positive response to patient safety culture is related to staffing, with 47 people (82,5%), and the lowest positive response is related to organizational learning, with 27 people (47,4%). The data showed that 30 staff members (52,6%) gave positive response to teamwork, 37 staff members (64,9%) gave positive response to supervisor support, 27 staff members (47,4%) gave positive response to organizational learning, 43 staff members (75,4%) gave positive response to management support, 35 staff members (61,4%) gave positive response to overall perception of patient safety, 46 staff members (80,7%) gave positive response to feedback and communication about errors, 31 staff members (54,4%) gave positive response to communicative openness, 43 staff members (75,4%) gave positive response to incident reporting frequency, 37 staff members (64,9%) gave positive response to inter-unit collaboration, 47 staff members (82,5%) gave positive response to staffing, 41 staff members (71,9%) gave positive response to patient handover and patient transfer, and last 40 staff members (70,2%) gave positive response to non-punitive responses to errors. Overall, the positive responses to 11 dimensions of patient safety culture is above 50%, while 1 dimension is below 50%, with the average of 66,8%.

Table 3. Frequency Distribution of Staff Perceptions on Patient Safety Levels

Staff Perceptions on Patient Safety Level	Amount	Percentage
Acceptable	18	31,6%
Excellent	39	68,4%

Based on table 3, 18 staff members (31,6%) perceive the patient safety level to be acceptable, while 39 staff members (68,4%) perceive the patient safety level to be excellent. We can conclude that most of the staff members perceive the patient safety level in Cikarang Community Health Center to be excellent.

Table 4. Relationship between Teamwork Culture (1st Dimension) and Staffs Perception on Patient Safety Level

Teamwork Culture	Staff Perceptions on Patient Safety Level				Total		P-Value
	Acceptable		Excellent		n	%	
	n	%	n	%			
Inadequate	13	22,8%	14	24,6%	27	47,4%	0,023
Excellent	5	8,8%	25	43,9%	30	52,6%	
Total	18	31,6%	39	68,4%	57	100%	

Table 4 showed the result of the chi square analysis between teamwork culture and staff perception on patient safety level. The data showed that there is a relationship between teamwork and staff perception on patient safety level ($p = 0,023$). Most of the staff who perceive the patient safety level to be excellent, are those who perceive the teamwork culture to be excellent also, which is 25 staff members (43,9%). The result of this analysis is in line with the study conducted by Febriansyah (2020) which stated that there is a relationship between teamwork and patient safety level. Teamwork is a collaborative effort made by the staff members of an organization to achieve a common goal. Thus, the teamwork culture in which the staff work together can affect the implementation and the outcome of the overall patient safety level. [5], [6]

Table 5. Relationship between Supervisor Support for Patient Safety Culture (2nd Dimension) and Staff Perception on Patient Safety Level

Supervisor Support	Staff Perceptions on Patient Safety Level				Total		P-Value
	Acceptable		Excellent		n	%	
	n	%	n	%			
Inadequate	9	15,8%	11	19,3%	20	35,1%	0,192
Excellent	9	15,8%	28	49,1%	37	64,9%	
Total	18	31,6%	39	68,4%	57	100%	

Table 5 showed the result of the chi square analysis between supervisor support and staff perception on patient safety level. The data showed that there is no relationship between supervisor support and staff perception on patient safety level ($p = 0,192$). Most of the staff who perceive the

patient safety level to be excellent, are those who perceive the supervisor support to be excellent also, which is 28 staff members (49,1%). The result of this analysis was not in line with the study conducted by Fatonah & Yustiawan (2020) which stated that a leader supervision is one of the key factors to increase the implementation of safety culture. Support from a leader's supervisor is when a leader value and reward the contribution by the employees. However, there are other factors that can affect staff perception of patient safety level, such as respondents' characteristics and other dimensions related to patient safety culture. [6], [7]

Table 6. Relationship between Organizational Learning (3rd Dimension) and Staff Perception on Patient Safety Level

Organizational Learning	Staff Perceptions on Patient Safety Level				Total		P-Value
	Acceptable		Excellent		n	%	
	n	%	n	%			
Inadequate	12	21,1%	18	31,6%	30	52,6%	0,248
Excellent	6	10,5%	21	36,8%	27	47,4%	
Total	18	31,6%	39	68,4%	57	100%	

Table 6 showed the result of the chi square analysis between organizational learning and staff perception on patient safety level. The data showed that there is no relationship between organizational learning and staff perception on patient safety level ($p = 0,248$). Most of the staff who perceive the patient safety level to be excellent, are those who perceive the organizational learning to be excellent also, which is 21 staff members (36,8%). The result of this analysis is not in line with the study conducted by Anggraini, et. al. (2021) which stated that there is a relationship between organizational learning and staff perception on patient safety level. An organizational learning is a process in which an organization keeps improving continuously through learning and gaining experiences. Continuous learning of an organization by creating, retaining and transferring knowledge, will bring positive effect to the implementation of patient safety culture. [8], [9]

Table 7. Relationship between Management Support for Patient Safety Culture (4th Dimension) and Staff Perception on Patient Safety Level

Management Support	Staff Perceptions on Patient Safety Level				Total		P-Value
	Acceptable		Excellent		n	%	
	n	%	n	%			
Inadequate	8	14%	6	10,5%	14	24,6%	0,042
Excellent	10	17,5%	33	57,9%	43	75,4%	
Total	18	31,6%	39	68,4%	57	100%	

Table 7 showed the result of the chi square analysis between management support and staff perception on patient safety level. The data showed that there is a relationship between management support and staff perception on patient safety level ($p = 0,042$). Most of the staff who perceive the patient safety level to be excellent, are those who perceive the management support to be excellent also, which is 33 staff members (57,9%). The result of this analysis is in line with the study conducted by Paripih (2023), which stated that the support from the management will support the implementation of patient safety culture in the hospital. A management support is a system of efforts that enables the implementation and continuous development of patient safety culture. This managerial support system can be implemented in any different forms, such as effective communication, feedback, employee involvement in decision making, and many more. The full support from management board will contribute to the success of developing patient safety culture in the healthcare organization. [10]

Table 8. Relationship between Overall Perception of Patient Safety (5th Dimension) and Staff Perception on Patient Safety Level

Overall Perception of Patient Safety	Staff Perceptions on Patient Safety Level				Total	P-Value	
	Acceptable		Excellent				
	n	%	n	%	n		%
Inadequate	7	12,3%	15	26,3%	22	38,6%	1,000
Excellent	11	19,3%	24	42,1%	35	61,4%	
Total	18	31,6%	39	68,4%	57	100%	

Table 8 showed the result of the chi square analysis between overall perception of patient safety and staff perception on patient safety level. The data showed that there is no relationship between overall perception of patient safety and staff perception on patient safety level ($p = 1,000$). Most of the staff who perceive the patient safety level to be excellent, are those who perceive the overall perception of patient safety to be excellent also, which is 24 staff members (42,1%). The result of this analysis is in line with the study conducted by Mandriani (2019) which stated that the overall staff perception is excellent toward the implementation of patient safety culture. Staff perception is the result of cognitive process that have been applied by the staff in delivering healthcare services. The way a staff perceive the quality of healthcare service regarding patient safety, will affect the overall perception towards the implementation of patient safety culture. [11]

Table 9. Relationship between Feedback and Communication about Errors (6th Dimension) with Staff Perception on Patient Safety Level

Feedback and Communication about Errors	Staff Perceptions on Patient Safety Level				Total	P-Value	
	Acceptable		Excellent				
	n	%	n	%	n		%
Inadequate	7	12,3%	4	7%	11	19,3%	0,029
Excellent	11	19,3%	35	61,4%	46	80,7%	
Total	18	31,6%	39	68,4%	57	100%	

Table 9 showed the result of the chi square analysis between feedback and communication about errors and staff perception on patient safety level. The data showed that there is a relationship between feedback and communication about errors and staff perception on patient safety level ($p = 0,029$). Most of the staff who perceive the patient safety level to be excellent, are those who perceive the feedback and communication about errors to be excellent also, which is 46 staff members (61,4%). The result of this analysis is in line with the study conducted by Inwanti et. al. (2022), which stated that there is a significant relationship between effective communication and patient safety culture. Feedback and communication about errors are forms of effective communication that include process to think and deliver information to other people through media with the aim of mutual understanding. Effective communication that is timely, accurate and complete will decrease the number of incidents regarding patient safety. The implementation of effective communication is the key to achieve the goals of patient safety. [12]

Table 10. Relationship between Communicative Openness (7th Dimension) and Staff Perception on Patient Safety Level

Communicative Openness	Staff Perceptions on Patient Safety Level				Total	P-Value	
	Acceptable		Excellent				
	n	%	n	%	n		%
Inadequate	4	7%	22	38,6%	26	45,6%	0,034
Excellent	14	24,6%	17	29,8%	31	54,4%	
Total	18	31,6%	39	68,4%	57	100%	

Table 10 showed the result of the chi square analysis between communicative openness and staff perception on patient safety level. The data showed that there is a relationship between communicative openness and staff perception on patient safety level ($p = 0,034$). Most of the staff

who perceive the patient safety level to be excellent, are those who perceive the communicative openness to be inadequate, which is 22 staff members (38,6%). According to a study by Mandriani (2019), communication errors can occur resulting in a risk of patient safety incidents can increase. Communication does not occur between health workers and patients only, but also with colleagues, both medical ones or non-medical. Communication patterns can influence the patient safety culture. Communication patterns includes mutual trust and openness, high quality of information flow and processes will improve the development of patient safety culture. [11]

Table 11. Relationship between Incident Reporting Frequency (8th Dimension) and Staff Perception on Patient Safety Level

Incident Reporting Frequency	Staff Perceptions on Patient Safety Level				Total		P-Value
	Level						
	Acceptable		Excellent		n	%	
	n	%	n	%	n	%	
Inadequate	7	12,3%	7	12,3%	14	24,6%	0,169
Excellent	11	19,3%	32	56,1%	43	75,4%	
Total	18	31,6%	39	68,4%	57	100%	

Table 11 showed the result of the chi square analysis between incident reporting frequency and staff perception on patient safety level. The data showed that there is no relationship between incident reporting frequency and staff perception on patient safety level ($p = 0,169$). Most of the staff who perceive the patient safety level to be excellent, are those who perceive the incident reporting frequency to be excellent also, which is 32 staff members (56,1%). This result is in line with the study conducted by Nugraheni et. al. (2021) which stated that most of the respondents that perceive the patient safety culture to be excellent, also perceive the incident reporting frequency to be adequate. A patient safety incident is any unintentional event and condition that causes or has the potential to result in preventable injury to a patient. A healthcare organization's efforts to reduce the incidence of incidents in patients must be supported by an excellent patient safety culture. [13]

Table 12. Relationship between Inter-Unit Collaboration (9th Dimension) and Staff Perception on Patient Safety Level

Inter-Unit Collaboration	Staff Perceptions on Patient Safety Level				Total		P-Value
	Level						
	Acceptable		Excellent		n	%	
	n	%	n	%	n	%	
Inadequate	7	12,3%	13	22,8%	20	35,1%	0,912
Excellent	11	19,3%	26	45,6%	37	64,9%	
Total	18	31,6%	39	68,4%	57	100%	

Table 12 showed the result of the chi square analysis between inter-unit collaboration and staff perception on patient safety level. The data showed that there is no relationship between inter-unit collaboration and staff perception on patient safety level ($p = 0,912$). Most of the staff who perceive the patient safety level to be excellent, are those who perceive the inter-unit collaboration to be excellent also, which is 26 staff members (45,6%). Although the analysis showed that there is no relationship, but this result is in line with the study conducted by Yarnita & Maswarni (2019) which stated that most of the respondents perceive the teamwork between units to be excellent. The teamwork between units will improve the patient safety program, The existence of a system of comprehensive patient safety culture will be achieved if all elements within the healthcare organization implement a patient safety culture in daily basis. [14]

Table 13. Relationship between Staffing (10th Dimension) and Staff Perception on Patient Safety Level

Staffing	Staff Perceptions on Patient Safety Level				Total		P-Value
	Level						
	Acceptable		Excellent		n	%	
	n	%	n	%	n	%	
Inadequate	7	12,3%	3	5,3%	10	17,5%	0,012

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Excellent	11	19,3%	36	63,2%	47	82,5%
Total	18	31,6	39	68,4%	57	100%

Table 13 showed the result of the chi square analysis between staffing and staff perception on patient safety level. The data showed that there is a relationship between staffing and staff perception on patient safety level ($p = 0,012$). Most of the staff who perceive the patient safety level to be excellent, are those who perceive the staffing to be excellent also, which is 36 staff members (63,2%). This result is in line with the study conducted by Anggraini et. al. (2021) which stated that staffing will bring influence to patient safety culture. Staffing is about work design, in which the process must consider the accuracy of a staffs' position and their competencies. Work design should also give attention to human factors, such as working hours, workload, work-life balance ratio and shift system. This formulation exists to anticipate fatigue, the need for rest time, staff psychology and other factors. A proportional work design will have great impact in the results of the a staff performance, especially in the aspect of patient safety. [8]

Table 14. Relationship between Patient Handover and Patient Transfer (11th Dimension) and Staff Perception on Patient Safety Level

Patient Handover and Patient Transfer	Staff Perceptions on Patient Safety Level				Total	P-Value
	Acceptable		Excellent			
	n	%	n	%		
Inadequate	7	12,3%	9	15,8%	16	28,1%
Excellent	11	19,3%	30	52,6%	41	71,9%
Total	18	31,6%	39	68,4%	57	100%

Table 14 showed the result of the chi square analysis between patient handover and patient transfer and staff perception on patient safety level. The data showed that there is no relationship between patient handover and patient transfer and staff perception on patient safety level ($p = 0,359$). However, most of the staff who perceive the patient safety level to be excellent, are those who perceive the patient handover and patient transfer to be excellent also, which is 30 staff members (52,6%). This result is in line with the study conducted by Muhtar et. al. (2020), which stated that the majority of the staff perceive the process of patient handover and patient transfer to be positive. Patient handover and patient transfer is a system by which the responsibility for ongoing care of a patient is transferred between healthcare professionals with the purpose of continuity of care. If the process of patient handover and patient transfer is incomplete and incorrect, this will cause to the increase risks of errors which can cause serious problems for patients. Thus, the process of patient handover and patient transfer have to be ensured to meet the standards required in order to implement excellent patient safety culture. [15]

Table 15. The Relationship between Non-Punitive Responses to Errors (12th Dimension) and Staff Perception on Patient Safety Levels

Non-Punitive Responses to Errors	Staff Perceptions on Patient Safety Level				Total	P-Value
	Acceptable		Excellent			
	n	%	n	%		
Inadequate	6	10,5%	11	19,3%	17	29,8%
Excellent	12	21,1%	28	49,1%	40	70,2%
Total	18	31,6%	39	68,4%	57	100%

Table 15 showed the result of the chi square analysis between non-punitive responses and patient transfer and staff perception on patient safety level. The data showed that there is no relationship between non-punitive responses and staff perception on patient safety level ($p = 0,935$). However, most of the staff who perceive the patient safety level to be excellent, are those who perceive the non-punitive responses to be excellent also, which is 28 staff members (49,1%). A study conducted by Purwanto et. al. (2023) stated that there are healthcare organizations that do not apply the culture of non-punitive responses. Non-punitive response is the tendency in an organization to be open about mistakes, open to suggestions and ideas, and no fear of being held individually responsible.

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The implementation of non-punitive responses in healthcare organization, will have an impact in the frequency of incident reports which will increase the continuity of patient safety improvements. [16]

Table 16. Level of Influence of Implementing Patient Safety Culture Based on the HSOPSC Questionnaire on Staff Perception on Patient Safety Levels

Variable	P-Value	Odds Ratio
Teamwork	0,023	2,554
Supervisor Support	0,192	1,287
Organizational Learning	0,248	0,681
Management Support	0,042	2,102
Overall Perception of Patient Safety	0,029	4,036
Feedback and Communication about Errors	0,034	0,147
Communicative Openness	0,169	0,550
Incident Reporting Frequency	0,012	7,738

In table 16, the results show that there are five factors of the patient safety dimensions that significantly affect the staff perception on the patient safety level with p-value less than 0,05. These factors are teamwork (p-value = 0,023), management support (p-value = 0,042), overall perception of patient safety (p-value = 0,029), feedback and communication about errors (p-value = 0,034) and incident reporting frequency (p-value = 0,012). There are also three factors with p-value less than 0,25, namely supervisor support (p-value = 0,192), organizational learning (p-value = 0,248), and communicative openness (p-value = 0,169). These eight factors are further analyzed in the multivariate analysis, using the logistic regression test.

Based in the results as we can see in the data shown in table 16, the factor that influences patient safety level the most is the incident reporting frequency, with an odds ratio of 7,738. The other factors that influence the patient safety level are the overall perception of patient safety with an odds ratio of 4,036, teamwork with an odds ratio of 2,554, management support with an odds ratio of 2,102, and supervisor support with an odds ratio of 1,287. There are three factors with less than 1 odds ratio, namely the organizational learning with an odds ratio of 0,681, communicative openness with an odds ratio of 0,550, and feedback and communication about errors with an odds ratio of 0,147. Odds ratio which are greater than 1 indicates there is a greater chance to improve patient safety level by increasing the implementation of these factors, and odds ratio that are less than 1 indicates that the factor is less likely to influence the outcome of patient safety level.

Incident reporting frequency, teamwork, management support and supervisor support as part of implementing a patient safety culture, are the responsibility of every member of the healthcare organization. If mistakes are made, every staff should be willing to learn from those mistakes and to take action in order to ensure the same mistakes never made twice. These actions can be implemented through appropriate discipline acts, obedience to standards, procedures and protocols, working integrity, honesty, openness and mutual respect. These basic values that must be held in high esteem, to achieve better patient safety culture. [3]

4. CONCLUSION

The majority of the staff in Cikarang Community Health Center perceive the patient safety level to be excellent. The factors that have significant relationship with the patient safety perception are teamwork, management support, overall perception of patient safety, feedback and communication about errors, and incident reporting frequency. The factors that influence staff perception on patient safety level are incident reporting frequency, teamwork, supervisor support and management support, while the factor that are less likely to influence staff perception on patient safety level are organizational learning, feedback and communication about errors, and communicative openness. The improvement of patient safety culture in Cikarang Community Health Center can be done by increasing in im plementation of incident reporting frequency, teamwork, supervisor support and management support.

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