

# Patient Safety Culture in Aceh Mental Hospital

Hajjul Kamil<sup>1</sup>, Yuswardi<sup>1\*</sup>, Darmawati<sup>2</sup>, Ardia Putra<sup>1</sup>

## ABSTRACT

**OBJECTIVE:** This study aims to determine the implementation of a patient safety culture in Aceh Mental Hospital.

**METHODOLOGY:** This quantitative study employs a cross-sectional design and focuses on nurses at Aceh Mental Hospital. The study population consists of 179 nurses, with a total sampling technique applied, ensuring that the entire population serves as the research sample. Data collection was conducted following ethical clearance approval and the issuance of a research permit. The study utilized the Hospital Survey on Patient Safety Culture version 2.0 as the primary data collection instrument. Descriptive statistical analysis was performed to examine respondent characteristics and assess the patient safety culture within the hospital setting.

**RESULTS:** In general, 85 (45.81%) respondents never reported patient safety incidents, and 119 (66.5%) respondents stated that their patient safety rating was in the fair category. The average patient safety culture scored 2.28 (in a score range of 0 to 5) with a standard deviation of 0.465. (Min-Max: 2-4; M=2,28±0,465).

**CONCLUSION:** Implementing a patient safety culture in Aceh Mental Hospital is not optimal. Therefore, a good understanding is needed from all levels of management, including first-line managers. This may positively impact reducing or even eliminating incidents, and nurses will report if an incident occurs for learning and organizational improvement in the future.

**KEYWORDS:** Humans, Cross-sectional studies, Hospitals, Psychiatric, Patient Safety, Safety Culture

## INTRODUCTION

Universal health coverage is a vital goal enshrined in the Sustainable Development Goals (SDGs), aiming to provide health security and access to basic care without financial hardship. This may enable the transition to more productive, equitable societies and economies. Care delivery should be timely and fair, minimizing resource waste<sup>1</sup>.

Globally, unsafe healthcare costs an estimated US\$42 billion annually, excluding lost wages and productivity, which accounts for almost 1% of total health spending. Poor-quality care results in US\$1.4 to 1.6 trillion in lost productivity yearly in low- and middle-income countries<sup>2</sup>. The societal cost of patient loss could reach US\$1 to 2 trillion annually. The human capital approach indicates that eliminating harm could enhance global economic growth by over 0.7% yearly<sup>3</sup>.

Waste arises in low-quality health services globally. In low-income and lower-middle-income countries, 10% of hospitalized patients get infections, compared to 7% in high-income countries<sup>1</sup>. Estimates show that one in four patients suffer harm from unsafe hospital care, leading to 134 million adverse events yearly and

approximately 2.6 million deaths<sup>4</sup>. Health care now demands hospitals to ensure patient safety and foster a culture of safety<sup>5</sup>. Establishing a patient safety management system is challenging but essential for quality services, which should be safe, effective, patient-centered, timely, efficient, and fair. Thus, hospitals need a Patient Safety and Quality Improvement (PMKP) program<sup>6,7</sup>.

A patient safety culture is essential for improving safety in healthcare. It reflects organizations' attitudes and values on reporting incidents. This reporting culture aids in identifying and preventing incidents, promotes organizational learning and fosters accountability<sup>8</sup>. The Agency for Healthcare Research and Quality identifies dimensions of this culture, including teamwork, staffing, organizational learning, error response, supervisory support, error communication, open reporting, and patient information exchange<sup>4</sup>. Research shows significant safety concerns in mental health settings, highlighting the need for a strong culture. A Finnish study noted safety incidents often involved aggression and rule violations, affecting patients and staff<sup>9</sup>. Mental health facilities score lower on safety culture measures than general hospitals, especially in non-punitive responses and staffing<sup>10</sup>.

The prevalence of safety incidents in psychiatric settings is concerning. Mental health nurses perceived a higher frequency of adverse events in psychiatric wards compared to other hospital departments. Safety control and management activities were crucial mediating factors in the relationship between safety

<sup>1</sup>Department of Basic Nursing and Nursing Management, Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh, Indonesia

<sup>2</sup>Department of Maternity Nursing, Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh, Indonesia

**Correspondence:** yuswardi@usk.ac.id  
doi: 10.22442/jlumhs.2025.01318



climate perception and patient safety activities among mental health nurses<sup>11</sup>.

Factors contributing to safety culture deficits in mental health settings include inadequate leadership, blame culture, and insufficient resources. A punitive atmosphere was a primary barrier to reporting adverse events and learning from errors in psychiatric hospitals<sup>12</sup>. Furthermore, The unique challenges of managing patients with mental health conditions, such as unpredictable behavior and communication difficulties, contribute to the complexity of maintaining a strong safety culture in these settings<sup>2</sup>.

In Indonesia, a report from the Ministry of Health stated there were 7,465 hospital patient safety incidents in 2019, an increase of 80.05% from 1,489 cases in 2018. Only 6.00% of hospitals in Aceh Province reported patient safety incidents in 2019<sup>13</sup>. Data specifically for Aceh was scarce, but the Aceh Government General Hospital reported 6,029 cases, significantly surpassing national levels. The detailed report from the hospital's Patient Safety Quality Committee categorized incidents as: Potential Injury Incidents (133 cases, 2.2%), Near Injury Incidents (5,434 cases, 90.1%), Non-Injury Incidents (364 cases, 6.1%), and Unexpected Incidents (98 cases, 1.6%)<sup>14</sup>. Fear hinders reporting of patient safety incidents<sup>15</sup>. Effective reporting requires shifting the focus from individual errors to root causes identified by nursing managers, eliminating barriers to reporting. Research on hospital patient safety culture aims to identify issues and guide decisions to enhance patient safety and health service quality.

## METHODOLOGY

### Study Design

The main objective of this study is to learn about the culture of patient safety in mental hospitals in Aceh. The type of research is quantitative with a cross-sectional study design.

### Population and Sample

The population of this study was 179 nurses at Aceh Mental Hospital, consisting of 14 head nurses of inpatient wards, 14 team leader nurses, and 151 team member nurses assigned to 14 Inpatient Rooms. Sampling used the total sampling technique; the entire population became the research sample.

### Sampling Technique

The total sampling technique, also known as census sampling, was employed in this study. The rationale for using this technique was to obtain a complete and accurate representation of the patient safety culture across all nursing roles and inpatient units within the hospital.

### Sample Homogeneity

All participants were drawn from the nurses' professional backgrounds and the organizational context of the mental hospital to ensure sample homogeneity. This homogeneity allows for more reliable comparisons across nursing roles and inpatient units. Additionally, including nurses with at

least one year of experience in their current position ensures a baseline familiarity with the hospital's safety culture.

### Instrument

The data collection tool was the Hospital Survey on Patient Safety Culture version 2.0. Thirty-two questions were grouped according to the dimensions of safety culture being assessed with response options: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, Not Applicable, or Don't Know. This questionnaire also added two follow-up questions, namely: Number of Incidents Reported in the last 12 months, response options: None, 1 to 2, 3 to 5, 6 to 10, 11 or more reported, and Patient safety rating in the unit/work area, response options: Poor, Fair, Good, Very Good, Excellent. The reliability of the questionnaire with Cronbach's alpha = 0.67 to 0.89.

### Data Analysis

Data analysis uses descriptive statistical tests to determine the characteristics of respondents and patient safety culture. Nominal, ordinal, and ratio measurement scales are used. Data are presented in frequency and percentage distribution tables, central tendency, and dispersion values.

### Ethical Statement

This research has passed the Ethical Clearance from the Nursing Research Ethics Committee of the Faculty of Nursing, Universitas Syiah Kuala, with Research Code Number 113001280624, dated July 26, 2024. It has also obtained a permit from the Director of the Aceh Mental Hospital, Number 800.2/3539, dated August 5, 2024.

## RESULTS

The characteristics of the respondents from this study are presented in **Table I**.

**Table I** shows that 78.8% of respondents were female, 41.9% were aged between 26 and 35, 66.5% had professional nursing education, 61.5% were civil servants, 43.6% had work experience between five and ten years, 84.4% held a job position as a team member nurse, and 62.0% worked between 30 and 40 hours per week.

The study results on patient safety culture in Aceh Mental Hospital, **Table II**, show an average score of 2.28 (score range 0 to 5), included in the fair category, with a standard deviation of 0.465. **Table III** shows that 45.81% of respondents had never reported a patient safety incident during the last 12 months, and 66.5% rated patient safety in their work unit as a fair category, but 12.8% rated it as poor.

**Table I: Characteristic Respondents**

Characteristics	f	%
Gender		
Female	141	78,8
Male	38	21,2
Age (Years)		
17-25 (Late Teenage)	28	15,6

26-35 (Early Adult)	75	41,9
36-45 (Late Adult)	48	26,8
46-55 (Early Elderly)	21	11,8
56-65 (Middle elderly)	7	3,9
Education		
Specialist-1 Nursing	3	1,7
Master of Nursing	5	2,8
Nursing Profession	119	66,5
Diploma-III Nursing	52	29,1
Employment Status		
Civil Servant	110	61,5
Government Employees with Work Agreements	67	37,4
Contracted Employee	2	1,1
Working Period		
<5 Years	45	25,1
5-10 Years	78	43,6
>10 Years	56	31,3
Nurses' positions:		
Head of the Inpatient Wards	14	7,8
Team Leaders	14	7,8
Team Members	151	84,4
Hours Worked per Week:		
Less than 30 hours per week	16	8,9
30 to 40 hours per week	111	62,0
More than 40 hours per week	52	29,1

**Table II: Description of Patient Safety Culture in Aceh Mental Hospital**

Variable	Score	Category
Patient Safety Culture Min-Max: 2-4; M=2,28±0,465		Fair

**Table III: Incident Reporting and Patient Safety Ratings**

Variable	f	%
Reporting Patient Safety Incidents in the Last 12 Months:		
Never	82	45,81
1 to 2 times	76	42,46
3 to 5 times	15	8,38
6 to 10 times	4	2,23
11 or more times	2	1,12
Patient Safety Ratings:		
Excellent	0	00,0
Very Good	0	00,0
Good	37	20,7
Fair	119	66,5
Poor	23	12,8

## DISCUSSION

Personal characteristics are a vital factor for work outcomes, and they play a significant role in workplace success, although their influence is not always direct (Robbin). The results of this study showed that 78.8% of respondents were female, 41.9% were aged between 26 and 35, 66.5% had

professional nursing education, 61.5% were civil servants, 43.6% had work experience between five and ten years, 84.4% held a job position as a team member nurse, and 62.0% worked between 30 and 40 hours per week.

Other research findings are that the hospital work environment and nurse characteristics are related to patient safety. There is a significant relationship between nurse characteristics, including education level, length of service, and training related to patient safety ( $p < .05$ ). However, on the contrary, age and employment status and nurse marriage are not related to patient safety in hospitals ( $p > .05$ ). This study recommends building a patient safety culture model that includes all aspects that influence patient safety culture<sup>16</sup>.

The overall safety culture score of 72.12% indicates a moderate patient safety culture, suggesting room for improvement. This aligns with findings from other mental health settings, where patient safety culture scores tend to be lower than in general hospitals (Brasaite et al., 2016). The unique challenges in psychiatric care, including the potential for patient aggression and the need for restrictive interventions, may contribute to this difference<sup>17</sup>.

Several factors influence patient safety culture, particularly professionalism, communication, and work environment related to patient safety and safety culture. The characteristics of the nursing profession are characterized by continuous improvement of knowledge, a sense of responsibility, higher education, accountability of colleagues, autonomy, and altruism for the welfare of others<sup>18</sup>.

The management of nursing assignment methods in 14 Aceh Mental Hospital inpatient wards has used the team method. Teamwork describes the emotional commitment of nursing staff to the organization, which aims to be involved and care about their work and on behalf of organizational goals<sup>19</sup>. The results of studies using the team behavior observation method have identified patterns of communication, coordination, leadership, and nursing managerial roles that provide support for effective teamwork<sup>20</sup>. Research conducted in Saudi Arabia showed that teamwork was good (85.8%), and nurses felt support from management, unity, respect, and cooperation among nursing staff to achieve high-quality, safe, efficient, and immediate health services. Nursing staff considered their relationships open, secure, respectful, and flexible<sup>21</sup>. Likewise, the number of nurses working hours per week in 14 inpatient wards at the Aceh Mental Hospital showed that 62.0% worked between 30 and 40 hours per week, but nurses still worked more than 40 hours per week. Nursing staff who feel burdened by personnel mismatch in their work activities negatively affect nurses because the heavy workload for hours will hurt patient outcomes<sup>20, 21</sup>. The increased ratio of patients higher than the number of nurses in the hospital will also potentially lead to a higher risk of negligence<sup>22</sup>. Another study conducted

at the Regional General Hospital in Aceh Province, Indonesia, on the Relationship of Nursing Units with Missed Nursing Care found that the factor most related to missed nursing care was the ratio of one nurse to more than seven patients on each shift ( $p$ -value = 0.000 and odds ratio = 85.110)<sup>23</sup>.

In general, the results of this study showed that the average score of patient safety culture was 2.28 in the sufficient category (score range 0 to 5), 45.81% of respondents had never reported a patient safety incident during the last 12 months, and 66.5% rated patient safety in their work unit as a fair category, but 12.8% rated it as poor.

Patient safety is a condition that ensures patients are free from injury and potential injury<sup>24</sup>. A culture of patient safety in hospitals will be present through a collaborative environment that respects each other, support from leaders and managers by creating psychological safety for staff, learning from patient safety incidents, and improving efforts to prevent recurrence<sup>6</sup>.

The Agency for Healthcare Research and Quality introduces the dimensions of patient safety culture, namely teamwork, staffing, organizational learning, response to errors, support from supervisors, managers, or clinical leaders for patient safety, communicating about errors, open communication, reporting patient safety incidents, support from hospital and nursing management, and patient handover and information exchange<sup>25</sup>.

Continuous efforts to improve patient safety are twice as likely to report patient safety incidents<sup>26</sup>. Organizational learning emphasizes using individual-level learning processes to transform into organizations<sup>27</sup>, and increased reporting of patient safety incidents occurs in nurses and health workers who the organization has allowed to participate in patient safety training<sup>28</sup>. Reporting patient safety incidents is very important in the healthcare system because it helps identify primary risks and prevent the same mistakes from happening again. The low reporting rate of hospital patient safety incidents makes it difficult to identify errors and conduct further investigations<sup>29</sup>. Patient safety culture has a significant effect on attitudes towards incident reporting. The level of patient safety culture is significantly correlated with the level of reporting of patient safety incidents. The knowledge, understanding, and accountability of nurses assigned to the patient safety team can influence attitudes toward reporting patient safety incidents<sup>30</sup>.

Research on patient safety culture in regional hospitals in Indonesia shows that among 119 respondents with poor patient safety culture, 90 (75.6%) faced barriers to reporting incidents ( $p$ -value = 0.000)<sup>31</sup>. Barriers include a culture of blame, where staff fear the consequences of individual errors. A strong safety culture makes people feel safe addressing potential risks without managerial criticism<sup>15</sup>. The primary barrier worldwide is fear of

consequences. At the same time, work culture is the predominant barrier in the U.S. Healthcare institutions must identify local reporting barriers and implement solutions, possibly requiring management strategy changes to promote patient safety<sup>20</sup>. Seven common reporting barriers include: 1) Fear of consequences, 2) Lack of feedback, 3) Work culture, 4) Lack of understanding of incidents and reporting's importance, 5) Time constraints, 6) Lack of reporting systems, and 7) Personal factors<sup>15</sup>. Lack of feedback and follow-up hinders nurses from reporting incidents. The absence of response and communication after a report discourages future reporting<sup>15</sup>. Positive feedback from nursing managers can increase incident reporting, as nurses perceive patient safety positively when they receive responses, discuss prevention measures, and share concerns with hospital leadership<sup>26</sup>.

Hospital and nursing management must provide a work climate that prioritizes patient safety and demonstrates that patient safety is a top priority<sup>20</sup>. Hospital and nursing management support for patient safety strongly predicts patient safety<sup>32</sup>. The support in question consists of the availability of resources and policies and creating a supportive atmosphere in implementing patient safety<sup>33</sup>. The results of other studies show that nurses with higher levels of hospital and nursing management support are twice as likely to report patient safety<sup>32</sup>.

Patient safety culture significantly affects the reporting of patient safety events. The better the patient safety culture, the lower the level of reporting. Responses to errors that do not impact patient safety also impact reporting. Fear of punishment and a culture of blame that only focuses on individuals are common causes of not reporting events. Nurses are not sure about reporting the incident. Good organizational learning is likely to increase patient safety event reporting. An organization needs to learn from mistakes for positive change and be evaluated by management for effectiveness. Reports of patient safety events as data that the organization will use to improve the system will not be achieved if awareness of reporting patient safety events is low.

## CONCLUSION

This study on patient safety culture in Aceh Mental Hospital reveals that implementing a robust patient safety culture is suboptimal. Key areas needing improvement include staffing adequacy, non-punitive responses to errors, and event reporting frequency. The findings stress the importance of comprehending and committing to patient safety principles at all management levels, particularly among first-line managers. Their role is vital in applying safety policies in practice and fostering a prioritization of patient safety. Targeted interventions to enhance patient safety culture could significantly reduce adverse incidents. Additionally, creating an atmosphere where nurses can report incidents without fear of punishment is crucial for organizational learning and continuous

improvement. By addressing these gaps and leveraging existing strengths, Aceh Mental Hospital can build a more effective patient safety environment, improving care quality and outcomes.

### ACKNOWLEDGMENT

We sincerely thank the Director of Aceh Mental Hospital and the management for allowing us to conduct our research and the respondents for their voluntary participation. Their support is vital for our research's success. We also appreciate the Rector, Head of the Institute for Research and Community Service, and the Dean of the Faculty of Nursing at Universitas Syiah Kuala for their significant moral and material support.

**Ethical Permission:** Faculty of Nursing, Universitas Syiah Kuala, Indonesia, ERC letter No. 113001280624. It has also obtained a permit from the Director of the Aceh Mental Hospital, Number 800.2/3539, dated August 5, 2024.

**Conflict of Interest:** No conflicts of interest, as stated by authors.

**Financial Disclosure / Grant Approval:** Universitas Syiah Kuala fully supports this research, per Research Implementation Assignment Letter Decree of the Chancellor of Syiah Kuala University Number 702/UN11/KPT/2024, dated April 17, 2024, concerning the Determination of the Implementers/Recipients of Research and Community Service Grants and Innovation Grants in 2024 of Syiah Kuala University and Professor Research Contract Number 84/UN11.2.1/PG.01.03/SPK/PTNBH/ 2024 dated May 3, 2024.

**Data Sharing Statement:** The corresponding author can provide the data proving the findings of this study on request. Privacy or ethical restrictions bound us from sharing the data publicly.

### AUTHOR CONTRIBUTION

Kamil H: Designed the study and hypothesis, developed data collection tools, and analyzed the results and their implications.

Yuswardi: Designed the study and hypothesis, developed data collection tools, revised the article draft based on co-author and reviewer feedback, and ensured final edits followed journal guidelines.

Darmawati: Designed the study and hypothesis, developed data collection tools, and contributed to data collection and sourcing.

Putra A: Designed the study and hypothesis, developed data collection tools, and contributed to data collection and sourcing.

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