

(Research/Review) Article

The Influence of Safety Culture on Patient Safety among Nurses at I. A Moeis Regional General Hospital, Samarinda in 2024

Zilva Kristin Vandela ^{1*}, Nurhasanah ², Erwin Purwaningsih ³

¹ Prodi Kebidanan, STIKES Mutiara Mahakam Samarinda; e-mail : zilkristinv@gmail.com

² Prodi Kebidanan, STIKES Mutiara Mahakam Samarinda; e-mail : nurhasanahmars@gmail.com

³ Prodi Kebidanan, STIKES Mutiara Mahakam Samarinda; e-mail : puwaningsihwin18@gmail.com

* Corresponding Author : Zilva Kristin Vandela

Abstract: Patient safety is a top priority in healthcare and nursing services. A strong patient safety culture plays a crucial role in preventing medical incidents that could endanger patients. The successful implementation of a safety culture in hospitals depends on the perceptions and practices of healthcare workers, particularly nurses. A well-implemented safety culture has positive impacts, such as reducing medical incidents, improving service quality, and increasing patient trust. However, suboptimal or inconsistent implementation may lead to negative effects, such as undetected medical errors, decreased compliance with procedures, and a weakened incident reporting culture. Therefore, continuous evaluation of safety culture implementation is essential. Objective: This study aims to analyze the influence of safety culture on patient safety among nurses at RSUD I. A Moeis Samarinda. This research used a quantitative approach with an analytical survey design. Data were collected through questionnaires distributed to nurses at RSUD I. A Moeis Samarinda, with samples selected using a convenience sampling technique. Statistical tests were conducted to identify the relationship between safety culture and patient safety. The study showed a significant relationship between safety culture and patient safety. Based on the Wilcoxon test, the p-value was $0.02 \leq 0.05$, indicating that the null hypothesis was rejected. Additionally, the Cronbach's alpha value was greater than 0.6 (0.601 > 0.6), suggesting that safety culture has a positive and significant effect on patient safety at RSUD I. A Moeis Samarinda. Hospitals need to enhance nurses' awareness of the importance of safety culture through training, optimal workload management, and the implementation of more effective safety policies.

Keywords: Healthcare Services; Nursing Practice; Patient Safety; Safety Culture; Statistical Analysis

Received: July 18, 2025;

Revised: August 02, 2025;

Accepted: August 28, 2025;

Published : September 01, 2025;

Curr. Ver.: September 01, 2025



Copyright: © 2025 by the authors.

Submitted for possible open

access publication under the

terms and conditions of the

Creative Commons Attribution

(CC BY SA) license

([https://creativecommons.org/li](https://creativecommons.org/licenses/by-sa/4.0/)

[censes/by-sa/4.0/](https://creativecommons.org/licenses/by-sa/4.0/))

1. Introduction

According to the World Health Organization (WHO), safety culture is the result of the values, attitudes, perceptions, competencies, and behavioral patterns of individuals and groups within an organization, which collectively determine the organization's commitment and style in managing patient safety. This culture reflects the extent to which safety is a priority in all healthcare activities (WHO, 2009).

Patient safety is defined as a system encompassing all hospital activities aimed at preventing unnecessary or preventable injuries during patient care. This system also includes

efforts to ensure that services are provided safely, effectively, and with minimal risk (Ministry of Health of the Republic of Indonesia, 2017).

Quality healthcare is one of the main indicators in assessing a hospital's performance. I.A. Moeis Regional General Hospital in Samarinda, as a referral hospital in East Kalimantan, continues to strive to improve its safety culture to meet patient expectations and satisfaction. However, various patient safety incidents still frequently occur, largely due to the weak implementation of safety culture within the hospital environment. Several contributing factors include low incident reporting due to fear of punishment, ineffective communication between professionals, and suboptimal management support in instilling comprehensive safety culture values (Jumila, 2022; Kustini, 2024).

Safety culture in healthcare organizations reflects collective values and attitudes that encourage openness, shared responsibility, and learning from mistakes. Organizations with a strong safety culture are characterized by transparent communication, non-punitive incident reporting, and commitment from all levels of the organization (Wianti et al., 2021). In the hospital context, the success of a safety culture depends heavily on the attitudes and behaviors of nurses, as the direct implementers of safety policies at I.A. Moeis Regional General Hospital, Samarinda, which can impact the quality of nursing care. Patient satisfaction is also influenced by service quality, service innovation, staff performance, and interpersonal communication. Lidia and Ardan (2023) found that service quality, service innovation, and interpersonal communication had a positive and significant effect on patient satisfaction at I.A. Moeis Regional General Hospital, Samarinda, while staff performance showed no significant effect. Furthermore, ward head supervision plays a crucial role in improving nurse performance. Research by Putri and Rizal (2023) revealed a significant relationship between ward head supervision and nurse performance in providing nursing services at I.A. Moeis Regional General Hospital, Samarinda.

Research by Nurhasanah (2023) also showed that nurses' understanding and positive perceptions of patient safety culture were closely related to incident reporting behavior and adherence to safety protocols. This underscores the importance of an educational and participatory approach in fostering a sustainable safety culture in hospitals. Research by Erwin Purwaningsih (2022) also found that implementing a patient safety culture significantly reduced medical errors and increased patient family satisfaction. Interactive training models and internal audits are key to the success of safety initiatives in intensive care units. Research by Yarnita and Maswarni (2019) showed that nurses working in environments with a positive safety culture were more likely to report incidents and implement safety standards. Meanwhile, another study by Arisandi et al. (2024) found that gaps remain in the implementation of safety culture, particularly in the areas of incident reporting and patient safety management leadership. This suggests that efforts to strengthen safety culture must be directed at aspects that directly impact nurses' practice in the field.

With this background, this study was conducted to evaluate the influence of safety culture on patient safety, specifically among nurses at I. A. Moeis Regional General Hospital, Samarinda. The results of this study are expected to provide strategic input for hospital management in designing a more effective safety culture improvement program that has a direct impact on the quality of patient care. Furthermore, to evaluate the extent to which safety culture contributes to patient safety at RSUD I.A Moeis Samarinda. The main focus of this study aims to evaluate the extent to which the safety culture implemented in the hospital contributes to efforts to maintain and improve patient safety. This evaluation includes an assessment of the perceptions, attitudes, and practices of healthcare workers related to incident reporting, interprofessional communication, management leadership, and collective responsibility in creating a safe work environment. By understanding the level of implementation and effectiveness of safety culture, this study is expected to identify areas that still need improvement, while providing a strong basis for hospital management in designing strategies to improve patient safety on an ongoing basis.

The findings of this study are expected to provide useful recommendations for hospital management in an effort to improve the quality of safety culture among management. It is necessary to develop a non-punitive incident reporting system and encourage openness, so that staff feel safe in reporting errors or potential hazards. Furthermore, it is necessary to

conduct effective communication training regularly for all health workers to strengthen interprofessional collaboration, as well as the use of standard approaches such as SBAR (Situation, Background, Assessment, and Recommendation) in conveying clinical information. Management must be more proactive and directly present in supporting patient safety programs, such as through walkrounds or open discussion forums that build mutual trust between leaders and staff. In addition, it is important to conduct regular safety culture surveys as a measuring tool for progress and as a basis for continuous improvement. Awarding individuals or units that demonstrate a high commitment to safety can also be a positive motivation. With the implementation of these recommendations, it is hoped that a safer, more responsive hospital environment will be created, and oriented towards improving the quality of service through strengthening a patient safety culture. Thus, this study is expected to not only provide an in-depth understanding of the importance of safety culture in maintaining patient safety but also serve as a basis for formulating strategies to improve the quality of healthcare services at I.A. Moeis Regional General Hospital, Samarinda.

The objective of this study was to identify the influence of safety culture on patient safety among nurses at I.A. Moeis Regional General Hospital, Samarinda.

The problem statement was: Is there an influence of safety culture on patient safety among nurses at I.A. Moeis Regional General Hospital, Samarinda.

2. Proposed Method

This study used a quantitative method with a cross-sectional research design. This study was conducted over a six-month period, from the planning process to the completion of the research report, from July to December 2024 at I.A. Moeis Regional General Hospital, Samarinda, Jalan HAM Rifaddin No. 1, Harapan Baru, Loa Janan Ilir District, Samarinda 75251. The population was 305 nurses. Data were collected through questionnaires that had been tested for validity and reliability. Sampling was carried out using the Slovin formula:

$$n = \frac{N}{1 + Ne^2}$$

$$n = \frac{305}{1 + (305) \times (0,1)^2}$$

$$n = 76$$

$$P = 305$$

$$E = 10\%$$

To anticipate dropouts, a 10% sample size was added to the sample, resulting in a minimum sample size of 84 respondents. A sample size of 129 respondents was selected, exceeding the minimum of 76 respondents drawn through random sampling. To test the quality of the questionnaire as a research instrument, validity and reliability tests were conducted. Validity tests aim to assess the extent to which the questionnaire accurately measures the intended constructs. Meanwhile, reliability tests are conducted to evaluate the questionnaire's consistency in providing stable measurement results over time. The results of these validity and reliability tests are presented in separate tables, providing detailed information regarding the validity and reliability of each item in the questionnaire. This ensures that the questionnaire used in this study is of sufficient quality to produce valid and reliable data. The following table presents the results of the validity and reliability tests.

Data Management and Analysis Techniques

Data management is the process of transforming raw data into useful and easily understood information. Data management includes the following activities: 1). Data editing, checking, or correcting collected data. 2). Coding and data transformation involve assigning specific codes to each piece of data, including assigning categories to similar data types. 3). Scoring involves assigning values or scores to items obtained by respondents and determining

the lowest and highest scores. 4). Data tabulation is the process of presenting data in tabular form by creating tables containing data according to the analysis requirements.

The data results in this study were analyzed using a computer application. Data analysis was conducted systematically, as follows: 1). Univariate Analysis, Univariate analysis is used to analyze data on a single variable without linking it to other variables. Univariate analysis in this study focused on respondent characteristics. Analysis was also conducted on each variable: the independent variable, safety culture, and the dependent variable, patient safety. 2). Bivariate Analysis, Bivariate analysis was conducted to analyze the impact of safety culture on patient safety at RSUD I. A. Moeis Samarinda, using the Wilcoxon test. This test is conducted to compare two paired data groups or two related samples.

Validity and reliability tests are conducted to determine the extent to which the research instrument is able to measure the variables studied accurately and consistently. The results of these tests are presented in the following table:

Table 1. Validity and Reliability Test Results.

Patient safety	t count > t table (0,3.74)	Alpha Cronbatch > 0,6		
Question 1	5.63	Valid		
Question 2	2.93	Valid		
Question 3	2.93	Valid		
Question 4	2.82	Valid		
Question 5	5.41	Valid		
Question 6	5.41	Valid	0,62	<i>Reliable</i>
Question 7	3.30	Valid		
Question 8	5.66	Valid		
Question 9	2.02	Valid		
Question 10	9.80	Valid		
Question 11	2.02	Valid		
Question 12	2.39	Valid		
Safety Culture	t count > t table (0,3.74)	Alpha Cronbatch > 0,6		
Question 1	6.03	Valid		
Question 2	2.67	Valid		
Question 3	2.77	Valid		
Question 4	4.79	Valid	0,62	<i>Reliable</i>
Question 5	1.28	Valid		
Question 6	4.56	Valid		
Question 7	1.28	Valid		
Question 8	1.91	Valid		
Question 9	1.97	Valid		
Question 10	6.53	Valid		

Based on the data analysis results for the Patient Safety variable with a sample of 30 respondents, it can be seen that all tested statements showed a calculated t-value greater than the t-table (0.347), indicating that all statements are valid. Furthermore, the results of the reliability test using Alpha Cronbatch also showed a value greater than 0.662, indicating that the instrument used in this study is highly reliable.

3. Results and Discussion

Research Results

Respondent Characteristics

This study involved 129 respondents, and Table 1 below shows the frequency distribution and percentage proportions of several respondent characteristics. The results are presented as follows:

Table 2. Distribution of Respondent Characteristics Based on the Influence of Culture on Patient Safety among Nurses at I. A. Moeis Regional General Hospital, Samarinda.

Characteristics (n=129)	Total	
	F	%
Age		
21-27 Year	59	45.7
28-39 Year	50	38.8
40-49 Year	20	15.5
Last Education		
Diploma	65	46.5
Bachelor's Degree	30	19.4
Nursing	32	24.8
Master's Degree	3	2.3
Length of working		
0-5 Year	91	71.1
5-10 Year	16	12.5
10≥ Year	21	16.4
Unit		
Inpatient	68	52.7
Outpatient	21	16.3
ER	21	16.3
ICU	9	7.0
OK	10	7.8
Wages		
1-2 million	34	26.6
2-3 million	36	28.1
3-4 million	34	26.6
4-5 million	16	12.5
5-6 million	8	6.3

Primary: data sources processed (2024).

Table 2 presents data on the characteristics of respondents (n=129) based on age, last education, length of service, unit, and salary. 28-29 years (38.8%), and the 40-49 age group as the majority (15.5%). In terms of education, most respondents (46.5%) had a diploma, followed by nursing graduates (28.8%) and bachelor's degree (19.4%). The majority of respondents (71.1%) had a working period of between 0-5 years, with 12.5% having a working period of 50-10 years and 16.4% more than 10 years. Most respondents (52.7%) worked in inpatient units, while the rest were spread across outpatients and the ER (16.3% each), ICU (7.0%), and OC (7.8%). In terms of salary, the group with a salary of 1-2 million was the largest (28.1%), followed by the salary group of 2-3 million and 3-4 million (26.6% each). Only a few respondents Salaries of 4-5 million rupiah (12.5%) and 5-6 million rupiah (6.3%).

Overall, this data indicates that the majority of respondents were young, had a diploma, had 0-5 years of service, worked in inpatient units, and received salaries of 2-3 million rupiah.

Patient Safety

The following table presents the frequency distribution of patient safety levels based on nurses' perceptions at I. A. Moeis Regional General Hospital, Samarinda. Data are classified into three categories: low, medium, and high, to illustrate the level of perception of patient safety in more detail.

Table 3. Frequency Distribution of Patient Safety Levels for Nurses at I. A. Moeis Regional General Hospital, Samarinda.

Variable (n=129)	N	%
Patient Safety		
Low	22	17.19%
Medium	86	66.7%
High	21	16.3%

Primary: data sources processed (2024)

Table 3 shows the distribution of respondent data related to service quality based on categories designated as low (R), medium (S), and high (T). The low category represented a total of 22 respondents, representing 17.19% of the total, the medium category represented 86 respondents, representing 66.7% of the total, and the high category represented 21 respondents, representing 16.3%. It is concluded that respondents in the S category constitute 66.7% of the total, indicating the dominance of this category in patient safety. Meanwhile, the low and high categories contributed 17.19% and 16.3% of the total respondents, respectively, which is relatively smaller than the medium category.

Safety Culture

The following table presents the frequency distribution of safety culture based on nurses' perceptions at I. A. Moeis Regional General Hospital, Samarinda. Data are grouped into three categories: low, medium, and high, to illustrate the level of implementation of safety culture within the hospital environment.

Table 4. Frequency Distribution of Patient Safety Perceptions of Nurses at I. A. Moeis Regional General Hospital, Samarinda.

Variables (n=129)	N	%
Safety Culture		
Low	17	13.17%
Currently	58	44.9%
Tall	54	41.8%

Primary: data sources processed (2024)

Table 4 shows the distribution of respondent data related to service quality, categorized as low (R), medium (S), and high (T). The low category represented a total of 17 respondents, representing 13.17% of the respondents. The medium category represented 58 respondents, representing 44.9% of the respondents. The high category represented 54 respondents, representing 41.8%. It was concluded that 44.9% of the respondents were in the medium category, indicating the dominance of this category in patient safety.

The Influence of Safety Culture on Patient Safety

Based on the data processing results using the Wilcoxon test, the p-value was $0.02 \leq 0.05$, thus rejecting H_0 . The Cronbatch alpha value was greater than 0.6 ($0.601 > 0.6$),

indicating that safety culture has a positive and significant effect on patient safety at I. A. Moeis Regional General Hospital, Samarinda.

The results of data processing in this study obtained a p-value of $0.02 < 0.05$, which means H_0 is rejected and H_a is accepted. This indicates a significant influence between Safety Culture and Patient Safety. A Cronbach's α value greater than 0.6 indicates that the measured variables have high reliability. This strengthens the validity that Safety Culture does have a positive impact on Patient Safety in hospitals.

4. Discussion

Research at I.A. Moeis Regional Hospital in Samarinda shows that safety culture and patient safety have a strong and statistically significant relationship. This means that safety culture, in terms of coordination among medical personnel, and other factors such as adherence to standard operating procedures (SOPs), clinical skills, and the availability of healthcare facilities, have a significant impact on patient safety. Most nurses at I.A. Moeis Regional Hospital have implemented a strong safety culture, but patient safety incidents are often caused by limited medical personnel, minimal supporting facilities, or high workloads. With good management, I.A. Moeis Regional Hospital can create a more efficient, professional, and safe service system for patients.

This study aligns with several previous studies showing that safety culture has a significant impact on patient safety. Kustini (2024) found that nurses' knowledge of patient safety culture significantly contributed to safety incident reporting behavior at KiSA Regional Hospital in Depok. This suggests that the greater a nurse's understanding of safety culture, the greater their likelihood of proactive incident reporting. Another study by Karmila et al. (2023) also supported these findings. They concluded that patient safety culture was significantly associated with reporting of patient safety incidents by nurses at Pelamonia Class II Hospital, Makassar, as evidenced by statistical test results with a p-value < 0.05 . Similarly, Wulandari et al. (2021) showed that the role of ward heads and nurse motivation contributed to strengthening the implementation of a safety culture, which resulted in a reduced risk of patient incidents in the hospital. These three studies emphasized that safety culture plays a crucial role in promoting patient safety through behavioral changes and staff compliance with safety procedures.

However, several other studies have shown different results, namely the lack of a significant relationship between safety culture and patient safety. Hernawati (2021) in her research stated that although nurses' attitudes toward safety culture were quite positive, no significant relationship was found between these attitudes and the level of compliance in implementing safety culture at Mitra Sejati Hospital. This finding suggests that attitudes are not necessarily directly proportional to actual behavior in nursing practice. A similar finding was expressed by Aeni (2024), who found that although most nurses had implemented safety culture principles at Indramayu Regional Hospital, there had been no significant impact on reducing patient safety incidents. This indicates that safety culture has not been optimally integrated into the hospital's work system. Furthermore, research by Winata et al. (2024) at Sumber Hurip Hospital showed that despite the implementation of safety culture, most respondents responded negatively to several key dimensions of the culture, such as incident reporting and leadership involvement. Consequently, safety culture has not made a significant contribution to patient safety at the hospital. These three findings indicate that while safety culture is important, its impact on patient safety is still influenced by various other factors, such as management commitment, workload, and available support facilities.

The results of this study indicate a significant relationship between safety culture and patient safety at I.A. Moeis Regional General Hospital in Samarinda, which aligns with the findings of Kustini (2024) and Karmila et al. (2023). Both studies indicate that the greater the understanding and implementation of safety culture by nurses, the lower the risk of patient safety incidents. Kustini's study emphasized that knowledge of safety culture directly drives incident reporting behavior, while Karmila et al. showed that open and non-punitive communication plays a crucial role in improving patient safety.

Conversely, the results of this study differ from those of Hernawati (2021), which found no significant relationship between nurses' attitudes toward safety culture and compliance in nursing practice. Another study by Aeni (2024) also showed similar results, indicating that the implementation of safety culture has not significantly reduced patient incidents. These differences in results are likely due to differences in managerial conditions, nurse workloads, and incident reporting systems in each hospital. This comparison suggests that the influence

of safety culture on patient safety is highly dependent on contextual factors and managerial support in healthcare facilities. Therefore, in addition to improving nurses' understanding, hospitals also need to build work systems that support transparency, accountability, and ongoing oversight.

Implementing a strong patient safety culture can have a significant positive impact on the quality of care in hospitals. A strong safety culture fosters an open, safe, and collaborative work environment, thereby increasing nurses' compliance with standard operating procedures, reducing the number of patient safety incidents, and increasing patient trust and satisfaction with the services provided (WHO, 2009; Ministry of Health of the Republic of Indonesia, 2017). However, if the implementation of a safety culture is not optimal, it can have negative impacts. These include fear among healthcare workers to report incidents due to fear of sanctions, weak interprofessional communication, and low leadership involvement in supporting patient safety. A work culture that does not support openness risks undetected medical errors, increased emotional workload for nurses, and decreased motivation and quality of care (WHO, 2004; Wianti et al., 2021).

Tabel 5. Research Outcome Achievement Status

No	Research Output Achievement Status	Achievement Status
1	Approved Research Report Process	Process
2	Publication in a National Journal Process	Process

5. Conclusions

The results of this study indicate that safety culture has a positive and significant influence on patient safety among nurses at I.A. Moeis Regional General Hospital in Samarinda. Nurses who have a good understanding, attitude, and practice in implementing safety culture are proven to be more capable of maintaining service quality and minimizing the risk of patient incidents. This finding emphasizes the importance of ongoing efforts from the hospital in strengthening safety culture through training, optimal workload management, a non-punitive reporting system, and consistent management support. Thus, improving safety culture not only impacts patient safety but also contributes to improving overall health services.

References

- Devi, Nurmalia, Hanny, Handiyani, & Hening, Pujasari. (2013). Pengaruh Program Mentoring Terhadap Penerapan Budaya Keselamatan Pasien. *Jurnal Manajemen Keperawatan*, 1(2), 80.
- Djaja, David Eka, Andry, & Hasyim. (2021). Pengaruh Shift Work, Pengetahuan, Motivasi dan Job Burnout Perawat terhadap Budaya Keselamatan Pasien di Rumah Sakit XYZ. 12(4), 406.
- Ernawaty, Siagian. (2020). Penerapan Budaya Keselamatan Pasien Oleh Perawat Di Sebuah Rumah Sakit Swasta Bandar Lampung. *Jurnal Skolastik Keperawatan*, 6(1), 63.
- Herawati, Yennike Tri. (2015). Budaya Keselamatan Pasien Di Ruang Rawat Inap Rumah Sakit X Kabupaten Jember. *Penambahan Natrium Benzoat Dan Kalium Sorbat (Antiinversi) Dan Kecepatan Pengadukan Sebagai Upaya Penghambatan Reaksi Inversi Pada Nira Tebu*, 11(1), 54.
- Hernawati. (2021). Pengaruh Sikap Terhadap Kepatuhan Perawat Pada Penerapan Budaya Keselamatan Pasien Di Rs Mitra Sejati. *Jurnal Health Sains*, 2(5), 606.
- Hernawati. (2021). Pengaruh Sikap Terhadap Kepatuhan Perawat Pada Penerapan Budaya Keselamatan Pasien Di Rs Mitra Sejati. *Jurnal Health Sains*, 2(5), 607.
- Irviranty, Afrisya. (2015). Analisis Budaya Organisasi dan Budaya Keselamatan Pasien Sebagai Langkah Pengembangan Keselamatan Pasien di RSIA Budi Kemuliaan Tahun 2014. *Jurnal Administrasi Rumah Sakit Indonesia*, 1(3), 199.
- Jacobus, Dian Widya Christiany, Setyaningsih, Yuliani, & Arso, Septo P. (2022). Analisis Pengaruh Budaya Keselamatan Pasien, Budaya Organisasi, Dan Lingkungan Yang Mendukung Terhadap Motivasi Melaporkan Insiden Keselamatan Pasien (Systematic Riview). 9(2), 158.

- Jumila, Rahma. (2022). *Sistem Pelaporan Insiden Keselamatan Pasien Sebagai Upaya Budaya Keselamatan Pasien Di Rumah Sakit*. 1(5), 2.
- Kustini, Tri Yuli. (2024). Pengaruh Pengetahuan Perawat tentang Budaya Keselamatan Pasien terhadap Pelaporan Insiden Keselamatan Pasien. *Journal of Management Nursing*, 3(3), 362.
- Najihah. (2018). *Budaya Keselamatan Pasien Dan Insiden Keselamatan Pasien Di Rumah Sakit: Literature Review*. 3(1), 2.
- Nugraheni, Sri Wahyuningsih, Yuliani, Novita, & Veliana, Alin Dhyana. (2021). Studi Literatur : Budaya Keselamatan Pasien dan Insiden Keselamatan Pasien di Rumah Sakit. *Prosiding Seminar Informasi Kesehatan Nasional (SIKESNAS)*, 290.
- Nurhasanah. (2023). *Hubungan Persepsi Budaya Keselamatan Pasien dengan Kepatuhan Perawat dalam Pelaporan Insiden di RSUD X*. *Jurnal Administrasi Rumah Sakit Indonesia*, 5(1), 45–53.
- Pujilestari, A., Maidin, A., & Anggraeni, R. (2014). Patient Safety Culture in Inpatient Installation of Dr. Wahidin Sudirohusodo Hospital, Makassar City. *Media Kesehatan Masyarakat ...*, 62.
- Purwaningsih Erwin (2023). *Hubungan Persepsi Budaya Keselamatan Pasien dengan Kepatuhan Perawat dalam Pelaporan Insiden di RSUD X*. *Jurnal Administrasi Rumah Sakit Indonesia*, 5(1), 45–53.
- Rachmawati, Emma. (2011). *Model Pengukuran Budaya Keselamatan Pasien Di Rs Muhammadiyah-'Aisyiyah Tahun 2011*. 12.
- Sembiring, Nikita Gina Chesena. (2016). *Pentingnya implementasi budaya keselamatan pasien oleh perawat di rumah sakit*.
- Suci, Wice Purwani. (2019). *Peningkatan Budaya Keselamatan Pasien Melalui Pemberdayaan Champion Keselamatan Pasien*. 2(2), 26.
- Ulfah, Awaliyah, Ezdha, Ayudytha, Anggreini, Silvia Nora, Fitri, Dwi Elka, & Riau, Pekanbaru. (2018). *Pengaruh Plathian Keselamatan Pasien Dengan Metode Ceramah Terhadap Pemahaman Perawat Mengenai Penerapan Sasaran Keselamatan Pasien Di Rs Pmc Pekanbaru*. 3.
- Wianti, Arni, Setiawan, Asep, Murtiningsih, Budiman, & Rohayani, Lilis. (2021). *Karakteristik Dan Budaya Keselamatan Pasien Terhadap Insiden Keselamatan Pasien*. 5(11), 98.
- Yarnita, Yeni, & Maswarni. (2019). Budaya Keselamatan Pasien Pada Perawat Di Instalasi Perawatan Intensive RSUD Arifin Achmad Provinsi Riau. *Jurnal Keperawatan Priority*, 2(2), 110.
- Yasmi, Yulia, & Thabrany, Hasbullah. (2018). Faktor-Faktor Yang Berhubungan Dengan Budaya Keselamatan Pasien Di Rumah Sakit Karya Bhakti Pratiwi Bogor Tahun 2015. *Jurnal Administrasi Rumah Sakit Indonesia*, 4(2), 101