

Evaluation of the Implementation of Patient Safety Culture by Medical Personnel at the Amanah Jatisari Karawang Clinic

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Abstract

Introduction: Patient safety culture is a vital element in healthcare systems that aims to minimize incident risks and improve service quality. Amanah Jatisari Clinic, as a primary healthcare facility preparing for accreditation, requires an evaluation of the implementation of safety culture by medical personnel. Methods: This study applied a descriptive qualitative method with a case study design. Data were collected through in-depth interviews, non-participatory observations, and document analysis involving 12 healthcare workers including doctors, nurses, pharmacists, and midwives. The research instrument was based on the Hospital Survey on Patient Safety Culture (HSOPSC), and data were analyzed using descriptive and SWOT approaches. Results: The findings indicated that healthcare workers had a generally good perception of patient safety culture, particularly in openness and teamwork dimensions. However, the implementation of reporting and just culture was still suboptimal. Supporting factors included managerial commitment, internal training, and effective communication. Barriers involved staff shortages, high workload, and fear of sanctions. Discussion: SWOT analysis led to several strategic recommendations such as enhancing staff-awareness-based training, developing non-punitive reporting systems, and implementing consistent managerial policies. These results are expected to serve as a basis for continuous improvement of the patient safety culture system in primary healthcare services.

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1. INTRODUCTION

Patient safety culture is a fundamental component of quality healthcare services, emphasizing the prevention of medical errors and the continuous improvement of patient outcomes. In recent years, healthcare institutions worldwide have prioritized fostering a culture of safety among medical personnel to minimize risks, promote accountability, and ensure a patient-centered approach. This culture includes open communication, reporting systems for errors or near-misses, mutual respect among staff, and ongoing training.

At the Amanah Jatisari Karawang Clinic, a growing healthcare facility in West Java, Indonesia, the implementation of patient safety practices has become increasingly important amid rising patient volumes and expanding medical services. As a community-

based clinic, its ability to deliver safe and effective care is highly dependent on the commitment and behavior of its medical personnel. Therefore, evaluating how well the principles of patient safety culture are being understood, practiced, and maintained is essential.

This article aims to assess the extent to which medical personnel at the Amanah Jatisari Karawang Clinic have adopted and integrated patient safety culture into their daily practices. By identifying strengths, challenges, and areas for improvement, the evaluation seeks to support the clinic's continuous efforts to enhance healthcare quality and protect patient well-being. The findings may also offer insights for similar clinics striving to build a strong safety culture in their organizations.

Patient safety has become a pressing global issue in healthcare since the Institute of Medicine revealed shocking data in 1999 that medical errors cause between 44,000 and 98,000 deaths per year in the United States (Mulyati, 2016). In Indonesia, the increase in adverse events from 46.2% in 2007 to 63% in 2010 demonstrates the urgency of implementing a patient safety culture (Sumarni, 2017). Patient safety culture is understood as a system of values, beliefs, and behavioral patterns embedded within healthcare organizations to continuously reduce risks to patients (European Society, 2006; Fleming, 2012).

Amanah Jatisari Clinic, a first-level healthcare facility, is currently preparing for accreditation, which requires the implementation of a comprehensive patient safety system. However, the implementation of the six patient safety targets has not been optimal, particularly in terms of incident reporting, patient identification, and nurse accuracy, as indicated by data from interviews with clinic staff on October 12, 2024. This phenomenon highlights the importance of evaluating the safety culture implemented by medical personnel as the frontline of service. Based on this background, this study was conducted to evaluate the implementation of patient safety culture by medical personnel at Amanah Jatisari Clinic, Karawang.

2. METHOD

This research used a descriptive qualitative approach with a case study design, aiming to deeply understand the implementation practices of patient safety culture by medical personnel at the Amanah Jatisari Clinic. This method was chosen to explore the meanings, perceptions, and social dynamics occurring in the field, as recommended by Moleong (2017). The research location was at the Amanah Jatisari Clinic in Karawang and was conducted from June 12–20, 2025.

Data collection techniques included semi-structured in-depth interviews, non-participatory observation, and documentation. The interviews involved 12 participants, including doctors, nurses, midwives, and pharmacists, as described in the document: *"This study involved 12 participants from various professions at the Amanah Jatisari Karawang Clinic"*. The research instrument refers to the Hospital Survey on Patient Safety Culture (HSOPSC) developed by AHRQ (2004) by measuring 12 dimensions of safety culture, including a culture of openness, reporting, fairness, and learning.

The data obtained were analyzed descriptively and strengthened with a SWOT analysis to describe the strengths, weaknesses, opportunities, and threats in the implementation of patient safety culture.

3. RESULTS AND DISCUSSION

The research results show that medical personnel's perceptions of patient safety culture tend to be positive in terms of openness and teamwork. This is reflected in the statement: *"The results show that medical personnel's perception of patient safety culture is quite good, especially in the dimensions of openness and teamwork."* However, in terms of incident reporting and justice, this culture has not been fully implemented. Fear of sanctions and a culture of blame remain significant barriers.

Management support, internal training, and effective communication were identified as contributing factors. Conversely, staff shortages, high workloads, and a lack of outreach were key obstacles. This aligns with the findings of Ni Kadek Ari Krismayanti and Putu Ayu Indrayathi (2024), who stated that the implementation of a patient safety culture in community health centers is still suboptimal and there is a culture of blame in incident management.

The SWOT analysis conducted in this study yielded several strategies for strengthening safety culture, including the development of a non-punitive reporting system, awareness-based staff training, and consistency in managerial policies. These strategies align with those of Demuyakor Isaac et al. (2024), who found that limited reporting was often caused by fear of sanctions and poor coordination between units.

Furthermore, strong managerial support has been shown to be a driving force in implementing a safety culture. A study by Wijaya et al. (2024) found that a positive safety culture improves nurses' competence and encourages them to report incidents without fear of blame. This finding is further supported by Sebastian et al. (2023), who stated that *"Leadership, work environment, and organizational commitment have a significant influence on nurse performance"*.

Thus, this study concludes that the implementation of a patient safety culture at the Amanah Jatisari Clinic has shown progress, but still requires strengthening in the dimensions of fairness and reporting. These findings provide a basis for continuous improvement in preparation for accreditation and the creation of a safe and high-quality primary healthcare system.

4. CONCLUSION

Based on the results of the analysis and discussion carried out in the previous chapter, several conclusions were drawn according to the identification of problems and research objectives as follows:

1. Medical staff at the Aminah Jatisari Clinic have implemented most elements of a patient safety culture in their daily services. Practices such as inter-staff communication, incident reporting, and patient involvement in safety services are in place, although they are not yet fully optimized and are still incidental.
2. Management support for facilities and infrastructure is considered quite good, particularly in the provision of medical equipment and basic facilities. However, limited financial management is a major obstacle to supporting ongoing patient safety training and the procurement of other supporting technologies.
3. Supporting factors include individual commitment from medical personnel, basic training, and open communication between staff. Conversely, the dominant inhibiting factors are limited human resources, high workloads, a lack of an effective reporting system, and minimal regular management evaluations.

4. Medical personnel's perceptions of management commitment varied. Some felt management cared enough about patient safety, particularly in terms of providing facilities. However, most felt that management's attention had yet to address strategic aspects such as a culture of reporting without punishment. (*no blame culture*), regular training, and a reward system for safety reporting.
5. Recommendations put forward by medical personnel include: increasing training and education on patient safety, establishing a dedicated patient safety team, improving the incident reporting system, increasing cross-unit communication, and the need for regular evaluation of the implementation of a safety culture.

5. SUGGESTION

A. Recommendations for Amanah Jatisari Karawang Clinic

1. Improving the Incident Reporting System *on-Punitive*
Clinics need to strengthen their incident reporting culture by ensuring that medical staff feel safe and free from fear of sanctions when reporting incidents. Management can establish a patient safety team and implement an easily accessible and confidential reporting system.
2. Integrating Safety Culture with Clinical Quality Systems and Accreditation
Safety culture values need to be part of the performance indicators and quality systems that apply in the clinic, so that their sustainability is maintained along with efforts towards accreditation.
3. Increasing the Number of Medical Personnel and Managing the Workload
To prevent burnout and clinical errors due to high workloads, clinics need to evaluate the ratio of medical personnel to the number of patients and consider adding staff or improving work schedules.
4. Conducting Patient Safety Training Regularly
Internal training on safety culture, incident reporting, effective communication, and clinical risk management needs to be conducted continuously to ensure medical personnel are always updated and have a high awareness of safety standards.
5. Strengthening Management's Commitment to Patient Safety
Clinic management needs to be more active in showing support, for example through regular evaluation of the implementation of safety culture, open dialogue with staff, and providing feedback on incoming incident reports.

B. Recommendations for Further Research

1. Conducting Research on Health Facilities of Different Types and Scales
Research can be conducted in hospitals, community health centers, or clinics with different accreditation statuses so that the results can be compared and generalized more widely.
2. Using a Mixed Approach (*Mixed Method*)
A combination of qualitative and quantitative methods can provide a more comprehensive picture, both in terms of medical personnel's perceptions and from more objective numerical data.
3. Exploring Managerial and Technological Factors in Safety Culture
Future research could expand the focus on the influence of leadership, information technology, and quality management systems on the effectiveness of patient safety culture.

4. Measuring the Impact of Safety Culture on Clinical Indicators

Researchers can examine the extent to which the implementation of a safety culture influences the rate of incident occurrence, patient satisfaction, or quality of service quantitatively.

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