Patient Safety Culture Analysis at Sultan Agung Islamic Dental Hospital to Improve Patient Safety

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INDEXING	ABSTRACT
Keywords: Patient safety; patient safety culture; Dental office survey on patient safety culture (DOSOPSC)	A culture of patient safety can improve hospital patient safety. Patient safety is the foundation of quality health services, an indicator of assessment in healthcare facilities, and a mechanism by which health services protect patients from harm. The purpose of this study is to examine the patient safety culture at Sultan Agung Islamic Dental Teaching Hospital Semarang in order to identify ways to improve patient safety. A cross-sectional research of 124 participants was conducted at Sultan Agung Dental Teaching Hospital, Semarang, Indonesia. Distributing questionnaires to collect data, the Dental Office Survey on Patient Safety Culture (DOSOPSC) includes 58 items and 10 dimensions. Out of a total of 124 respondents, the average positive response value exceeded the dependability criterion on four dimensions: teamwork (93.7%), the highest, and work pressure and speed (56.2%), the lowest. There are four areas in which the average positive response value exceeds the dependability threshold, including teamwork, staff training, hospital systems and standards, work pressure, and speed.
Kata kunci: *Keamanan pasien; Budaya keselamatan pasien; Survei praktik kedokteran gigi tentang budaya keselamatan pasien (DOSOPSC)*	*Keselamatan pasien rumah sakit dapat ditingkatkan dengan pelaksanaan budaya keselamatan pasien. Keselamatan pasien adalah dasar dari pelayanan kesehatan yang berkualitas, indikator penilaian di fasilitas perawatan kesehatan, dan mekanisme dimana pelayanan kesehatan melindungi pasien dari bahaya. Tujuan dari penelitian ini adalah untuk memeriksa budaya keselamatan pasien di Rumah Sakit Pengajaran Gigi Islam Sultan Agung Semarang untuk mengidentifikasi cara-cara untuk meningkatkan keselamatan pasien. Penelitian potong lintang terhadap 124 peserta dilakukan di Rumah Sakit Pengajaran Gigi Sultan Agung, Semarang, Indonesia. Mendistribusikan kuesioner untuk mengumpulkan data, Survei Kantor Gigi tentang Budaya Keselamatan Pasien (DOSOPSC) mencakup 58 item dan 10 dimensi. Total 124 responden, nilai respon positif rata-rata melebihi kriteria ketergantungan pada empat dimensi: kerja sama tim (93,7%) tertinggi dan tekanan kerja dan kecepatan (56,2%) terendah. Ada empat area di mana nilai respon positif rata-rata melebihi ambang ketergantungan, termasuk kerja tim, pelatihan staf, sistem rumah sakit dan standar, tekanan kerja, dan kecepatan.*

INTRODUCTION

According to research from the Institute of Medicine (IOM) in the book "To Err is Human: Building a Safer Health System," Unexpected Events are the cause of death for 33.6 million hospitalizations in the United States (Najihah, 2018). Research conducted in numerous hospitals accredited by Joint Commission International (JCI) revealed 52 incidences in 11 facilities across five countries (Pham et al., 2016). As of August 2021, the Indonesian Ministry of Health report details 4,462 cases, including 1,533 near misses, 1,388 non-injury occurrences, and 1,541 unexpected incidents. This incident resulted in 94

fatalities, 36 critical injuries, 298 moderate injuries, 696 minor injuries, and 3,340 without injuries. JCI and WHO have produced the "Nine Life-Saving Patient Safety Solutions" regulation based on published facts, but in reality, there are still several difficulties with patient safety (Sulahyuningsih et al., 2017). According to dentists, it is patient safety-oriented. According to young dentists, the work system at the Dental Hospital certainly prioritizes patient safety because patient safety is the most important thing, according to medical staff, when working to provide patient safety-oriented services. As a whole, medical personnel create a working climate that is oriented towards patient safety (Arti et al., 2022).

Suppose a health service business does not establish a patient safety culture. In that case, the chance of accidents increases, which can lead to latent errors, psychological and physiological disruptions for staff, lost productivity, decreased patient satisfaction, and interpersonal conflict (Idris, 2017). Kirk et al. (2005 cit. Idris, 2017) define patient safety culture as the beliefs, attitudes, competencies, and behavior patterns of individuals and groups that determine the commitment, style, and capability of a healthcare organization toward patient safety. culture of patient safety can raise patient safety rates and decrease incidents (Najihah, 2018). A hospital is a type of level inside a health service institution where professional medical specialists and nursing care are mutually sustainable and backed by comprehensive medical service facilities and infrastructure in diagnosing or treating patients' illnesses (Supartiningsih, 2017). The purpose of hospitals is to serve the community with high-quality treatment and to meet the requirements and expectations of their patients. As a means of enhancing the quality of patient care, one thing that may be done is to improve hospital management of patient safety (Kinanti & Prasetio, 2021).

Article 6, paragraph 3 of the Law of the Republic of Indonesia No. 20 of 2013 on Medical Education stipulates that a tertiary institution offering medical education must have a teaching hospital. Article 3 of the Government Regulation of the Republic of Indonesia Number 93 of 2015 about Teaching Hospitals stipulates that teaching hospitals have multiple responsibilities, including providing services, educating students, and conducting research in the medical, dental, and other health professions. Good teamwork among clinical dental students in the dental hospital because of the similarity of interest, enthusiasm, clarity of roles, effective communication, and conflict resolution in the work environment that affects patient safety culture (Fajarosita Az Zahrah et al., 2019).

Dental hospitals are health facilities conducting dental and oral health services for individual treatment and recovery services without ignoring the improvement of health care and disease prevention implemented through ambulatory care services and medical action. Islamic Dental Hospital of Sultan Agung Semarang was founded in 2012 by the Sultan Agung Endowment Board Foundation. On September 12, 2017, the new building of the Islamic Dental Hospital of Sultan Agung was inaugurated. According to the Decree of the Minister of Health of the Republic of Indonesia, No. HK.01.07/MENKES/1381/2022, dated September 5 2022, Islamic Dental Hospital Sultan Agung was formally designated as the Main Teaching Hospital of the Dental Faculty of Universitas Islam Sultan Agung.

Additionally, the Islamic Dental Hospital of Sultan Agung Semarang offers dental and oral health treatments with a focus on patient safety. The adoption of a culture of patient safety is the primary step in enhancing patient safety in healthcare institutions. This investigation seeks to assess the safety culture profile.

RESEARCH METHOD

This study was carried out at Sultan Agung Islamic Dental Teaching Hospital in Semarang using a total sample size of 124 respondents, including staff members and young dentists. This research is an example of observational analytic research, the form of research used. A cross-sectional design was used for the design of this study. All respondents were given the Dental Office Survey on Patient Safety Culture (DOSOPSC) questionnaire, which allowed the researchers to collect the necessary information. The questionnaire's validity and reliability have been examined, and the results show that every item may be considered valid and reliable.

The DOSOPSC questionnaire comprises nine sections. Nine different points make up the list of concerns regarding patient safety and the quality of care. Second, five questions make up the information-sharing portion of the multiple-setting section. Third, 15 different statements make up the operational aspect of the hospital. The communication and follow-up section has 12 statements, which brings us to the fourth point. Fifth, four different assertions make up the owner/manager/leadership support section. Sixth, the part on the dental clinic consists of seven separate statements. Seventh, the section on the overall ranking is made up of two statements with multiple-choice answers. Eighth, there are three multiple-choice questions in the background area, and ninth, there is one essay question in the respondent's remarks section. Each of these sections has its number. Providing an appropriate assessment of the respondent's workplace conditions is the first step in filling out the DOSOPSC questionnaire by placing a checklist in one of the columns of the questionnaire, and then describing the respondent's opinion on the essay question based on the respondent's workplace conditions. The second step in this process is to answer the questions about the DOSOPSC. Following the collection of the data, the subsequent stage is to process and classify it according to the dimensions. Communication about errors, communication openness, hospital processes and standardization, organizational learning, the overall perception of patient safety and quality of care, owner/management partner/leadership support in patient safety, tracking or follow-up care patients, staff training, teamwork, work pressure, and speed are the ten components that make up a safety culture.

RESULTS AND DISCUSSION

There are a total of ten different dimensions that make up the patient safety culture. The following is the standard deviation of each dimension's average proportion of positive replies.

Table 1. The Typical Proportion of Respondents Who Have a Positive Opinion Regarding Certain Aspects of Patient Safety Culture

No	Dimensions of Patient Safety Culture	The Average Percentage of Positive Responses	Reliability Standard (AHRQ)
1	Communication about Errors	70,05%	71%
2	Communication Openness	52,55%	69%
3	Hospital Process and Standardization	77,75%	69%
4	Organizational Learning	66,6%	80%

Table 1. The Typical Proportion of Respondents Who Have a Positive Opinion Regarding Certain Aspects of Patient Safety Culture (cont')

No	Dimensions of Patient Safety Culture	The Average Percentage of Positive Responses	Reliability Standard (AHRQ)
5	Overall Perception of Patient Safety and Quality of Care	74,95%	80%
6	Owner/Managing Partner/Leadership Support in Patient Safety	68,75%	69%
7	Patient Care Tracking/Follow-up	85,4%	86%
8	Staff Training	88,23%	75%
9	Teamwork	93,7%	87%
10	Working Pressure and Speed	56,2%	50%

Source: *data derived from processed primary sources, 2022*

1) An Examination of the DOSOPSC Communication Dimensions Concerning the Occurrence of Errors

Four question items pertaining to the communication dimension discuss the occurrence of errors. The table that follows contains positive percentages for each component of the question.

Table 2. The Percentage of Respondents Who Had a Positive Opinion Regarding Communication Aspects Regarding the Occurrence of Errors

No	Questions	Percentage of Positive Response
1	When something goes wrong, employees do not feel compelled to take the initiative to fix it.	28,6 %
2	When problems arise in the hospital, managers and staff communicate openly.	85,2 %
3	The hospital discusses methods for preventing errors from occurring repeatedly.	86,9 %
4	Staff members are willing to report errors to the hospital.	79,5 %
	The average value of a positive response	70,05 %

Source: *data derived from processed primary sources, 2022*

The percentage value of the average positive response to the communication dimension on the incidence of errors is shown in Table 2, and it comes in at 70.05%. This result is judged to be lower than the reliability level of 71% (Ahrq, 2016).

2) An Examination of Open Communication from a DOSOPSC Perspective

There are a total of four questions that fall under the open communication category. The table that follows contains positive percentages for each component of the question.

Table 3. The Percentage of Respondents Who Gave Positive Opinions Concerning the Openness of Communication Dimensions

No	Questions	Percentage of Positive Response
1	Hospital managers are very open when staff suggest ideas for improving performance.	60,2%
2	Staff were asked to share their views on an alternative to the hospital.	62%

Table 3. The Percentage of Respondents Who Gave Positive Opinions Concerning the Openness of Communication Dimensions (cont')

No	Questions	Percentage of Positive Response
3	The staff is not afraid to ask questions when they know something has gone wrong.	48%
4	It's easy to express disapproval at this hospital.	40%
	The average value of a positive response	52,55%

Source: *data derived from processed primary sources, 2022*

The percentage value of the average positive response dimension of communication openness is shown in Table 3, and it is found to be 52.55%. This number is regarded to be lower than the criterion of reliability, which is found to be 69% (Ahrq, 2016).

3) An Evaluation of DOSOPSC Considering Hospital Standardization and Process Dimensions

There are a total of four questions that pertain to the process and hospital standardization dimensions. The table that follows contains positive percentages for each component of the question.

Table 4. The Proportion of People Who Have a Positive Reaction to the Process and Standardization Aspects of the Hospital's Measurements

No	Questions	Percentage of Positive Response
1	This hospital is organized.	84%
2	This hospital has a good procedure for checking the dental treatment that has been done.	94%
3	There is no problem in the division of labor in the hospital.	38%
4	The staff at this hospital follow standards in doing their jobs.	95%
	The average value of a positive response	77,75%

Source: *data derived from processed primary sources, 2022*

The percentage value of the average positive reaction to the dimensions of the process and standardization of the hospital is shown in Table 4. This value, which is 77.75%, is regarded to be higher than the reliability criterion, which is 69% (Ahrq, 2016).

4) An Examination of the DOSOPSC's Perspectives on Organizational Learning Dimensions

Three questions make up the components that make up the dimension of organizational learning. The table that follows contains positive percentages for each component of the question.

Table 5. The Proportion of People Who Gave a Positive Response to Questions Regarding Organizational Learning Dimensions

No	Questions	Percentage of Positive Response
1	When there is an issue in the hospital, you consider modifying the hospital's operations.	66,6%

Table 5. The Proportion of People Who Gave a Positive Response to Questions Regarding Organizational Learning Dimensions (cont')

No	Questions	Percentage of Positive Response
2	Hospitals are exceptionally adept at adjusting performance to ensure that nothing goes wrong again.	66,6%
3	After a hospital implements modifications to enhance patient care, you determine whether or not the changes were successful.	66,6%
	The average value of a positive response	66,6%

Source: *data derived from processed primary sources, 2022*

The percentage of the average value of positive replies to the aspects of organizational learning is shown in Table 5. This value is 66.6%, which is regarded to be lower than the reliability requirement of 80%, which indicates that the results are not very reliable (Ahrq, 2016).

5) An examination of the DOSOPSC's findings regarding the overall perceived dimensions of patient safety and quality of care

Four different question items pertain to the overall perception of patient safety and the quality of care that is provided. The table that follows contains positive percentages for each component of the question.

Table 6. The percentage of respondents who had a favorable impression of several aspects of the overall safety and quality of care for patients

No	Questions	Percentage of Positive Response
1	Hospitals are very good at making sure patients don't make mistakes.	100%
2	Mistakes are rare in hospitals.	66,6%
3	You managed to deal with the mistakes that happened to the patients in the hospital.	66,6%
4	Hospitals are more concerned with the quality of care than doing much treatment.	66,6%
	The average value of a positive response	74,95%

Source: *data derived from processed primary sources, 2022*

The percentage of the average value of a positive response to the dimensions of the overall perception of patient safety and quality of care is shown in Table 6. This value is 66.65%, which is considered to be lower than the reliability standard of 80% because it shows a lower percentage of positive responses (Ahrq, 2016).

6) An Analysis of the Role of the DOSOPSC Owner, Management Partner, and Leadership Support Dimensions in Patient Safety

There are a total of four question items that pertain to the owner/management partner/leadership support component of patient safety. The table that follows contains positive percentages for each component of the question.

Table 7. The Percentage of Owners, Management Partners, and Leadership Who Provided Positive Responses to Questions Regarding Patient Safety

No	Questions	Percentage of Positive Response
1	Hospital managers have invested sufficient resources to improve the quality of services in hospitals.	53%
2	Hospital managers always conduct discussions about preventing repeated errors in patient care.	77%
3	Hospital managers are concerned with improving the quality of patient care.	87%
4	Hospital managers make decisions with the best interests of the patient in mind, not just the interests of the hospital.	58%
	The average value of a positive response	68,75%

Source: *data derived from processed primary sources, 2022*

The percentage value of the average positive response dimension of owner/management partner/leadership support in patient safety is displayed in Table 7. This result, which is 68.75%, is regarded to be lower than the standard of reliability, which is 69% (Ahrq, 2016).

7) An Analysis of the DOSOPSC Protocol for Patient Care Tracking and Follow-up Dimensions

There are four question items contained inside the patient care tracking and follow-up dimension. The table that follows contains positive percentages for each component of the question.

Table 8. The Percentage of Patients Who Gave a Positive Response Regarding Patient Care Tracking and Follow-up Dimensions

No	Questions	Percentage of Positive Response
1	This hospital reminds patients regarding treatment schedules as a preventive measure and routine checkups.	87%
2	The hospital documents how well chronic care is following its treatment plan.	91%
3	The hospital does follow-up when it does not receive reports from outside partners.	72%
4	The hospital follows up on patients who need monitoring care.	91,5%
	The average value of a positive response	85,4%

Source: *data derived from processed primary sources, 2022*

Table 8 presents the percentage of the average value of affirmative responses to the dimensions of tracking and follow-up patient care, which comes in at 85.4%. This value is regarded to be lower than the reliability criterion of 86%, which can be found in the previous table (Ahrq, 2016).

8) An Analysis of Staff Training Dimensions Conducted by DOSOPSC

There are three question items in the dimension pertaining to staff training. The table that follows contains positive percentages for each component of the question.

Table 9. The Percentage of Staff Members Who Gave a Positive Response to Different Aspects of Staff Training

No	Questions	Percentage of Positive Response
1	Train staff when there is a new or updated treatment method.	92,5%
2	Staff are ensured to receive training in accordance with the job description.	88,6%
3	Staff asked about tasks that had not been taught before.	83,6%
	The average value of a positive response	88,23%

Source: *data derived from processed primary sources, 2022*

Table 9 displays the percentage of the average value of positive responses to the dimension of staff training, which comes out to 88.23%. This value is considered to be higher than the reliability standard of 75% because it shows that more than half of respondents found the dimension to be important (Ahrq, 2016).

9) An Analysis of the DOSOPSC Criteria for Teamwork Dimensions

There are a total of four questions included in the teamwork subcategory. The table that follows contains positive percentages for each component of the question.

Table 10. The Percentage of Staff Members Who Gave a Positive Response to Different Aspects of Staff Training

No	Questions	Percentage of Positive Response
1	When staff at the hospital are busy, other staff will help.	91%
2	Establish good relations between staff.	95%
3	Respect each other.	93,6%
4	This hospital emphasizes teamwork to treat patients.	95,1%
	The average value of a positive response	93,7%

Source: *data derived from processed primary sources, 2022*

Table 10 displays the percentage of people who gave a favorable response on average to questions about the teamwork dimension. This percentage, which is 93.7%, is regarded to be higher than the dependability level, which is 87% (Ahrq, 2016).

10) An Analysis of Working Speed and Pressure Dimensions Using the DOSOPSC Formula

There are four different question items pertaining to the parameters of work pressure and speed. The table that follows contains positive percentages for each component of the question.

Table 11. The proportion of a positive response to the applied pressure and the operational speed

No	Questions	Percentage of Positive Response
1	The staff didn't feel rushed to do maintenance.	43,4%
2	The number of patients according to the capacity of the facilities and infrastructure	46,3%

Table 11. The proportion of a positive response to the applied pressure and the operational speed (cont')

No	Questions	Percentage of Positive Response
3	There are many hospital staff to treat patients.	76%
4	This hospital always provides efficient treatment to patients.	59%
	The average value of a positive response	56,2%

Source: *data derived from processed primary sources, 2022*

Table 11 displays the percentage of the average value of the positive reaction dimensions of work pressure and speed, which is 56.2%. This value is higher than the reliability criteria of 50% since it is regarded to be more than the average value of the positive response dimensions (AHRQ, 2016).

Discussion

According to the findings, four aspects of the study achieved the required level of reliability. These aspects were teamwork and staff training, hospital operations and standardization, work pressure and speed, and work pressure and speed. While there are still six dimensions that do not meet the standard of reliability, these are as follows: communication about the occurrence of errors; overall perceptions of patient safety and quality of care; communication openness; owner/management partner/leadership support in patient safety; tracking and follow-up of patient care; and organizational learning.

The standard for reliability is 71%, while the average value of affirmative replies for the communication dimension regarding the occurrence of errors is 70.5%. Compared to the findings of earlier research carried out by Arbianti and Prakasa (2021), who found an average positive reaction value of 96.3%, the positive response value has been found to be lower. Regarding the communication aspect of error occurrence, the Sultan Agung Islamic Dental Teaching Hospital has discussed management to prevent errors. The staff is willing to discuss and report errors, and these errors will be shared. In addition, the Sultan Agung Islamic Dental Teaching Hospital has discussed handling in order to prevent errors. The hospital administration conducts routine supervision of all units, makes corrections after errors occur, and establishes policies regarding incident reporting procedures in order to provide solace and mutual trust between staff members who fear the repercussions of error reporting. These are some of the various ways that errors can be prevented (Arbianti & Prakasa, 2021). A culture of not assigning blame must be fostered in order to foster a culture of reporting incidents involving patient safety because, in the event that a mistake is made, it is preferable to identify the source of the issue so that an investigation can be carried out and recommendations made to ensure that the error does not occur again (E. A. Lestari et al., 2021).

In this investigation, the response value for the question item "This hospital discusses strategies to prevent recurring errors" was an average of 86.9%, indicating that it is near reaching the maximum possible score of 100%. The Sultan Agung Islamic Dental Teaching Hospital is quite capable of preventing errors even when faults occur on a consistent basis. Currently, the vast majority of hospitals implement communication strategies during handovers to cut down on the number of mistakes that occur when sending or receiving

wrong information. The communication technique is known as the SBAR method (which stands for situation, background, assessment, and recommendation). This method provides an efficient reference for the health team to communicate when reporting patient circumstances, and it also helps build and develop a culture of patient safety (Hilda et al., 2018).

The benchmark for reliability is set at 69%. Still, the average positive response value for the open communication dimension shows that it has a reliability level that is 52.55% lower than that. Compared to earlier research by Arbianti and Prakasa (2021), who found an average favorable response value of 85.5%, the percentage of respondents who gave a positive reaction has reduced. In terms of open communication, Sultan Agung Islamic Dental Teaching Hospital is very open. He encourages personnel to express opinions, reject opinions if they disagree, and dare to raise questions when something goes wrong. In addition, the staff is allowed to reject viewpoints. The provision of high-quality medical care relies heavily on openness and communication among all parties involved. In medicine, a failure to communicate properly might have catastrophic consequences (Arbianti & Prakasa, 2021). Communication like this takes place not only between the medical personnel and patients but also between all of the staff members. Communication patterns influence patient safety culture. Communication founded on mutual trust and openness (mutual trust and openness) and excellent information flow and processing (good information flow and processing) can strengthen a patient safety culture. Communication patterns indicate mutual trust and openness (Kusumapradja, 2017).

According to the findings by Hexanini and colleagues (2021), there is a correlation between efficient communication and a culture that prioritizes the safety of patients at the Elang Medica Corpora Tangerang Hospital. This finding is consistent with their findings. In this investigation, the question item "Staff was asked to express a point of view on an alternative at the hospital" yielded the highest positive response value of 62%. The question item "It is easy to express disagreement in this hospital" yielded the lowest response value of 40%. The highest positive response was obtained from the question item "Staff was asked to express a point of view on an alternative at the hospital." Staff members are allowed to openly share their ideas if there is something that has the potential to have a detrimental impact on patient care. In this instance, the staff is competent enough to communicate if there is a problem with medical treatment. An essential component of a culture of patient safety is promoting open communication and trust among staff members through disseminating feedback (Idris, 2017). Good communication will positively impact the quality of health services and can create room for mutual correction, various ideas, and suggestions if there is inappropriate treatment. Good communication will also have an impact on the cost of providing health services (Sanyal & Hisam, 2018).

The standard level of reliability is 69%. However, the average value of the positive reaction to the dimensions of the process and standardization of the hospital demonstrates a level of dependability greater (77.75%) than the standard level. Sultan Agung Islamic Dental Teaching Hospital is well-organized since it follows standard practices for routine maintenance. It is clear from the questions that have a high positive response value, specifically the "Staff at this hospital follow standards in carrying out their duties," which has

a response value of 95%. Services that are safe, prompt, efficient, effective, patient-centered, equitable, and integrated are all considered examples of quality health care.

Improving the internal and exterior quality of the hospital is necessary to realize the full potential of the quality of the services provided by the hospital (Lim et al., 2018).

On the other hand, the fact that the answer to the question "We have no difficulty with the division of labor in the hospital" received a positive response value of 38% indicates insufficient access to human resources. A question item titled "This hospital is organized/regular" is also located inside this dimension. The positive answer value for this question item is 84%. On the basis of these two questions items, Sultan Agung Islamic Dental Teaching Hospital is good enough to arrange an order to carry out maintenance. However, it still lacks in providing human resources due to the fact that it still has problems in the division of tasks. Every hospital should make it a top priority to cater to the requirements of their patients and ensure their happiness. Hospitals must be managed ideally with a competent service management system for treatment to be carried out in a manner that is both effective and efficient in order for the hospital to fulfill its function in delivering dental and oral health services (Mardelita et al., 2018). The use of management activities such as planning, organizing, directing, coordinating, and regulating resources and managing time are all components of effective management (Juliawati, 2015).

The fact that the average value of affirmative replies for the aspects of organizational learning is less than the dependability criterion of 80% suggests that the level of reliability is lower than expected. Compared to the findings of prior research by Arbianti and Prakasa (2021), who found an average positive reaction value of 82.3%, the positive response value has reduced. The organizational learning dimension examines the practices that health organizations implement in the delivery of preventative care and health services to ensure that patients do not experience adverse medical outcomes. According to the findings of the study, which showed the value of a positive response to the question items "When there is a problem in the hospital, you think about changing the way things work in the hospital" and "After the hospital makes changes to improve patient care, you evaluate whether the changes were successful or not," the value of a positive response is equal to 66.6%. In order to enhance their overall performance in the delivery of healthcare services, hospitals need to examine their past errors, learn from their past errors, and explore new chances. Learning is a culture that already exists inside the hospital medical service system and a value that all medical workers must demonstrate in their work (Idris, 2017). According to Kim, organizational learning emphasizes the learning process at the individual level in order to boost the degree of satisfaction experienced by stakeholders. When a company hires knowledgeable and skilled employees, the organization reaps the benefits of the actions performed by educated persons (Hastutik & Risnawati, 2019). Pantouvakis & Mpogiatzidis (2013) also mentioned that the idea of a Learning Organization plays a part in one's level of contentment in their work and will lead to a rise in both work effectiveness and efficiency (Diharjo, 2017). Implementing organizational learning is necessary for every firm. Methods of learning that need to be developed for organizations fall into one of these four categories:

a) The organization becomes familiar with the data, information, practices, and protocols that will be used in the event that something goes wrong.

b) Organizations gain additional abilities that can be utilized in various circumstances in the event that things go awry. In this strategy, specialists from different organizations are solicited or invited to contribute their knowledge.

c) Organizations acquire the ability to change in order to find solutions to difficulties. The best approach to learning is by practicing and reflecting on one's past errors, which can be accomplished through trials (experiments).

d) Businesses analyze creative thinking and innovative practices in order to plan for the future. (Myers, 2011)

There is a lower degree of dependability (74.95%), as opposed to the normal reliability (80%), indicated by the average value of the positive response dimensions of the overall perception of patient safety and quality of care. In establishing a culture of patient safety, this aspect addresses error management and care provision. Viewing another individual while considering one's own experiences, education levels, insight, and knowledge constitutes perception (Kherawati et al., 2020). In this study, there was a very high positive response value, specifically the question item "At the hospital, you are very good at preventing errors that can happen to patients," which received a response rate of 100%. This finding indicates that the hospital staff is great at preventing errors that can occur to patients. The professionals at Sultan Agung Islamic Dental Teaching Hospital have taken all necessary precautions to eliminate the possibility of making mistakes while providing treatment. Then, there are question items with the same positive answer score of 66.6%. These are the question items "Errors rarely occur in hospitals" and "You are successful in handling errors that occur in patients at the hospital." The fact that each item in the questions had good response ratings suggests that errors are uncommon at the Sultan Agung Islamic Dental Teaching Hospital due to the fact that the personnel is prepared to deal with any problems that do occur.

The leader or manager is responsible for demonstrating their dedication to patient safety as part of developing a positive perception. As a result, each behavior must demonstrate an attempt to establish a culture of patient safety (Mulyati et al., 2016a). In this study, there was a question item that asked, "Hospitals are more concerned with the quality of care than doing much care," and the study found that 66.6% of participants agreed with this statement. Sultan Agung Islamic Dental Teaching Hospital employees are concerned about the quality of care they provide. The culture fostered and nurtured within a healthcare facility directly impacts the standard of care that can be delivered to patients. According to the findings of research by Chakraborty and colleagues (2021), attempts to implement high-quality patient safety services must be carried out by leaders and managers, who must then emphasize and remind other staff members. As a result, the team is able to work more efficiently, which boosts the overall quality of the service and protects patients from the possibility of unforeseen occurrences.

The benchmark for reliability is 69%, and the average value of affirmative responses for the owner/management partner/leadership support dimension in patient safety is 68.75%. The level of reliability is lower than the standard. Compared to earlier research by Arbianti and Prakasa (2021), who found an average favorable response value of 75.7%, the percentage of respondents who gave a positive reaction has reduced. Within the scope of this research project, there were four questions about the role of hospital finance managers in managing

the quality of hospital services. Two question items had a high positive response value. These were the question items "Hospital managers always conduct discussions about preventing recurring errors in patient care" (77%) and "Hospital managers pay attention to improving the quality of patient care" (87%).

Both of these question items were answered in the affirmative by a high percentage of respondents. The leadership of Sultan Agung Islamic Dental Teaching Hospital, particularly within the finance department, pays attention to the quality of care in order to prevent making mistakes. Ability in leadership and dedication to the cause will decide whether or not policy implementation is successful. It is impossible to separate the job of a leader from their active participation in the implementation of a patient safety culture (Siagian, 2020). The expectations managers set, and the actions they take constitute an evaluation of their ability to increase patient safety. This evaluation can be demonstrated in a variety of ways, including the fact that the manager pays attention to staff suggestions to improve patient safety, praises staff members who comply with patient safety procedures, and does not disregard patient safety concerns. There are two queries with a low degree of difficulty in this research. The first is titled "Hospital managers have invested sufficient resources to improve the quality of services at hospitals" (53%), and the second is titled "Hospital managers make decisions by considering the interests of patients, not just the interests of the hospital." The hospital's leadership has a problem due to this situation. When leaders prioritize improving their organizations' safety culture, the risks to patients can be reduced through enhanced mobility and productivity. The offering of rewards is one method that can be utilized to increase staff productivity. Rewards can come in various packages, including base pay or wages, incentives, achievement fees (bonuses), career possibilities or promotions, vacations, and pensions. The personnel should be compensated for their efforts and sacrifices, as this shows respect for their efforts. Compensation is essential (Octario, 2022). Since providing support to workers is one of the seven steps toward ensuring patient safety in hospitals, compensation can also be utilized as an investment in a patient safety system to deliver the highest possible level of care in a risk-free environment. In hospitals, high patient safety levels are supported by strong leadership, policies, management, compliance with organizational structures and resources, and effective systems (Wianti et al., 2021).

The conventional level of reliability is 86%. In comparison, the average value of the positive response dimensions of patient care tracking and follow-up suggests a degree of reliability that is lower than 85.4%. Sultan Agung Islamic Dental Teaching Hospital performs follow-ups on patients, particularly patients with chronic conditions requiring monitoring; they also perform follow-ups when receiving data from outside partners, and they remind patients about medication schedules. The activity of following up on previous actions or products is known as follow-up (Jayusman et al., 2021). Follow-up is a process that is carried out in the healthcare industry for patients who are currently receiving treatment. This process aims to remind patients of their treatment schedules or to carry out monitoring. In dental health, the use of teledentistry, a subset of telemedicine, as a method for following up with patients has been increasingly popular in recent times. This technique can be utilized for various purposes, including consultations between medical professionals and patients, remote examinations performed by service providers, post-operative patient monitoring, and dissemination of health information to patients (Ghai, 2020). Applications for sending and

receiving short messages, such as WhatsApp, Telegram, SMS, and Messenger, may be utilized for the communication system involved in teledentistry. Patients who need therapy or who have already had treatment have an urgent need to be observed, particularly those in medically compromised states. When a patient has this condition, they have specific problems or diseases that require them to speak with a physician before taking any action linked to the ailment (Vitria, 2011).

The standard for reliability is set at 75%, but the average value of the positive response dimensions of staff training suggests a higher reliability (88.23%) than that standard. Sultan Agung Islamic Dental Teaching Hospital trains staff when there is a new treatment according to their duties and encourages them to ask questions about tasks they have not been taught. Additionally, this demonstrates that staff is free to ask questions about duties that they have not been trained. In this investigation, the value of a highly favorable answer was in the question item "Training personnel when there is a new or existing therapy," which is 92.5%. This value was found to be significant. A staff education and training program has been implemented at Sultan Agung Islamic Dental Teaching Hospital in accordance with the patient safety standards specified in Minister of Health Regulation No. 11 of 2017.

There is a connection between education and training on the culture of patient safety. If staff members have sufficient knowledge and skills about patient safety, the culture of patient safety will develop. When it comes to providing services, every member of staff must have the same understanding of the significance of safety and security (Yarnita, 2018). Staff development programs involving training and education are effective programs that can boost hospital staff productivity and encourage a pleasant work environment in hospitals. These programs will also help hospitals maintain a safe and clean working environment (Marquis & Houston, 2012). This research also includes a question item with a positive answer value of 88.6% entitled "Staff are ensured to receive training in accordance with the job description." Sultan Agung Islamic Dental Teaching Hospital employees participate in programs and training tailored to their specific areas of expertise. The training approach that is selected needs to be modified in accordance with the nature of the work that will be carried out, as well as the skills that will be expected of the workforce. The Hill training approach can be broken down into three categories, which are as follows:

1. Different Types of Presentations

The staff members' only role in this strategy is to take in information or act as bystanders. In this strategy, either instructors or resource persons are utilized. This kind of training can be delivered in person by having classes or seminars at the location itself, or it can be delivered remotely using technologies like Zoom and Google Meet.

2. Practical Applications

This strategy inspires active participation on the part of the personnel in the training process. Studying the capabilities and areas of knowledge of each staff member in relation to their respective fields is how this strategy is carried out. After that, it is put into direct practice so that the personnel can better understand what to do when carrying out their duties.

3. Techniques for the Formation of Groups

This form of training is carried out in groups. During these sessions, employees share their thoughts and experiences to understand one another's working environments better.

This kind of training consists of holding dialogues with different members of the workforce. (Hadinata, 2015)

The average positive answer value for the cooperation component demonstrates a degree of reliability significantly higher than the conventional level of dependability (87%). This level of reliability is 93.7%. Because the score is so close to reaching 100%, as shown by the average percentage of correct answers to each question, it is clear that the aspect of collaboration at Sultan Agung Islamic Dental Teaching Hospital is strong. The score was calculated. Compared to prior research conducted by Arbianti dan Prakasa (2021), which revealed a positive response value of 89.3% for the teamwork dimension, the value of this positive reaction has grown, indicating that it is favorable.

Staff members at the Sultan Agung Islamic Dental Teaching Hospital are able to collaborate productively, respect one another, and assist one another, all of which contribute to the development of positive relationships among staff members. The hospital staff needs to improve their ability to work together as a team to ensure that everything goes smoothly regarding patient safety. Team building and capacity building are two activities that can facilitate the development of positive interactions and lines of communication among employees. Capacity building is an effort to strengthen an organization by developing and mastering competencies, skills, potential, and talents so that the organization can survive and overcome challenges and changes. Team building is building a team from scratch, whereas capacity building is an effort to strengthen the organization (Ratnasari et al., 2016). A culture of teamwork exists within the realm of patient safety, and staff members will always require the assistance of other health workers. The effectiveness of the team in providing safe patient care is of the utmost importance, and productive collaboration will pave the way for the establishment of a culture of safety for patients (Elsa Ambarwati Lestari et al., 2021). In order to ensure that the healthcare delivery procedure is carried out in the most effective manner possible, every department in the hospital must lend its support to the institution of a high-quality culture of patient safety and collaborate in the development of a working system (Jayusman et al., 2021). The following are some of the elements that contribute to the development of teamwork within an organization:

a) Taking the work being done more seriously can be the consequence of two or more persons sharing a sense of responsibility

b) Cooperating to do the tasks delegated to you.

c) If staff members can communicate effectively and build trust with one another, they will be better able to assist one another.

d) Working together as a team can improve cohesiveness (Hatta et al., 2017).

A higher level of reliability (56.2%), as indicated by the average value of the affirmative response for the dimensions of operating pressure and speed, can be inferred from the fact that the reliability requirement is set at 50%. Compared to earlier research by Arbianti and Prakasa (2021), who found an average positive response value of 73%, the percentage of respondents who gave a positive reaction has reduced. At Sultan Agung Islamic Dental Teaching Hospital, because there is a healthy balance between the number of patients and staff members, the staff never feels rushed when administering therapy, and the treatment can be administered effectively. There is a correlation between the number of patients that need to be treated and the level of productivity displayed by the staff. If there are too many

patients or the facility's capacity is exceeded, treatment will be less effective, and the staff or nurses may feel pressure while on the job. An uneven distribution of labor and personnel might jeopardize patient safety (Siagian, 2020).

Stresses depends on the equilibrium between the resources needed to meet the demands and the demands themselves (experience and skills). When many demands are placed on someone, they may feel anxious, have trouble concentrating, or get irritable (Kherawati et al., 2020). The National Institute for Occupational Safety and Health states that illness or health has a high tendency to cause work stress or depression.

In contrast, the American National Association for Occupational Health (ANAOH) places work stress on nurses at the top among 40 cases of work stress. The National Institute of Occupational Safety and Health conducted both of these studies (Sari et al., 2017). Demands to improve the quality of service are becoming an increasingly significant source of stress. They are increasing the burden of nurses, necessitating support from the leadership and management of the hospital through the management of human resources (HR). Complaints about a lack of employees, regarding healthcare team and support staff, are common among nurses (Mulyati et al., 2016b); because HR is such a crucial factor in a firm's progression and success, it must pay attention to both the quality and quantity of its employees. The staff will experience both physical and mental weariness due to stress and high workloads, which can be hazardous both for the staff members themselves and the patients (Rahayu, 2017).

CONCLUSION

Different positive response values are shown in the overall image of patient safety culture at Sultan Agung Islamic Dental Teaching Hospital, although the results are not significantly different. There are four dimensions in which the average positive response value has surpassed the reliability standard. These are the dimensions of teamwork, staff training, hospital processes and standardization, and work pressure and speed. On the other hand, there are six dimensions where the average positive response value is still below the reliability standard. These are the dimensions of communication about the occurrence of errors, perceptions of overall patient safety and quality of care, open communication, owner/management partner/leadership support in patient safety, patient care tracking/follow-up, and organizational learning.

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