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Implementation Analysis Safety *Culture to* Improve the Quality of Health Services

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Abstract

This study aims to analyze the implementation of patient safety culture at Kimia Farma Kosambi Karawang Clinic using a mixed methods approach with a sequential exploratory design. The research is motivated by the importance of safety culture as an indicator of healthcare service quality, especially considering the continued occurrence of incidents such as patient falls and the use of non- sterile equipment. The qualitative method involved in-depth interviews and observations of medical staff and management, while the quantitative method used a questionnaire based on 12 dimensions from AHRQ and was analyzed using SPSS. The findings show that active involvement of management, compliance of healthcare workers, and effective communication significantly contribute to the development of a strong safety culture. Identified barriers include low incident reporting, limited regular training, and weak inter-team collaboration. Recommended strategies include strengthening transformational leadership, implementing a non-punitive reporting system, SBAR communication training, and integrating local values into the organizational culture. The study concludes that the success of safety culture implementation highly depends on collaboration between management and healthcare workers in building a safe, adaptive, and sustainable service system, while also offering theoretical and practical contributions to the development of safety culture in primary healthcare settings.

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1. INTRODUCTION

Safety and health in the workplace, particularly in the healthcare sector, is an aspect that is not only technical but also touches on the organizational culture. In healthcare facilities such as hospitals or clinics, the existence of a safety culture or safety *culture* Safety culture is key to reducing the risk of adverse patient outcomes, such as misdiagnosis, medication errors, falls, and the use of non-sterile equipment. Safety culture refers to a system of values, attitudes, perceptions, and work habits that prioritize safety in every healthcare process. This awareness is not only built at the individual healthcare worker level but must be an integral part of the organizational system, supported by management

and implemented daily.

The implementation of a safety culture in healthcare facilities reflects the institution's commitment to patient safety through open incident reporting, honest and two-way communication, and continuous learning from past and near-miss incidents. In this context, *Agency for Healthcare Research and Quality*. The American Hospital Quality Assurance (AHRQ) has developed a conceptual model with twelve dimensions of patient safety, including perceptions of safety, incident reporting, management support, supervision, teamwork, open communication, organizational learning, and sanctions for errors. These dimensions are used to measure and evaluate the maturity level of safety culture in a healthcare facility.

This research is based on the fact that despite the importance of safety *culture.* While the issue has been widely publicized, its implementation in the field remains suboptimal. This is reflected in initial findings at the Kimia Farma Kosambi Karawang Clinic, where a patient fell due to inadequate bedside supervision and the use of non-sterile medical gloves during wound care. Furthermore, data also shows that reporting of such incidents remains minimal, despite the significant increase in patient visits from year to year. With a high service burden and a weak reporting system, the risk of adverse events increases, ultimately leading to a decline in service quality.

In such situations, a deeper understanding is needed regarding how safety culture is implemented, how medical personnel perceive patient safety, the extent of management support in promoting safety systems, and the factors that hinder or strengthen the formation of a safety culture. This study uses the AHRQ model approach as the primary analytical framework, combined with the concept of *High Reliability Organizations* (HRO), a risk management approach for organizations operating in environments with high levels of complexity and hazard. The ultimate goal is to build service systems that are not only efficient, but also safe, adaptive, and sustainable.

2. METHOD

This research uses an approach *mixed methods exploratory*. This study employed an exploratory sequential design, with a qualitative phase conducted first to gather in-depth and contextual information, followed by a quantitative phase to test and measure the extent to which the findings are broadly applicable. This approach was chosen to provide a comprehensive understanding of the phenomenon of patient safety culture implementation at the Kimia Farma Kosambi Karawang Clinic.

In the qualitative phase, data was collected through in-depth interviews and participant observation with management and medical personnel directly involved in the service process. The information gathered focused on their experiences implementing safety procedures, perceptions of organizational culture, forms of management support, and the obstacles they faced. This data was then reduced, categorized, and analyzed thematically to uncover important patterns emerging in the field.

The quantitative phase used a questionnaire instrument based on the twelve dimensions of patient safety culture from the AHRQ, which include aspects such as safety perceptions, open communication, incident reporting, organizational learning, supervision, and management support. The questionnaire was distributed to 91 respondents consisting of medical and non-medical staff at the clinic. The collected data were statistically analyzed using SPSS software to produce a descriptive picture of the implementation of patient

safety culture from the respondents' perspectives.

The use of this sequential exploratory design allows for close integration of qualitative and quantitative data, allowing each finding to be tested for validity through both narrative experience and quantitative measurement. This ensures that the results obtained are scientifically sound and practically relevant.

3. RESULTS AND DISCUSSION

Implementation of safety culture (*safety culture*) at the Kimia Farma Kosambi Karawang Clinic shows varying levels of development, with a number of aspects already running well but still facing challenges that hinder optimal implementation. *Mixed methods.* This study provides a comprehensive overview of the condition of safety culture in the clinic, both through qualitative narratives from interviews and observations, as well as quantitative data from questionnaire results based on the twelve dimensions of patient safety according to AHRQ (Sorra & Nieva, 2004).

Quantitatively, the implementation of patient safety culture is demonstrated by high average scores on indicators such as X1.3 and X1.4, with a mean of 4.47, a median of 5.00, and standard deviations of 0.776 and 0.681, respectively. This represents consistency in the implementation of safety procedures and adequate training for medical personnel. This indicates that most staff feel they are equipped with sufficient skills to carry out their tasks with patient safety in mind. These results are in line with the findings of the study.*Flin et al.*(2006) who stated that ongoing safety training is very important to create a strong perception of safety in health care units.

However, indicators were also found that showed negative perceptions regarding safety. Indicators X1.1 and X1.2 had means of only 1.50 and 1.60, respectively, and a median of 1.00, indicating that some staff still feel that safety is not a priority within the organization. This echoes the warning from *Snow and Sand* (2003), that weak attention to safety from the managerial side has the potential to create an organizational culture that is permissive towards risk, and can worsen the frequency of unexpected events (*adverse events*).

In terms of incident reporting, the results of this study are quite encouraging. Indicators X1.7 and X1.8, which measure openness and safety in reporting incidents, obtained means of 4.63 and 4.80, respectively, with a median of 5.00 and low standard deviations (0.718 and 0.407). These data indicate that the incident reporting system is considered transparent and does not penalize reporters. This finding strengthens the argument from *AHRQ* (2001), who emphasized the importance of a non-punitive reporting system to strengthen a safety culture. *Reason* (1995) also emphasized that human error is not the sole source of safety incidents, but is often the result of systemic failures that should have been detected through early reporting.

In terms of staff perceptions of patient safety, the majority of respondents expressed a positive view. Indicators X2.1, X2.3, X2.4, and X2.8 had high means and medians, approaching the maximum values on the Likert scale, reflecting a high level of staff concern for patient safety in carrying out their daily tasks. This was reinforced by interview results, which indicated that staff were accustomed to confirming patient identity, maintaining equipment cleanliness, and adhering to standard operating procedures (SOPs). These results support the opinion of *Halligan*(2011), who stated that safety culture is formed from a combination of positive individual perceptions, team support, and overall organizational

strengthening.

Meanwhile, management support for patient safety still has room for improvement. Quantitatively, management support indicators such as X4.3 and X4.8 recorded means of 4.67 and 4.73, respectively, with a median of 5.00 and a standard deviation below 0.67, indicating a positive perception of management involvement. However, other dimensions, such as direct leadership involvement in safety audits and safety training, found less than optimal results. This is in line with *Andelia, Silaban, & Syahri*(2023) who explained that the active role of leadership, not only in decision-making but also in technical safety activities, is an important indicator of a mature safety culture.

On the other hand, there are several inhibiting factors in implementing a safety culture. Research shows that staff still face obstacles in reporting incidents due to fear of being blamed, limited time for training, and a lack of cross-unit communication. This phenomenon aligns with the explanation. *Abeje dan Luo*(2023), which underscores that a culture of blame and minimal management involvement will reduce staff openness in reporting potential risks. Limited facilities also emerge as an operational barrier, particularly during peak hours or when patient volumes increase sharply, as noted in the 2022–2024 patient visit reports.

However, there are also several factors that strengthen the formation of a safety culture. Local values such as friendly, which reflects a friendly, open and respectful attitude, plays a major role in creating a communicative and harmonious work atmosphere. According to *Hidayat and Hafiar* (2019), integrating local cultural values into an organization's internal communications can strengthen compliance with safety procedures and increase a sense of collective responsibility. Therefore, implementing strategies such as SBAR (Situation, Background, Assessment, Recommendation)-based communication training and reflective meetings will be more effective when adapted to the local social and cultural context.

In general, the success of the implementation *safety culture* Kimia Farma Clinic, Kosambi, Karawang, relies heavily on synergy between management and healthcare personnel to build an adaptive, learning-based system supported by effective communication. This aligns with the principles of*High Reliability Organizations* (Chassin & Loeb, 2013), which states that a service system that is able to maintain high performance in complex conditions is a system that practices continuous learning, openness, and collaboration without blaming individuals for systemic errors.

4. CONCLUSION

This research uses an approach *Mixed Methods Sequential Exploratory* which begins with collecting qualitative data through interviews and observations to explore the implementation of patient safety culture *(safety culture),* This was then followed by a quantitative survey to strengthen and measure perceptions more broadly. Based on the analysis of these two stages, the following conclusions were reached:

1. Implementation safety *culture* Kimia Farma Kosambi Clinic has implemented a structured approach through occupational safety training, consistent implementation of standard operating procedures (SOPs), easy-to-understand safety information delivery, and strengthening a safe and non-punitive incident reporting system. Open communication between management and staff is a crucial foundation for establishing a participatory and sustainable safety culture.
2. Staff have a very positive perception of patient safety. They prioritize safety as a key

aspect of their care, feel supported in reporting incidents without fear of repercussions, and rate safety training as effective and relevant. Safety procedures are consistently implemented, and communication among staff is open and supportive.

3. Management provides strong support for a culture of patient safety through clear policies, direct involvement in training and evaluation, and the provision of adequate resources. Management is also responsive to incidents, creates a safe and open work environment, and sets a clear example by leading by example in safety practices.
4. Identified inhibiting factors include limited equipment, time, and manpower, as well as psychological barriers such as hesitation and fear of being overreacted when reporting incidents. Cross-unit communication also has room for improvement to optimize interdepartmental coordination to support safety.
5. Reinforcing factors that support the achievement safety *culture* These include strong management commitment, ongoing safety training, a culture of transparency in reporting, respect for procedural compliance, strong team collaboration, individual awareness of risk, and leadership leadership's exemplary practice in directly implementing occupational safety principles. All of these factors are key strengths in creating a safe work environment focused on improving service quality.

5. SUGGESTION

Based on the findings and analysis of the implementation safety *culture* at the Kimia Farma Kosambi Clinic, the researcher provides several recommendations as follows:

1. It is recommended that management improve the effectiveness of cross-unit communication through regular forums, integration of electronic reporting systems between departments, and collaborative communication training. This is crucial to ensuring stronger coordination in supporting overall patient safety.
2. The limitations of tools, time, and labor need to be addressed through more efficient resource planning, redistribution of workloads, and provision of adequate safety support facilities to minimize potential work risks.
3. Management is expected to adopt an empathetic and supportive psychological approach to eliminate fear or hesitation in reporting incidents. This can be achieved through training on just culture, rewarding proactive reporting, and strengthening a truly non-punitive reporting system.
4. It is recommended that periodic evaluations be conducted regarding the extent to which patient safety culture has been implemented, either through internal surveys, service quality audits, or focus group discussions (FGDs) involving all levels of the organization.
5. Further research is recommended to be conducted in clinics or other healthcare facilities within the Kimia Farma network or outside the organization, to obtain a broader picture of best practices. *(best practices)* in building a culture of patient safety.

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