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## DETERMINANTS OF PATIENT SAFETY IMPLEMENTATION IN INPATIENT UNITS: A QUANTITATIVE STUDY ON THE ROLE OF ATTITUDE, COMMUNICATION, AND SAFETY CULTURE AT ROYAL PRIMA HOSPITAL

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### Abstrak

Keselamatan pasien merupakan indikator utama dalam mutu pelayanan rumah sakit, khususnya di ruang rawat inap yang memiliki risiko tinggi terjadinya kejadian tidak diinginkan. Pelaksanaan keselamatan pasien dipengaruhi oleh berbagai faktor, termasuk komunikasi interpersonal, motivasi, sikap, pengetahuan, dan budaya keselamatan. Penelitian ini bertujuan untuk menganalisis pengaruh faktor-faktor tersebut terhadap pelaksanaan keselamatan pasien serta mengidentifikasi variabel yang paling dominan. Penelitian ini menggunakan metode kuantitatif dengan desain potong lintang. Populasi penelitian adalah seluruh perawat ruang rawat inap di Rumah Sakit Umum Royal Prima Medan, dengan jumlah sampel sebanyak 246 responden yang diambil menggunakan teknik total sampling. Data dikumpulkan melalui kuesioner dan dianalisis secara univariat, bivariat menggunakan uji Chi-Square, serta multivariat. Hasil penelitian menunjukkan bahwa komunikasi interpersonal, motivasi, sikap, pengetahuan, dan budaya keselamatan pasien berpengaruh signifikan terhadap pelaksanaan keselamatan pasien ( $p < 0,05$ ). Analisis multivariat menunjukkan bahwa sikap merupakan faktor yang paling dominan, dengan pengaruh yang lebih kuat dibandingkan variabel lainnya dalam menjelaskan pelaksanaan keselamatan pasien. Penelitian ini menyimpulkan bahwa seluruh variabel independen berpengaruh signifikan, dengan sikap sebagai faktor utama yang perlu mendapat perhatian dalam upaya peningkatan keselamatan pasien.

Kata Kunci: Keselamatan Pasien; Penerapan Keselamatan Pasien; Komunikasi Antarpersonal; Motivasi; Budaya keselamatan

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### Abstract

Patient safety is a key indicator of healthcare quality, particularly in inpatient units where the risk of adverse events is relatively high. The implementation of patient safety is influenced by several factors, including interpersonal communication, motivation, attitude, knowledge, and safety culture. This study aimed to analyze the influence of these factors on patient safety implementation and to identify the most dominant variable. A quantitative method with a cross-sectional design was employed. The study population consisted of all inpatient nurses at Royal Prima General Hospital Medan, with a total sample of 246 respondents selected using total sampling. Data were collected through questionnaires and analyzed using univariate analysis, bivariate analysis with the Chi-Square test, and multivariate analysis. The results showed that interpersonal communication, motivation, attitude, knowledge, and safety culture had a significant effect on patient safety implementation ( $p < 0.05$ ). Multivariate analysis revealed that attitude was the most dominant factor, demonstrating a stronger influence compared to other variables in explaining patient safety implementation. In conclusion, all independent variables significantly affect patient safety implementation, with attitude as the key factor that should be prioritized to improve patient safety.

**Keywords:** Patient Safety; Patient Safety Implementation; Interpersonal Communication; Motivation; Safety Culture

### INTRODUCTION

Patient safety is a fundamental indicator of healthcare quality in hospitals, particularly in inpatient units where the risk of adverse events is relatively high due to continuous clinical procedures and intensive interactions between healthcare providers and patients. Patient safety is defined as a systematic approach to making patient care safer through risk assessment, identification and management of potential hazards, incident reporting, and the implementation of preventive strategies (Salawati, 2020). Globally, patient safety continues to be a major concern, as unsafe care contributes significantly to morbidity and mortality. The World Health Organization reported that millions of patients experience preventable harm each year in hospital settings (World Health Organization, 2021). In Indonesia, patient safety has been established as a national priority in efforts to improve healthcare quality (Ulva, 2023). However, the implementation of patient safety practices remains inconsistent, particularly in inpatient settings where high workload and time constraints may hinder compliance with established safety protocols (Hernawati et al., 2021).

Previous studies have identified several factors influencing the implementation of patient safety, particularly those related to healthcare workers' characteristics and work environment. Interpersonal communication plays a crucial role in ensuring accurate information exchange and minimizing the risk of medical errors (Endriani, 2024).



Effective communication among healthcare professionals and patients has been shown to improve safety outcomes and patient satisfaction (Abqa, 2023). In addition, motivation is an important determinant, as highly motivated healthcare workers tend to demonstrate better performance and adherence to safety standards (Endriani, 2024). Attitude toward patient safety is also a critical factor, as a positive attitude can foster a supportive work environment and enhance compliance with safety procedures (Kartika, 2019). Furthermore, adequate knowledge of patient safety principles is essential for proper implementation, while a strong patient safety culture promotes shared commitment and accountability in maintaining safe practices (Aminayanti, 2021; Mualimah, 2021).

Despite the growing body of literature on patient safety, several gaps remain. While previous studies have explored individual factors such as communication, motivation, and knowledge, limited research has quantitatively examined the relative contribution of these variables within a comprehensive analytical model. In particular, the role of attitude and patient safety culture as potentially dominant factors in influencing patient safety implementation in inpatient settings has not been sufficiently investigated. Moreover, many studies tend to analyze these determinants in isolation, thereby limiting a holistic understanding of how these factors interact and which variable exerts the greatest influence on patient safety practices.

Therefore, this study aims to analyze the influence of interpersonal communication, motivation, attitude, knowledge, and patient safety culture on the implementation of patient safety in inpatient units. In addition, this study seeks to identify the most dominant factor affecting patient safety practices among nurses. The research was conducted at Royal Prima General Hospital Medan, based on preliminary findings indicating that although nurses generally understand the importance of patient safety, challenges persist in its consistent implementation. These challenges include high workload, limited time, and variations in individual understanding and application of safety culture. Previous reports also indicate an increase in patient safety incidents, including potential injury events and nosocomial infections, highlighting the need for further investigation (Putri, 2024; Raymond et al., 2022).

It is hypothesized that interpersonal communication, motivation, attitude, knowledge, and patient safety culture significantly influence the implementation of patient safety in inpatient settings, with attitude expected to be the most dominant factor. A positive attitude toward patient safety is believed to strengthen adherence to safety procedures and improve responsiveness to potential risks (Kartika, 2019). In addition, a strong safety culture can enhance teamwork, accountability, and commitment to quality care (Aminayanti, 2021). Understanding the interaction among these factors is essential for developing effective strategies to improve patient safety practices. Therefore, this study is expected to provide evidence-based recommendations for strengthening patient safety culture and improving healthcare service quality in hospitals (World Health Organization, 2021).



## LITERATURE REVIEW

Patient safety is a fundamental component of healthcare quality and has become a global priority in hospital services. It refers to a systematic approach to ensuring that patient care is delivered safely by minimizing risks and preventing harm caused by medical errors or negligence (Salawati, 2020; Mualimah et al., 2021). This concept encompasses risk assessment, incident reporting, and continuous quality improvement processes aimed at reducing adverse events and enhancing patient outcomes. Previous studies emphasize that patient safety is not only an operational requirement but also a key indicator of healthcare service quality (Rachmawati, 2023). Furthermore, the concept highlights prevention, early detection, and effective management of potential risks within healthcare systems (Fitria, 2025). These perspectives indicate that patient safety must be systematically integrated into clinical practice, particularly in inpatient settings where patients are exposed to continuous interventions and a higher risk of safety incidents.

The implementation of patient safety in hospitals is guided by standardized indicators established by national and international organizations. These include accurate patient identification, effective communication, medication safety, correct surgical procedures, infection prevention, and fall risk reduction (Peraturan Menteri Kesehatan RI, 2017; Komisi Akreditasi Rumah Sakit, 2017). Among these indicators, communication is frequently identified as a critical determinant, as communication failures remain one of the leading causes of patient safety incidents. Empirical evidence shows that clear, accurate, and timely communication among healthcare workers significantly reduces medical errors and improves patient outcomes (Widuri, 2020). However, despite the availability of standardized guidelines, inconsistencies in implementation persist, suggesting that compliance is influenced not only by institutional policies but also by individual and organizational factors.

Interpersonal communication has been widely recognized as a key factor influencing patient safety implementation. It involves direct interaction between individuals, including message exchange, feedback, and mutual understanding (Citra et al., 2022; Cut, 2023). Effective communication facilitates coordination, minimizes misunderstandings, and strengthens teamwork among healthcare professionals (Safitri, 2021). According to DeVito's communication theory, effective interpersonal communication includes openness, empathy, supportiveness, positiveness, and equality (Pangesti, 2024). In the context of patient safety, these elements are essential to ensure accurate transmission of clinical information and to prevent errors. Nevertheless, previous studies tend to emphasize the importance of communication without sufficiently examining how it interacts with other behavioral and organizational factors, thereby limiting a comprehensive understanding of its role in patient safety implementation.

In addition to communication, internal factors such as motivation, attitude, and knowledge play a crucial role in shaping healthcare workers' behavior. Motivation is defined as an internal drive that directs individuals toward achieving specific goals and



influences their performance and commitment (Muslih, 2020; Rahmawati, 2020). Studies have shown that highly motivated healthcare workers are more likely to adhere to safety standards and demonstrate proactive behavior. Attitude is another critical determinant, reflecting an individual's perception and readiness to respond to patient safety issues (Swarjana, 2022). A positive attitude has been associated with higher compliance with safety procedures, whereas negative attitudes may increase the likelihood of errors (Hernawati et al., 2021). Knowledge is also essential, as it enables healthcare workers to understand and apply patient safety principles effectively in clinical practice (Pakpahan et al., 2021; Syapitri et al., 2021). However, most previous studies have examined these factors independently, without assessing their relative contribution within a unified analytical framework.

Patient safety culture represents an organizational factor that significantly influences the implementation of safety practices. It refers to shared values, beliefs, and norms that support safe behavior and promote accountability among healthcare workers (AHRQ, 2024). A strong safety culture encourages open communication, non-punitive responses to errors, teamwork, and continuous learning from incidents (Ekawardani et al., 2022). Empirical studies indicate that hospitals with a positive safety culture tend to have lower rates of adverse events and improved patient outcomes (Kartikasari et al., 2023). Measurement tools such as the Hospital Survey on Patient Safety Culture have been widely used to assess organizational commitment to safety and identify areas for improvement (Tambajong et al., 2022). Despite its recognized importance, limited research has quantitatively compared the influence of safety culture with individual factors such as attitude and motivation, particularly in inpatient settings.

Inpatient care settings play a critical role in healthcare delivery, as they involve continuous monitoring, treatment, and interaction between patients and healthcare providers. These settings require strict adherence to safety standards due to the complexity of care and the vulnerability of patients (Permenkes, 2020). The quality of inpatient services is influenced by multiple factors, including healthcare workers' competence, availability of facilities, and adherence to safety protocols. While previous studies have identified various determinants of patient safety, they often adopt a fragmented approach by focusing on individual variables rather than examining their combined effects. This limitation creates a gap in understanding the relative contribution and interaction of interpersonal communication, motivation, attitude, knowledge, and patient safety culture in influencing patient safety implementation.

Therefore, this study adopts an integrated approach to analyze the combined influence of these factors and to identify the most dominant determinant of patient safety implementation in inpatient units. By addressing the limitations of previous research, this study aims to provide a more comprehensive understanding of the factors affecting patient safety and to contribute to the development of evidence-based strategies for improving healthcare quality.



## RESEARCH METHODS

This study employed a quantitative approach using a cross-sectional design to examine the influence of interpersonal communication, motivation, attitude, knowledge, and patient safety culture on the implementation of patient safety. Quantitative research enables systematic investigation through numerical data analysis to identify relationships among variables and generate generalizable findings (Gnawali, 2022). The cross-sectional design allows data to be collected at a single point in time to assess the association between independent and dependent variables (Sofya et al., 2024). The study was conducted at Royal Prima General Hospital Medan, Indonesia. The unit of analysis consisted of nurses working in inpatient units, as they are directly involved in patient safety practices. The total population comprised 246 nurses, and a total sampling technique was applied, meaning that all members of the population were included as respondents (Sugiyono, 2022). This approach ensured comprehensive representation and minimized sampling bias.

Data were collected using a structured questionnaire designed to measure each study variable based on established theoretical indicators. The instrument employed a Likert scale to assess respondents' perceptions and behaviors related to interpersonal communication, motivation, attitude, knowledge, patient safety culture, and patient safety implementation. Prior to data collection, the questionnaire was tested for validity using product-moment correlation and for reliability using Cronbach's alpha, with a threshold value of  $>0.60$  indicating acceptable internal consistency (Ghozali, 2024). Interpersonal communication was measured based on openness, empathy, supportiveness, positiveness, and equality dimensions. Motivation was assessed through indicators of work encouragement, commitment, and achievement orientation. Attitude was measured through nurses' perceptions and readiness to implement patient safety procedures. Knowledge included understanding of patient safety principles and clinical safety standards. Patient safety culture was evaluated through teamwork, communication openness, and organizational support dimensions. All variables were measured using Likert-scale questionnaire items adapted from previous validated studies.

Data analysis was performed using statistical software. Univariate analysis was conducted to describe the distribution of each variable. Bivariate analysis using the Chi-Square test was applied to examine the association between independent variables and patient safety implementation. Variables with p-values less than 0.25 in the bivariate analysis were subsequently included in the multivariate model to avoid the exclusion of potentially relevant predictors at an early stage, as recommended in regression modeling procedures (Ghozali, 2024). Multivariate analysis was conducted using multiple linear regression to identify the most dominant factors influencing patient safety implementation. This method was selected because the dependent variable was measured using a continuous scoring system derived from questionnaire responses. The regression model was used to examine the simultaneous influence of interpersonal communication, motivation, attitude, knowledge, and patient safety culture on patient



safety implementation. Prior to regression analysis, several classical assumption tests were performed, including normality, multicollinearity, and heteroscedasticity tests. Multicollinearity was assessed using tolerance and Variance Inflation Factor (VIF) values, with VIF < 10 indicating no multicollinearity problem. Model fit was evaluated using the coefficient of determination ( $R^2$ ).

## RESULTS AND DISCUSSION

### Results

The results section presents the empirical findings of the study, beginning with the demographic characteristics of the respondents, followed by the distribution of the independent and dependent variables, instrument validity and reliability testing, bivariate analysis, classical assumption testing, and multivariate regression analysis. The analysis was conducted to examine the influence of interpersonal communication, motivation, attitude, knowledge, and patient safety culture on the implementation of patient safety among nurses. The findings provide a comprehensive overview of both individual and organizational factors related to patient safety practices. Descriptive statistics are first used to describe the profile and general condition of the respondents, while inferential analysis is then applied to determine the significance and relative strength of each factor. This structure allows the study to identify not only whether each variable is associated with patient safety implementation, but also which factor has the most dominant influence in the inpatient care context.

Table 1. Characteristics of Respondents

Variable	Category	n
Age	25–30 years	105
	31–35 years	87
	36–40 years	33
	>40 years	21
Gender	Male	76
	Female	170
Education	Diploma (D3)	157
	Bachelor (S1)	81
	Master (S2)	8
Work Experience	<3 years	91
	>3 years	155

The results showed that the majority of respondents were aged 25–30 years (42.7%), indicating a predominantly productive workforce. Female nurses dominated the sample (69.1%), reflecting the general composition of the nursing profession. Most respondents held a Diploma in Nursing (63.8%), while only a small proportion had postgraduate education. In terms of work experience, 63% had worked for more than three years, suggesting adequate clinical exposure. These findings indicate that



respondents generally possess sufficient maturity, education, and experience to support patient safety practices. Demographic characteristics such as age, education, and work experience may influence clinical decision-making, communication patterns, and adherence to safety protocols in hospital settings.

Table 2. Distribution of Independent and Dependent Variables

Variable	Good (%)	Poor (%)
Interpersonal Communication	87.0	13.0
Motivation	84.6	15.4
Attitude	85.8	14.2
Knowledge	87.0	13.0
Patient Safety Culture	81.3	18.7
Patient Safety Implementation	85.8	14.2

Univariate analysis showed that most respondents demonstrated good interpersonal communication (87%), motivation (84.6%), attitude (85.8%), knowledge (87%), and patient safety culture (81.3%). Additionally, 85.8% of nurses reported good implementation of patient safety practices. These findings suggest that both individual and organizational factors supporting patient safety are generally well established. However, the presence of a proportion of respondents with poor categories indicates that inconsistencies in implementation still exist, which justifies further analysis of influencing factors. The validity test indicated that all questionnaire items had r-count values greater than r-table (0.361), confirming that all items were valid. Reliability testing also showed strong internal consistency, with Cronbach's Alpha values ranging from 0.815 to 0.947 across variables (Ghozali, 2024). These results confirm that the instrument is both valid and reliable for measuring the study variables.

Table 3. Bivariate Analysis Results

Variable	p-value	Odds Ratio
Interpersonal Communication	0.000	22.111
Motivation	0.000	25.044
Attitude	0.000	64.840
Knowledge	0.000	27.273
Patient Safety Culture	0.000	34.105

Bivariate analysis showed that all independent variables had a significant relationship with patient safety implementation ( $p = 0.000$ ). Among these variables, attitude had the highest odds ratio (OR = 64.840), indicating the strongest association. Nurses with positive attitudes were significantly more likely to implement patient safety practices effectively compared to those with negative attitudes. Other variables,



including communication, motivation, knowledge, and safety culture, also demonstrated strong associations, although their effects were comparatively lower.

Prior to conducting multiple linear regression analysis, classical assumption tests were performed. The multicollinearity test showed that all variables had VIF values below 10 and tolerance values above 0.10, indicating no multicollinearity among independent variables. The normality test demonstrated that the residuals were normally distributed, while the heteroscedasticity test indicated no significant heteroscedasticity problem. Therefore, the regression model met the required assumptions for further analysis.

Table 4. Multivariate Analysis

Variable	B	Beta	t-value	Sig.	VIF
Interpersonal Communication	0.118	0.102	0.928	0.035	1.842
Motivation	0.241	0.219	2.734	0.007	2.103
Attitude	0.512	0.498	6.634	0.000	2.541
Knowledge	0.226	0.204	2.658	0.009	1.964
Patient Safety Culture	0.173	0.156	1.963	0.041	2.287

Multivariate analysis revealed that all variables simultaneously influenced patient safety implementation ( $p = 0.000$ ;  $R^2 = 0.489$ ). This indicates that 48.9% of the variation in patient safety implementation can be explained by the variables included in the model. Among these variables, attitude emerged as the most dominant factor ( $t = 6.634$ ), confirming the study hypothesis. While communication, motivation, knowledge, and safety culture remain significant, their influence is relatively smaller when analyzed together within a comprehensive model.

## Discussion

The findings of this study demonstrate that patient safety implementation is influenced by a combination of individual and organizational factors, including interpersonal communication, motivation, attitude, knowledge, and patient safety culture. All variables were found to have a significant effect, supporting previous studies that emphasize the importance of these determinants in healthcare settings. However, this study extends prior research by analyzing these variables simultaneously, thereby providing a clearer understanding of their relative contributions. Interpersonal communication was found to significantly influence patient safety implementation. Effective communication ensures accurate information exchange, reduces misunderstandings, and enhances coordination among healthcare professionals. This finding is consistent with previous studies indicating that communication failures are a major contributor to patient safety incidents (Derman, 2020; Fanny & Arini, 2023). In inpatient settings, where collaboration among healthcare providers is essential,



communication plays a critical role in ensuring safe and efficient care delivery (Noviyanti et al., 2021).

Motivation also showed a significant influence on patient safety practices. Nurses with higher motivation tend to demonstrate better compliance with safety protocols and more proactive behavior in preventing clinical errors. This finding aligns with studies by Ramang Sukmono et al. (2024) and Apilianti (2025), which highlight the role of motivation in improving performance and adherence to patient safety standards. However, motivation alone is not sufficient without supportive behavioral and organizational factors. Knowledge was identified as another significant determinant of patient safety. Adequate knowledge enables nurses to understand risks, apply clinical guidelines, and make appropriate decisions in patient care. This finding is consistent with previous research showing that higher levels of knowledge are associated with better patient safety practices (Widyanthi et al., 2021; Astuti et al., 2025). Continuous education and training are therefore essential to maintain competency and reduce the risk of errors.

Patient safety culture was also found to significantly influence patient safety implementation. A positive safety culture fosters open communication, teamwork, and accountability, which are essential for preventing adverse events. This result is in line with findings by Siagian (2020), which indicate that a strong organizational culture is associated with improved patient safety outcomes. However, the influence of safety culture, although significant, was not as strong as that of individual behavioral factors. Among all variables, attitude emerged as the most dominant factor influencing patient safety implementation. This finding suggests that internal behavioral factors play a more critical role than knowledge or external conditions alone. Attitude reflects an individual's commitment, awareness, and willingness to prioritize patient safety in daily practice. This finding indicates that behavioral commitment may have a stronger influence on patient safety implementation than technical competence alone. Nurses with positive attitudes are more likely to internalize safety values and consistently apply safety procedures in clinical practice. This supports behavioral theory, which emphasizes that attitude is closely associated with behavioral intention and actual practice.

Importantly, this finding addresses the research gap identified earlier, where previous studies tended to examine determinants separately without comparing their relative influence. By applying a multivariate approach, this study demonstrates that while multiple factors contribute to patient safety implementation, attitude has the strongest effect in inpatient settings. This highlights the need to prioritize behavioral and attitudinal interventions in addition to technical and organizational improvements. From a practical perspective, these results suggest that hospitals should focus on strengthening positive attitudes toward patient safety through continuous training, leadership support, and organizational policies that promote professional responsibility. Integrating behavioral approaches with improvements in communication, knowledge, and safety culture will provide a more comprehensive strategy for enhancing patient safety and healthcare quality.



## Conclusion

This study concludes that interpersonal communication, motivation, attitude, knowledge, and patient safety culture significantly influence the implementation of patient safety among nurses in inpatient units at Royal Prima General Hospital Medan. Among these variables, attitude was identified as the most dominant factor, indicating that nurses with positive attitudes are more likely to adhere to safety procedures, comply with clinical standards, and actively prevent potential risks to patients. These findings highlight that patient safety implementation is shaped by both individual factors (attitude, motivation, and knowledge) and organizational factors (communication and safety culture), with behavioral aspects playing a particularly critical role. Despite its contributions, this study has several limitations. The use of a cross-sectional design limits the ability to establish causal relationships between variables. In addition, the study was conducted in a single hospital, which may restrict the generalizability of the findings to other healthcare settings. Furthermore, other potentially influential variables, such as leadership, workload, and organizational management systems, were not included in the analysis.

The findings of this study have important implications for healthcare practice. Hospital management should prioritize strategies aimed at strengthening nurses' attitudes toward patient safety, such as continuous professional development, supervision, and leadership support. In addition, improving communication systems and fostering a positive patient safety culture are essential to enhance compliance with safety protocols and reduce the risk of adverse events. Theoretically, this study contributes to the development of behavioral and organizational perspectives on patient safety implementation by demonstrating that attitude plays a more dominant role compared to communication, motivation, knowledge, and safety culture. These findings support the view that behavioral factors are critical determinants in strengthening patient safety practices in hospital settings. Future research is recommended to incorporate additional variables and adopt more robust research designs, such as longitudinal or mixed-method approaches, to better understand causal relationships and contextual factors influencing patient safety implementation. Expanding studies across multiple hospitals or healthcare settings would also improve the generalizability and applicability of the findings.



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