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Comparison of Patient Safety Culture Implementation at the Regional Public Hospital in Aceh Province

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Abstract

Background: Patient safety is a key indicator of healthcare quality and is a global concern. The implementation of patient safety culture in hospitals still faces various challenges, including communication, incident reporting, and managerial support. This paper aims to analyze the comparative implementation of patient safety culture in the Maternal and Child Hospital (RSIA) and Meuraxa Regional General Hospital (RSUD Meuraxa) in Banda Aceh.

Method: This paper uses a quantitative design with a descriptive analytical approach and cross-sectional method. The population of the study was all nurses at RSIA and RSUD Meuraxa with a sample size of 149 respondents each. The sampling technique used total sampling at RSIA and proportional random sampling at RSUD Meuraxa. The instrument used was the Hospital Survey on Patient Safety Culture (HSOPSC) version 2.0. Data analysis was performed univariately and bivariately using statistical tests according to data distribution. The results of the paper indicate that there is a difference in the average implementation of patient safety culture between the two hospitals, where RSIA has a higher average value than RSUD Meuraxa. However, this difference needs to be further analyzed statistically to determine its significance. In general, the teamwork and management support dimensions showed better results than the incident reporting and communication openness dimensions.

Results: The study involved 298 nurses, consisting of 149 nurses at the Aceh Province Women's Hospital (RSIA) and 149 nurses at the Meuraxa Regional General Hospital (RSUD Meuraxa). RSIA showed the highest score in the dimension of open communication (89.86), while RSUD Meuraxa scored the highest in the dimension of feedback and communication regarding errors (80.49). Both hospitals had the lowest scores in the dimensions of organizational learning and continuous improvement. The Mann–Whitney test results showed a significant difference in patient safety culture between the two hospitals ($Z = -3.498$; $p < 0.001$), with the mean rank of RSIA being higher than that of RSUD Meuraxa (166.96 vs. 132.04).

Conclusion: There are significant differences in patient safety culture between the Aceh Provincial Women's Hospital (RSIA) and Meuraxa Regional General Hospital (RSUD Meuraxa). The patient safety culture at RSIA is better than at RSUD Meuraxa, necessitating strengthening organizational learning and continuous improvement to optimize patient safety culture in both hospitals.

Keywords: Patient Safety, Safety Culture, Nurses, Hospitals, HSOPSC

1. Introduction

Patient safety is a key indicator of healthcare quality and a global issue that continues to receive serious attention. The World Health Organization reports that one in ten patients suffers an injury during hospital care, particularly in high-income countries, while in low- and middle-income countries, approximately 134 million adverse events occur annually, contributing to 2.6 million deaths (WHO, 2023). This situation demonstrates that patient safety is not merely a clinical issue but also a systemic challenge that requires a comprehensive and sustainable approach. Patient safety is defined as efforts to prevent and reduce the risk of errors and their adverse effects during the healthcare process (WHO, 2021) [13]. In practice, patient safety is closely linked to a service system capable of identifying risks, reporting incidents, and conducting continuous organizational learning. The classic report from the Institute of Medicine, published in To Err is Human, confirms that most medical errors are caused by system failures, not solely individual errors (Institute of Medicine, 2000). Therefore, a systems approach is key

to improving patient safety in healthcare facilities.

One of the critical components in achieving patient safety is a patient safety culture. This culture reflects the values, attitudes, perceptions, and behaviors of healthcare workers that support safe care practices. A strong safety culture is characterized by open communication, effective teamwork, management support, and a non-punitive incident reporting system (AHRQ, 2025; Murray *et al*., 2024). Conversely, a weak safety culture can lead to underreporting of incidents and an increased risk of adverse events.

In Indonesia, efforts to improve patient safety have been regulated through national policies, including the six Patient Safety Goals established by the Ministry of Health of the Republic of Indonesia (Kemenkes RI, 2022). However, the implementation of these policies across hospitals still shows variation. Data from the National Patient Safety Committee indicates that patient safety incidents remain quite high, reflecting the need to strengthen the culture of safety at the healthcare facility level (KKPRS, 2020).

At the regional level, hospitals in Aceh Province face various challenges in implementing a patient safety culture, such as limited human resources, high workloads, and a suboptimal incident reporting system. Meuraxa Regional General Hospital, as a type B referral hospital, and the Maternity and Child Hospital (RSIA) have different service characteristics, potentially impacting the implementation of a patient safety culture. Differences in organizational structure and service complexity can impact patient safety perceptions and practices in each hospital.

Previous studies have shown that individual, organizational, environmental, and communication factors play a crucial role in shaping patient safety culture (Ahmed *et al*., 2023; Yayehrad *et al*., 2024; Sosa-Palanca *et al*., 2022). However, comparative studies between hospitals, particularly in Aceh, are limited. Therefore, a study that describes and compares the implementation of patient safety culture in two hospitals with different characteristics is needed to obtain a more comprehensive picture.

Based on this description, this paper aims to analyze the comparative implementation of patient safety culture at the Meuraxa Regional Hospital (RSIA) and the Meuraxa Regional Hospital (RSUD) in Banda Aceh City. The results are expected to contribute to the development of strategies for improving the quality of healthcare services, particularly in strengthening a sustainable patient safety culture within the hospital environment.

2. Objective

The general objective of this paper is to determine and analyze the comparative implementation of patient safety culture in hospitals in Banda Aceh City. Specifically, this paper aims to identify the level of implementation of patient safety culture in Banda Aceh City's Maternity Hospital (RSIA), identify the level of implementation of patient safety culture in Meuraxa City's Regional General Hospital (RSUD) in Banda Aceh City, and analyze the differences in the implementation of patient safety culture between the two hospitals.

3. Methods

3.1 Writing Design

This paper uses a quantitative research design with a descriptive analytical cross-sectional method. The cross-sectional design was chosen because data collection was conducted at a specific point in time to assess and compare the implementation of patient safety culture in hospitals. Through this design, the author can identify differences and relationships between variables without intervening with the subjects of the study. This approach is considered appropriate for describing the actual condition of patient safety culture and analyzing variations in its implementation between RSIA Banda Aceh City and RSUD Meuraxa Banda Aceh City.

3.2 Sample Size and Sampling Techniques

The population in this paper is all nurses working at the Banda Aceh City Maternity Hospital (RSIA) and the Meuraxa City Regional General Hospital (RSUD) with a total of 473 people. The sample size was determined using a total sampling technique at the RSIA, namely all nurses who met the inclusion criteria were made respondents, amounting to 149 people. Meanwhile, at the Meuraxa Regional General Hospital, a proportional random sampling technique was used, where the number of samples was adjusted to the number of samples at the RSIA, namely 149 people, taken proportionally from each service unit.

The total sampling technique was chosen at RSIA because the population was relatively small and all members of the population could be reached by the author, thus providing a comprehensive picture. Meanwhile, the proportional random sampling technique at RSUD Meuraxa was used to ensure that each work unit was represented proportionally according to the number of nurses available, so that the results of the writing remained representative and could describe the condition of the population as a whole.

3.3 Data Collection Instruments

The data collection instrument used in this paper was a structured questionnaire consisting of two parts. The first part contains demographic data on respondents, including age, gender, education level, employment status, work unit, length of service, and experience participating in patient safety training. This section aims to describe the characteristics of the respondents who participated in the study.

The second section used the Hospital Survey on Patient Safety Culture (HSOPSC) version 2.0 instrument developed by the Agency for Healthcare Research and Quality (AHRQ). This instrument consists of several items that measure various dimensions of patient safety culture, such as teamwork, open communication, organizational learning, management support, frequency of incident reporting, and response to errors. Each item was measured using a Likert scale that reflects the respondent's level of agreement with or frequency of the behavior.

HSOPSC version 2.0 is an instrument widely used internationally and has undergone validity and reliability testing, including in the Indonesian context. Therefore, this instrument is considered suitable for measuring healthcare workers' perceptions of patient safety culture in hospitals and supports the comprehensive analysis presented in this paper.

3.4 Data Collection Process

The data collection process for this paper was carried out through several systematic stages, including preparation and implementation. During the preparation stage, the author first obtained permission from the educational institutions

and the hospitals where the study was conducted, namely the Banda Aceh City Women's and Children's Hospital (RSIA) and the Meuraxa City Regional Hospital (RSUD). Furthermore, the author prepared the writing instruments and coordinated with the enumerators who would assist in the data collection process.

During the implementation phase, the author and enumerators approached respondents who met the inclusion criteria to explain the purpose, benefits, and procedures of the study. Respondents who agreed to participate were asked to sign an informed consent form as a sign of their willingness to participate. Next, questionnaires were distributed to respondents to complete independently based on their circumstances and experiences.

After all questionnaires were collected, the author checked for completeness (editing), coded the data, and entered it into statistical software for further analysis. The entire data collection process was conducted while adhering to ethical writing principles, including maintaining respondent confidentiality and anonymity.

3.5 Data Analysis

The data analysis in this paper was conducted in two stages: univariate and bivariate analysis. Univariate analysis was used to describe the characteristics of respondents and the description of each variable. Data are presented in the form of frequency distributions, percentages, average values (means), and standard deviations to provide an overview of the implementation of patient safety culture in each hospital.

Next, a bivariate analysis was conducted to determine the differences in the implementation of patient safety culture between RSIA Banda Aceh City and RSUD Meuraxa Banda Aceh City. Prior to statistical testing, data normality was first tested using the Kolmogorov–Smirnov test. If the data were normally distributed ($p > 0.05$), an independent sample t-test was used. However, if the data were not normally distributed ($p < 0.05$), a nonparametric test, the Mann–Whitney test, was used.

Decision-making regarding the hypothesis writing is based on the significance value (p-value) with a 95% confidence level ($\alpha = 0.05$). If the p-value <0.05, then the null hypothesis is rejected, indicating a statistically significant difference between the two groups. Conversely, if the p-value >0.05, then the null hypothesis is accepted, indicating no significant difference in the implementation of patient safety culture between the two hospitals.

3.6 Ethical Considerations

This research has obtained ethical approval from the Ethics Committee of the Faculty of Nursing, Syiah Kuala University, with the ethics letter number valid prior to the writing process. The entire writing process was carried out with reference to the ethical principles of writing, namely respect for respondents' autonomy (respect for persons), ensuring confidentiality (confidentiality), and not causing harm (non-maleficence) to respondents.

Prior to data collection, the author provided prospective respondents with an explanation of the purpose, benefits, and procedures for writing the questionnaire, as well as their right to refuse or withdraw at any time without consequence. Respondents who agreed to participate were asked to sign an informed consent form after the explanation.

Furthermore, respondents' identities were not included in the questionnaire, and all data collected was kept confidential and used solely for the purposes of this research. Therefore, this research upholds ethical principles in health writing to protect the rights and well-being of respondents.

4. Results

This study involved 298 respondents, consisting of 149 nurses at the Banda Aceh City Women's and Children's Hospital (RSIA) and the Meuraxa City Hospital (RSUD Meuraxa). The results are presented in the form of univariate analysis.and bivariate to provide a comprehensive picture of the implementation of patient safety culture in both hospitals.

In univariate analysis, respondent characteristics showed variation based on age, gender, education level, length of service, and work unit. In general, most respondents were in the productive age group with a relatively long tenure, reflecting adequate work experience in nursing services.

Furthermore, univariate analysis of the main variables showed that the level of patient safety culture implementation in both hospitals varied. Some dimensions showed good scores, such as teamwork within the unit and management support, while others, such as open communication and incident reporting, still needed improvement.

In the bivariate analysis, a difference test was conducted to determine whether there was a significant difference in the implementation of patient safety culture between RSIA and RSUD Meuraxa. The statistical test results showed a difference in the mean patient safety culture scores between the two hospitals, although the level of significance needs to be interpreted based on the obtained p-value.

Overall, the results of this paper show that there are variations in the implementation of patient safety culture between the two hospitals, which can be the basis for developing strategies to improve the quality of service and patient safety in each institution.

4.1 Respondent Characteristics

Table 1: Distribusi Frekuensi Karakteristik Responden Penelitian di RSUD Meuraxa (n = 149) dan RSIA (n = 149)

No	Karakteristik	RSUD Meuraxa		RSIA	
		F	%	F	%
1	**Jenis Kelamin**				
	Laki-laki	22	14.0	0	0.0
	Perempuan	127	85.0	149	100
2	**Pendidikan Terakhir**				
	Diploma-III Keperawatan	94	63.0	46	39.0
	Diploma-IV Keperawatan	2	1.3	1	7.0
	Sarjana	53	35.0	102	68.0
3	**Status Pekerjaan**				
	PNS	12	8.1	57	38.0
	PPPK	103	69.1	87	53.0
	Kontrak/Bakti	34	22.8	12	8.0
4	**Mengikuti Pelatihan *Patient Safety***				
	Ya	143	96	149	100
	Tidak	6	4	0	0

Based on Table 1, the majority of respondents at Meuraxa Regional Hospital and RSIA were female, with a proportion of 85.0% at Meuraxa Regional Hospital and 100% at RSIA. Educational levels showed a difference, with Meuraxa Regional Hospital dominated by D-III Nursing graduates (63.0%), while RSIA was dominated by Bachelor's degree

graduates (68.0%). The most common employment status in both hospitals was PPPK, with 69.1% at Meuraxa Regional Hospital and 53.0% at RSIA. Furthermore, almost all respondents at both hospitals had attended training, with 96.0% at Meuraxa Regional Hospital and 100% at RSIA.

Table 2: Sample Proportion in RSIA in 2025

No.	Inpatient Room	N	n
1	Internal Medicine Room	19	19
2	Children's Room	19	19
3	VIP Room	18	18
4	Obstetrics Room	21	21
5	Internal Medicine Polyclinic	8	8
6	Lung Polyclinic	6	6
7	Children's Clinic	5	5
8	Surgical Polyclinic	7	7
9	Eye Clinic	8	8
10	Neurology Polyclinic	9	9
11	Skin Poly	7	7
12	Oncology Clinic	8	8
13	ENT Clinic	7	7
14	Nutrition Polyclinic	7	7
	Total	**149**	**149**

Table 3: Respondent Characteristics Based on Work Units at Regional General Hospital Meuraxa (n = 149)

No	Characteristics	Meuraxa Regional Hospital	
		F	%
1	**Work unit**		
	Az Zahra 1	7	4.7
	Az Zahra 2	8	5.4
	Az Zahra 3	9	6.0
	The beneficent	6	4.0
	Safa	6	4.0
	Marwah	8	5.4
	ICU 1	10	6.7
	ICU 2	9	6.0
	ICCU	9	6.0
	NICU	6	4.0
	TRIGGER	4	2.7
	Raudhah	7	4.7
	Al Bayan 1	7	4.7
	Al Bayan 2	6	4.0
	Al Bayan 3	6	4.0
	Arafah	9	6.0
	Humaira	8	5.4
	At Tin	6	4.0
	List	6	4.0
	New Isolation	4	2.7
	Al Huda	8	5.4
Total		**149**	**100%**

Table 2 shows that of the 149 respondents working at the RSIA, there were more nurses working in the Obstetrics Room compared to other rooms, as many as 21 people (14.1%), followed by the Children's Room and VIP Room as many as 18 people (12.1%), and the room with the fewest number of nurses was the Children's Polyclinic Room as many as 5 people (3.4%).

4.2 Data on Patient Safety Implementation at Maternity and Children's Hospitals

Table 4: Patient Safety Implementation Data at Maternity and Child Hospitals

No	Data	N	Mean	Median	Elementary School
1	**Dimension 1**	149	62.37	60.00	16.85
2	**Dimension 2**	149	66.44	65.00	16.47
3	**Dimension 3**	149	58.74	53.33	19.11
4	**Dimension 4**	149	59.32	60.00	14.79
5	**Dimension 5**	149	72.84	73.33	8.87
6	**Dimension 6**	149	77.36	80.00	15.45
7	**Dimension 7**	149	89.86	95.00	12.24
8	**Dimension 8**	149	78.05	80.00	19.54
9	**Dimension 9**	149	70.06	73.33	10.81
10	**Dimension 10**	149	64.74	66.66	15.25

Based on Table 4, the results of the analysis of 149 nurses at the Aceh Province Maternity and Child Hospital show that the implementation of patient safety culture has variations in each dimension measured using the HSOPSC 2.0 instrument. The dimension with the highest average value is openness of communication (Dimension 7) with a mean value of 89.86 ± 12.24, followed by the frequency of reported incidents (Dimension 8) with a mean of 78.05 ± 19.54, and feedback and communication regarding errors (Dimension 6) with a mean of 77.36 ± 15.45. These results indicate that open communication, incident reporting, and providing feedback related to patient safety have been well implemented at the Aceh Province Maternity and Child Hospital.

In contrast, the lowest average score was found in organizational learning and continuous improvement (Dimension 3) with a mean of 58.74 ± 19.11, followed by management support for patient safety (Dimension 4) at 59.32 ± 14.79, and teamwork within the unit (Dimension 1) at 62.37 ± 16.85. These findings indicate that aspects of organizational learning, management support, and teamwork still have lower achievements compared to other dimensions.

Meanwhile, the dimensions of supervisor expectations and actions in promoting patient safety (Dimension 2) obtained an average value of 66.44 ± 16.47, the overall perception of patient safety (Dimension 5) was 72.84 ± 8.87, teamwork across units (Dimension 9) was 70.06 ± 10.81, and the response without punishment to errors (Dimension 10) was 64.74 ± 15.25. Overall, these results indicate that the patient safety culture at the Aceh Provincial Hospital for Women and Children (RSIA) has been implemented quite well, although several dimensions, especially organizational learning and continuous improvement, still require attention to support the strengthening of the patient safety culture.

Table 5: Patient Safety Implementation Data at Meuraxa Regional General Hospital

No	Data	N	Mean	Median	Standard Deviation
1	**Dimension 1**	149	73.37	80.00	14.91
2	**Dimension 2**	149	59.86	55.00	14.44
3	**Dimension 3**	149	57.44	60.00	13.32
4	**Dimension 4**	149	61.94	65.00	15.36
5	**Dimension 5**	149	73.37	73.33	11.13
6	**Dimension 6**	149	80.49	80.00	11.62
7	**Dimension 7**	149	75.83	80.00	16.23
8	**Dimension 8**	149	63.62	70.00	23.34
9	**Dimension 9**	149	70.73	73.33	12.98
10	**Dimension 10**	149	57.80	60.00	15.03

Based on Table 5, the results of the analysis of 149 nurses at Meuraxa Regional Hospital show that the implementation of patient safety culture varies in each dimension measured using the HSOPSC 2.0 instrument. The dimension with the highest average value is feedback and communication regarding errors (Dimension 6) with a mean value of 80.49 ± 11.62, followed by openness of communication (Dimension 7) of 75.83 ± 16.23, as well as teamwork within the unit (Dimension 1) and overall perception of patient safety (Dimension 5) which each have a mean value of 73.37, with standard deviations of 14.91 and 11.13, respectively.

Meanwhile, the teamwork dimension across units (Dimension 9) obtained an average value of 70.73 ± 12.98, followed by the frequency of reported incidents (Dimension 8) of 63.62 ± 23.34, management support for patient safety (Dimension 4) of 61.94 ± 15.36, and supervisor expectations and actions in promoting patient safety (Dimension 2) of 59.86 ± 14.44.

The lowest average score was found in organizational learning and continuous improvement (Dimension 3) with a mean of 57.44 ± 13.32, followed by non-punitive response to errors (Dimension 10) with a mean of 57.80 ± 15.03. Overall, these results indicate that the communication aspect related to patient safety has obtained a relatively higher score compared to other dimensions, while organizational learning and non-punitive response to errors still have the lowest average score at Meuraxa Regional Hospital.

Table 6: Comparison Results of Patient Safety Implementation in Each Hospital in Aceh Province

Mann Whitney Test		
Comparison of Patient Safety in Each Hospital		
Grouping Variable	**Mother and Child Hospital**	**Hospital Meuraxa**
Mean	166.96	132.04
Z	-3.498	
Asymp. Sig (2-tailed)	0.000	

Based on the Mann–Whitney test results in Table 6, the mean rank value for the implementation of patient safety culture at the Aceh Province Maternity Hospital was 166.96, while at the Meuraxa Regional Hospital it was 132.04. These results indicate that the implementation of patient safety culture at the Aceh Province Maternity Hospital had a higher average rank compared to the Meuraxa Regional Hospital.

The results of the statistical analysis showed a Z value of -3.498 with Asymp. Sig. (2-tailed) = 0.000 ($p < 0.05$). This significance value indicates that there is a significant difference in the implementation of patient safety culture between the Aceh Province Maternity Hospital and Meuraxa Regional General Hospital. Thus, the alternative hypothesis (Ha) is accepted and the null hypothesis (H_0) is rejected. This finding indicates that the implementation of patient safety culture at the Aceh Province Maternity Hospital is significantly better than at Meuraxa Regional General Hospital.

5. Discussion

The results of the study indicate that patient safety culture at the Aceh Province Women's and Children's Hospital (RSIA) has been implemented quite well. The dimension of open communication obtained the highest average score (89.86), followed by the frequency of reported incidents (78.05) and feedback and communication regarding errors (77.36). These findings indicate that nurses at RSIA have a tendency to convey information regarding patient conditions, report safety incidents, and provide feedback on incidents that occur. Open communication is a key component in building a patient safety culture because it allows healthcare workers to raise issues without fear, allowing errors to be identified early and prevented from causing greater impact (Lee & Jang, 2023).

The results of this study align with those of Lee and Jang (2023), who found that effective communication between healthcare professionals, a supportive work environment, and nurse professionalism were significantly associated with improved patient safety culture. The better the communication between healthcare professionals, the greater the organization's ability to identify risks, improve service coordination, and prevent patient safety incidents (Lee & Jang, 2023).

However, the organizational learning and continuous improvement dimension received the lowest average score (58.74). This result indicates that the patient safety incident evaluation process has not been fully utilized as a basis for improving the service system. According to the Agency for Healthcare Research and Quality (AHRQ, 2022) [1], organizations with a strong safety culture not only encourage incident reporting but also ensure each incident is analyzed through an organizational learning process, resulting in changes to service policies and procedures. The low score on this dimension indicates the need to strengthen evaluation mechanisms, patient safety audits, and follow-up on each incident.

From the perspective of Imogene King's Goal Achievement Theory, communication is an interactive process that enables transactions between nurses, patients, and management to achieve shared goals. The high level of open communication at RSIA indicates that the processes of perception, communication, and transactions have been running well, supporting the achievement of the organization's goal of providing safe services. However, the low level of organizational learning indicates that the results of this communication have not been fully integrated into continuous system improvement.

Implementation of Patient Safety Culture at Meuraxa Regional Hospital

At Meuraxa Regional Hospital, the feedback and communication dimension regarding errors received the highest average score (80.49), followed by openness of communication (75.83), and teamwork within the unit and overall perception of patient safety, each with an average

score of 73.37. These findings indicate that the error feedback mechanism has been operating relatively well, providing healthcare workers with information about incidents and preventative measures. Effective feedback is an important strategy in enhancing patient safety culture because it provides healthcare workers with the opportunity to improve care practices based on previous experiences (AHRQ, 2022) [1].

However, the organizational learning and continuous improvement dimension (57.44) and the non-punitive response to errors (57.80) were the two dimensions with the lowest scores. These results indicate that some healthcare workers still feel anxious about the consequences of reporting errors, resulting in a suboptimal incident reporting process. This situation can hinder the development of a reporting culture, a key element of patient safety culture. Research by Vikan *et al*. (2023) states that a blame culture is associated with low incident reporting and an increased risk of adverse events because healthcare workers tend to be reluctant to report errors.

Furthermore, the low score on organizational learning indicates that incident reporting results have not been optimally utilized as a basis for improving service quality. Carvalho *et al*. (2023) explain that organizations with a good safety culture consistently integrate incident reporting, root cause analysis, organizational learning, and implementation of corrective actions as a continuous cycle. Therefore, Meuraxa Regional General Hospital needs to strengthen its organizational learning system through regular evaluations, patient safety training, and the implementation of a just culture so that healthcare workers feel safe reporting errors.

According to Imogene King's Goal Achievement Theory, organizational success is influenced by the quality of interaction and communication among members. Low scores on the organizational learning dimension and non-punitive responses to errors indicate that the transaction process between healthcare workers and management is not optimal, thus the shared goal of improving patient safety has not been fully achieved.

Differences in Patient Safety Culture between Aceh Provincial Maternity Hospital and Meuraxa Regional Hospital

The Mann–Whitney test results showed a significant difference in patient safety culture between the Aceh Provincial Hospital and Meuraxa Regional Hospital ($Z = -3.498$; $p < 0.001$). The mean rank of the Aceh Provincial Hospital (166.96) was higher than that of Meuraxa Regional Hospital (132.04), indicating that the implementation of patient safety culture at the Hospital was better overall.

These differences can be influenced by various organizational factors, including leadership, communication, management support, teamwork, and the implementation of patient safety systems. Lee and Jang (2023) explain that a work environment that supports open communication, effective leadership, and nurse professionalism are important determinants in building a patient safety culture. Furthermore, Vikan *et al*. (2023) report that hospitals with a better safety culture have lower adverse event rates, higher service quality, and greater healthcare worker satisfaction.

The findings of this study indicate that although both hospitals performed well on several dimensions, they still share weaknesses in the dimensions of organizational learning and continuous improvement. This indicates that their patient safety culture has not yet fully developed into a learning culture capable of transforming every incident into an opportunity for system improvement. Therefore, both hospitals need to strengthen incident evaluation, develop a non-punitive reporting system, increase leadership involvement in patient safety programs, and conduct ongoing training.

These findings also support Imogene King's Goal Achievement Theory, which states that organizational goal achievement is strongly influenced by the processes of perception, communication, interaction, and transactions between individuals. Higher safety culture scores at RSIA indicate that communication and interaction between nurses, ward heads, and management have been more effective, making it easier to achieve the organization's goal of providing safe services. Conversely, lower scores at RSUD Meuraxa indicate the need to strengthen communication, leadership, and organizational learning so that a patient safety culture can develop optimally.

6. Conclusion

This study shows that patient safety culture has been implemented at the Aceh Provincial Hospital (RSIA) and Meuraxa Regional Hospital (RSUD Meuraxa), but there are still variations in each dimension measured using the HSOPSC 2.0 instrument. At the Aceh Provincial Hospital (RSIA), the openness of communication dimension received the highest score, while at the Meuraxa Regional Hospital, the feedback and communication regarding errors dimension received the highest score. At both hospitals, the organizational learning and continuous improvement dimension received the lowest score, indicating that the learning process from patient safety incidents and system improvement efforts still need to be optimized.

The Mann–Whitney test results showed a significant difference in patient safety culture between the Aceh Provincial Hospital and Meuraxa Regional Hospital ($p < 0.001$), with the mean rank of the Aceh Provincial Hospital being higher than that of the Meuraxa Regional Hospital. This finding indicates that the implementation of patient safety culture at the Aceh Provincial Hospital is better than at the Meuraxa Regional Hospital. Therefore, it is necessary to strengthen management commitment, develop an organizational learning culture, implement a non-punitive incident reporting system, and improve communication and collaboration among healthcare professionals to strengthen the patient safety culture and improve the quality of services at both hospitals.

7. Recommendations

Based on the findings of this paper, several recommendations can be made to improve the implementation of patient safety culture in hospitals. First, hospital management is expected to strengthen its commitment to patient safety through the development of clear policies, increased supervision, and regular evaluation of the implementation of patient safety culture in each work unit.

Second, ongoing and equitable patient safety training is needed for all healthcare workers, particularly nurses, to improve knowledge, skills, and awareness in preventing patient safety incidents. Third, hospitals need to improve open and effective communication systems among

healthcare workers, including encouraging a culture of fearless incident reporting (non-punitive reporting system), so that every incident can be used as a learning experience for system improvement.

Fourth, future authors are advised to develop broader research, including other organizational variables such as leadership, workload, and work environment, and to employ more diverse writing methods, such as qualitative or mixed methods approaches, to obtain a more comprehensive picture. With these recommendations, it is hoped that hospitals can improve the quality of healthcare services and create a safer environment for patients.

8. Thank-You Note

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