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A Model of Patient Safety Culture from Personal and Organizational Factors with Motivation as a Mediating Variable

Santi Anugrahsari[1*], Cicilia Windiyaningsih[1], Ahdun Trigono[1]

[1]Master of Hospital Administration Study Program, Universitas Respati Indonesia

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***Corresponding author:** Santi Anugrahsari
Master of Hospital Administration Study Program, Universitas Respati Indonesia

Abstract

The primary concern in healthcare services within hospitals is patient safety. Quality management and patient safety are not only related to medical factors; several non-medical factors also influence them. These factors are personal, organizational culture, motivation, and patient safety culture. There has been no research at Koja Regional Hospital to date regarding patient safety culture related to personal factors, organizational culture, and motivation, which are crucial for implementing a patient safety culture as a primary step in improving service quality. This study aimed to identify and explain the factors that influence patient safety culture, including personal factors, organizational culture, and motivation. It used a cross-sectional design. Primary data were collected through questionnaires with 116 respondents. This study involved a dependent variable, Patient Safety Culture, two independent variables, Personal Factors and Organizational Culture, and one mediating variable, Motivation. It was analyzed using path analysis via Structural Equation Modeling (SEM). The results showed that personal factors have a significant positive effect on patient safety culture, indicated by a path coefficient of 0.311, a T-statistic of 3.603 ($p = 0.000$). Correspondingly, organizational culture plays a positive and significant role, with a path coefficient of 0.396 and a T-statistic of 2.957 ($p = 0.003$). The influence of organizational culture on motivation shows a path coefficient of 0.778 and a T-statistic of 11.996 ($p < 0.000$). To improve patient safety culture, Koja Regional Hospital requires simultaneous, complementary, and continuous interventions. The success of a patient safety program depends not only on individual abilities but also on innovation within a supportive organizational culture, good motivation, and a work environment that fosters patient safety.

Keywords: Organizational Culture, Motivation, Patient Safety, Patient Safety Culture, Personal Factors.

INTRODUCTION

Patient safety is an important aspect of health care in hospitals since its management involves a number of factors, not only medical-related ones. The patient safety culture reflects the attitudes, norms, and values shared by the entire hospital staff. These include awareness of risk, involvement in efforts to minimize errors, and a commitment to patient safety as a top priority. This culture must be built from top to bottom, with the support of hospital leadership and strengthened through ongoing training and education. To achieve effective patient safety management, hospitals must focus on all these factors simultaneously. Patient safety is a shared responsibility of the entire organization, not an individual one.

Personal factors refer to how each individual is involved in patient care. Everyone who works in a hospital, whether working in the medical or non-medical field, must have knowledge, skills, and attitudes that support patient safety. They must be committed to complying with standard procedures, understand the potential risks, and always be alert to possible errors. The hospital community working in the medical unit is obliged to provide ongoing training and education to ensure that they are up to date in the field of medical and patient safety. Research in Swedish hospitals by Ridelberg *et al*., (2014) found 22 factors affecting patient safety, including patient, staff, team, task, technology, work environment, organizational, and institutional factors.

To maintain patient safety, hospitals must provide adequate organizational support. Having an open incident reporting system, methods for identifying and mitigating risks, and a culture that supports open communication are all examples (Alser *et al*., 2020). The organization must also ensure that medical personnel have access to necessary resources, such as adequate medical equipment. Organizational culture is critical in shaping patient safety culture in healthcare settings. Research shows that organizational culture, including leadership style, teamwork, and communication, significantly influences health care providers ' attitudes toward patient safety (Sinurat *et al*., 2023; Permanajati & Hastuti, 2023). Previous research has shown that a positive organizational culture, characterized by teamwork within the unit and organizational learning, is associated with better patient safety outcomes and lower reported sentinel incidence rates (Alnawajha & ALBaqami, 2023).

Motivation effectively shapes patient safety culture in healthcare settings. Studies have shown that work motivation positively influences patient safety by mediating the effects of interprofessional collaboration and transformational leadership (Rizkia *et al*., 2022). Furthermore, nurse motivation and the role of the head nurse are significantly related to patient safety culture, which suggests increasing motivation levels and optimizing nursing leadership efforts to improve patient safety practices (Wulandari *et al*., 2019). Establishing an organizational climate that focuses on patient safety is critical to improving nurse safety behavior, as it can improve safety knowledge and motivation, ultimately advancing patient safety culture in healthcare organizations (Purwanto *et al*., 2020). Koja Regional General Hospital has taken an active role to improve the health of the community in DKI Jakarta and sought to prioritize patient safety through improving patient safety culture. Therefore, it is necessary to conduct a study related to Personal factors, organizational culture, and motivation of Patient Safety Culture.

RESEARCH METHODS

This research used a cross-sectional design with measurements on the independent variable, mediation, and dependent variables carried out in parallel with the correlational analysis to identify the strength and direction of the relationship among the variables. The variables consisted of a dependent variable, patient safety culture, two independent variables, personal factors and organizational culture, and one mediation variable, motivation. The sample of the study was determined using the Slovin formula, with 116 respondents. They were selected using proportional stratified random sampling. This research has been through the ethical assessment procedure of the Research Ethics Commission of Universitas Respati Indonesia, number 252/SK.KEPS/UNR/V/2025.

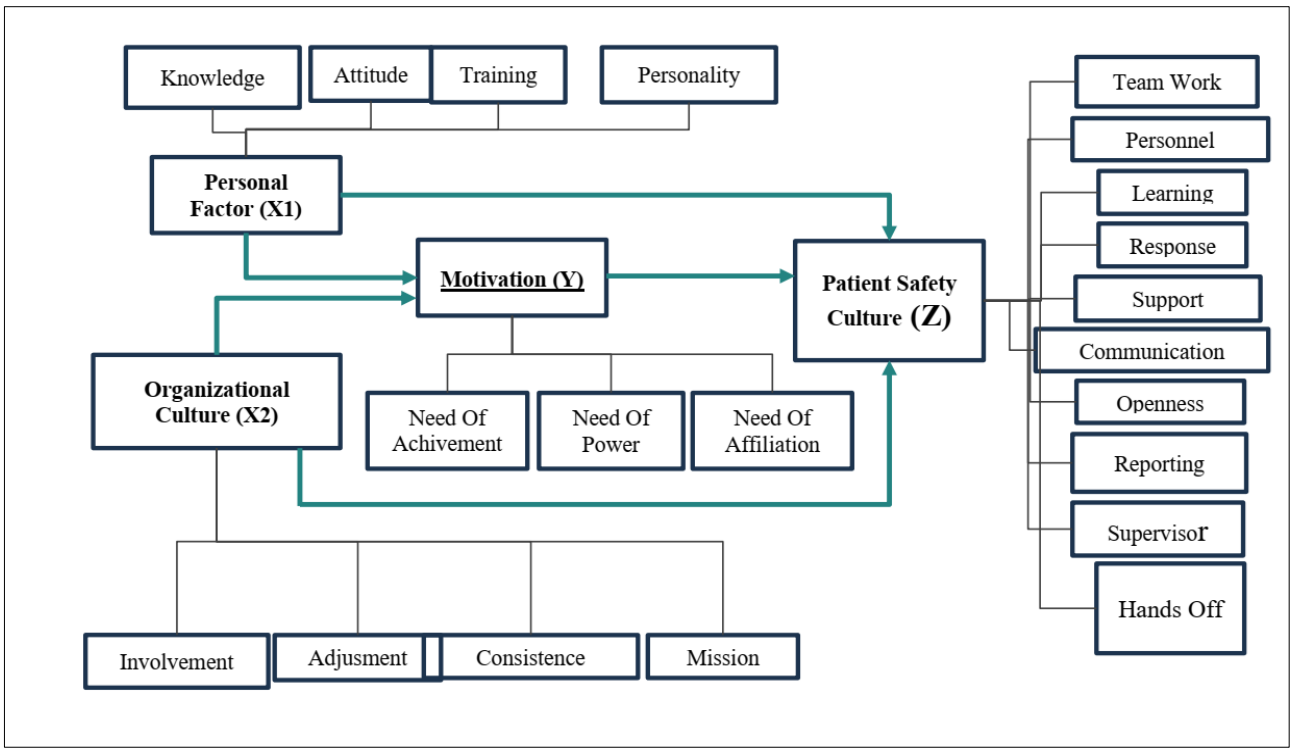


Figure 1: Conceptual framework

RESULTS AND DISCUSSION

Nurses made up the largest group of respondents, with 79 individuals or 68.1% of the total. Most of them, 73 (62.9 %), were in the functional positions/health workers, and 18 of them (15.5%) were in the NICU unit. Based on gender distribution, the

majority of respondents were female, totaling 91 or 78.4% of all participants. In terms of age, most respondents were in the 27–31 age group, consisting of 29 individuals or 25% of the total sample.

Based on education, most respondents have gained a bachelor's degree/professional education, with 75 individuals or 64.7% of the total respondents. Based on the length of work in the same hospital, most respondents came from the group of 6 years – 10 years, with 50 respondents or 43.1% of the total number. Most respondents belonged to the 6–10 years of service group, with 44 individuals or 37.9% of the total. In terms of average working hours, most respondents worked more than 40 hours per week, with 63 individuals or 54.3% of the sample. Based on interaction type, 96 respondents (82.8%) reported having direct interaction, which was higher than those without direct interaction.

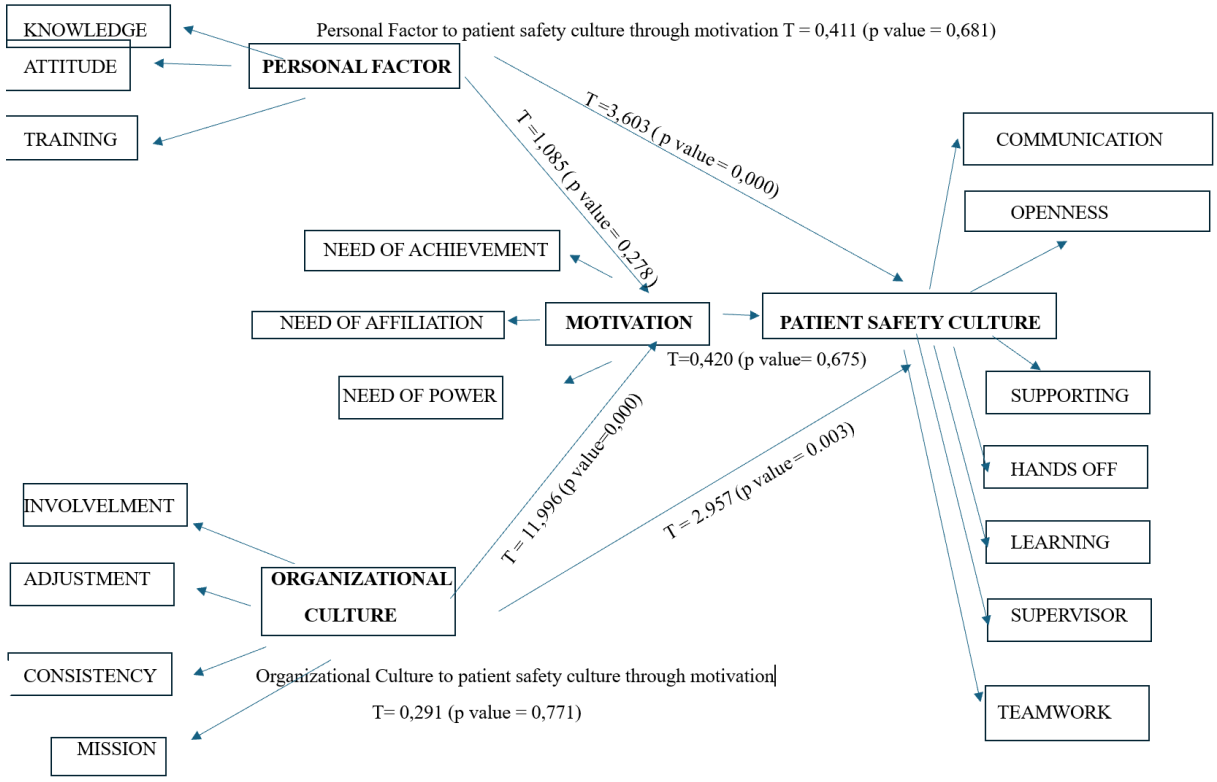
Table 1: Demographic Characteristics of Respondents

Characteristics	Frequency n(%)
Position	
Administrative/Office Staff	5(4.3)
Pharmacist Assistant	1(0.9)
Doctor	5(4.3)
Specialist Doctor	2(1.7)
Security	9(7.8)
Nurse	79(68.1)
Other	15(12.9)
Department	
Functional/Health Personnel	73(62.9)
Management/Non-Health Personnel	19(16.4)
Other/PJLP	24(20.7)
Unit	
Pharmacy	1(0.9)
ICU	1(0.9)
Emergency Room	11(9.5)
Operating Room	12(10.3)
Security	6(5.2)
Laboratory	1(0.9)
Administration Office	2(1.7)
MCU	1(0.9)
NICU	18(15.5)
Registration	1(0.9)
PICU	11(9.5)
Polyclinics	13(11.2)
Pediatric Unit	1(0.9)
Surgical Unit	2(1.7)
Neurology Unit	9(7.8)
Obgyn Unit/Delivery Room	2(1.7)
Internal Medicine Inpatient	7(6.0)
Other	17(14.7)
Sex	
Men	25(21.6)
Women	91(78.4)
Age	
<21 years old	1(0.9)
22 – 26 years old	5(4.3)
27-31 years old	29(25.0)
31 – 36 years old	31(26.7)
37-41 years old	17(14.7)
42-46 years old	16(13.8)
47-51 years old	13(11.2)
52–56 years old	3(2.6)
>56 years old	1(0.9)
Education	
High school	28(24.1)

D3	11(9.5)
Bachelor's Degree/Professional Training	75(64.7)
S2/Specialist	2(1.7)
Length of Work	
2 – 5 years	22(18.9)
6 – 10 years	50(43.1)
>11 years	44(37.9)
Length of work in the Unit	
<1 year	8(6.9)
1 – 5 years	39(33.6)
6 – 10 years	47(40.5)
>11 years	22(19.0)
Average working hours	
<30 hours per week	8(6.9)
30 – 40 hours per week	45(38.8)
<40 hours per week	63(54.3)
Direct Interaction	
Yes	96(82.8)
No	20(17.2)
Total Respondents	116(100.0)

Source: Primary Data, 2025

This research used the Structural Equation Model (SEM) because it involved the relationship between constructs, with exogenous and endogenous variables. THE SMART PLS application was used for its complete features. In this model, all construct variables have direct indicators. There are four constructs: personal factors, organizational culture, motivation, and patient safety culture. Each construct has a dimension, and each dimension has an indicator.



Source: processed results by researchers using SmartPLS 4 (Ringle et al., 2022)

Figure 2

The Relationship between Personal Factors and Patient Safety Culture

Personal factors influence the implementation of patient safety culture. The better the personal factors of nurses, the better their behavior in the implementation of patient safety culture. Strengthening the personal factors of nurses could help hospitals improve service quality. Nurses should own the personal factors, which consist of knowledge, attitude, motivation, and competence, in the implementation of patient safety culture. Several personal factors have been shown to contribute significantly to patient safety culture (Nasrija *et al*., 2024).

In this study, the Structural Equation Modeling (SEM) analysis found that personal factors have a significant positive impact on patient safety culture. This is indicated by the path coefficient of 0.311, t-statistic value of 3.603, and p-value of 0.000. This positive coefficient value means that the better the personal factors within the medical personnel, the more solid the patient safety culture created in the hospital. A statistical t-value that exceeds the critical limit (1.96) and a p-value below the significance threshold of 0.05 indicate a statistically significant influence.

The pathway coefficient of 0.311 indicates that personal factors contribute directly to strengthening patient safety culture. Although it is not the only factor that has a strong influence, this contribution is important in efforts to improve quality and safety. The T-statistic of 3.603 reflects that the level of confidence in this impact is extremely high, with an error rate (p-value) of only 0.000 or < 0.001. In other words, it is very unlikely that this outcome happened by chance.

The Relationship between Organizational Culture and Patient Safety Culture

The findings related to the supporting indicators of the Organizational Culture construct indicated that the path coefficient for organizational culture involvement was 0.294 ($t = 24.240$, $p < 0.001$). Meanwhile, the path coefficient for organizational culture consistency was 0.292 ($t = 22.785$, $p < 0.001$). The path coefficient from mission to organizational culture was 0.274 ($t = 17.113$, $p = 0.000$), while the path coefficient from adaptation to organizational culture was 0.259 ($t = 15.918$, $p = 0.000$). The analysis of Structural Equation Modeling (SEM) revealed that all important aspects of Denison's organizational culture framework-engagement, consistency, mission, and adaptability have a positive and substantial impact on building a strong organizational culture in the hospital environment. Each of these aspects shows a positive coefficient and a statistical t-value that far exceeds the critical number of 1.96, coupled with a p-value of less than 0.05. This indicates that the effect is statistically significant. Therefore, these four aspects of the Denison model collectively play an important role in shaping the organizational culture of hospitals that support the realization of patient safety. Engagement appears to be the most influential aspect (0.294), followed by consistency (0.292), mission (0.274), and adaptability (0.259). Although the differences in the coefficient are not substantial, the pattern implies that the strengthening of internal aspects (involvement and consistency) is more dominant than external or strategic factors (mission and adaptability) in shaping organizational culture in hospitals that are the focus of research.

The Structural Equation Modeling (SEM) analysis found that organizational culture has a positive and significant role in shaping patient safety culture. This can be seen from the path coefficient of 0.396, with the T-statistic value reaching 2.957 and the p-value at 0.003. The value of the path coefficient of 0.396 indicates that the role of organizational culture is significant in the practice of forming a patient safety culture. It means that every one unit increase in the quality of organizational culture is expected to boost patient safety culture by 0.396 units. A T-statistic of 2.957, and over the critical limit of 1.96 (at a 5% significance level), indicates that the effect is statistically significant. Meanwhile, a p-value of 0.003 (which is smaller than 0.05) signals that this relationship is not merely coincidental but rather supported by solid empirical data. These findings further confirm the understanding that patient safety culture cannot stand alone. It relies heavily on organizational culture, which is the cornerstone of collective values, norms, and behavior in health care organizations. Therefore, the stronger the organizational culture instilled in hospitals, the higher the level of patient safety culture in behavior, systems, and daily workflows.

The Relationship between Motivation and Patient Safety

The SEM analysis on indicators supporting motivation constructs revealed that three important aspects of McClelland's motivation theory, the drive to achievement, the desire to build close social relationships, and the desire to influence others, have a positive and significant impact on the motivation of health workers in the hospital environment. These three factors show a path coefficient that exceeds 0.3, a t-statistic value that is way higher than the critical limit of 1.96, and a p-value of 0.000. This indicates that the correlation is very statistically significant and contributes greatly to the formation of work motivation of health workers.

The analysis of Structural Equation Modeling (SEM) showed that motivation did not affect patient safety culture. The value of the negative path coefficient (-0.048), the small value of the T-statistic (0.420 < 1.96), and the p-value of 0.675 (> 0.05) mean that it is not statistically significant. The relationship between the motivation of health workers and patient safety culture proved to be insignificant in this hospital. The negative coefficient (-0.048) indicates that the higher a person's motivation, the more the patient safety culture. In fact,

statistically speaking, the direction of influence tends to be opposite, albeit very small and insignificant. The T-statistic value of 0.420 is clearly well below the threshold of 1.96. p-value = 0.675. It indicates that there is most likely no real relationship between motivation and patient safety culture among health workers at this hospital. It may be that someone has high motivation, but if it is not supported by the system, organizational culture, and good governance, that motivation is not strong enough to affect patient safety. It is possible that the entire hospital staff is motivated, but hampered by poor facilities, less supportive policies, or leaders who are less responsive to incident reports. As a result, behavior that prioritizes safety does not materialize even though the motivation from within already exists. Patient safety culture is more determined by the system, leadership, open communication, training, as well as strengthening organizational values. If these things are not addressed, personal motivation has no place to be realized in concrete actions. These findings imply that motivation alone is not sufficient to promote a patient safety culture without the support of organizational structures, work systems, and shared values. Therefore, system improvements and organizational culture changes remain key to strengthening patient safety in hospitals.

Relationship between Personal Factors and Motivation

The Structural Equation Modeling (SEM) analysis revealed that the personal aspect has no significant impact on motivation. The negative path coefficient value is -0.090, a statistical T-value of 1.085, well below the threshold of 1.96, and a p-value of 0.278, well beyond the significance limit of 0.05. Statistically, there is no significant relationship between personal aspects (knowledge, attitude, training, and personality) and the work motivation of health workers at the hospital where this research was conducted. The negative coefficient (-0.090) suggests that, in general, improvements in personal aspects are less likely to trigger work motivation—although this link is very weak and insignificant. The statistical T-value of 1.085 and p-value of 0.278 indicate that, statistically, there is not enough evidence to state that personal aspects affect the work motivation of health workers in this study.

These findings suggest that, although important in shaping professional behavior, knowledge, attitudes, training, and personality are not necessarily the main triggers for health workers ' internal impulses. It may be that health workers have good knowledge, participate in training, and have a positive attitude, but if the work environment is not supportive, there is no reward system, or leadership is weak, work motivation will still not grow optimally. This result could also mean that, in the context of this hospital, work motivation is more influenced by organizational structural factors, such as incentive systems, team relationships, leadership, workload, or organizational culture, rather than purely personal aspects. We suggest that hospitals should focus on improving the work environment and organizational systems, because work motivation seems to be more influenced by external contexts than individual factors. The improvement of the personal aspect is associated with motivating human resource management strategies, such as rewards, recognition, and performance-based promotions.

The Relationship between Organizational Culture and Motivation

The analysis using the SEM approach highlights the strong influence of organizational culture on motivation in this hospital. A path coefficient of 0.778 indicates a considerable positive impact of organizational culture on their morale. T-statistic reached 11.996 with p value< 0.000, hinting at a considerable degree of significance. In the presence of a solid and steady organizational culture, motivation increases sharply. The path coefficient is an important measure in this regard. According to recent studies, organizational culture plays a major role in increasing the work motivation of health workers in hospitals, with the results showing that the right organizational culture can have a major impact on their morale. The statistical data presented also showed that the effect was statistically significant not only by chance but based on consistent empirical evidence. These findings suggest that cultural factors such as employee participation, accuracy in the values invoked, and flexibility in dealing with change have an important impact on the intrinsic and extrinsic motivation of medical staff. Previous research has revealed that organizational culture and motivation have a significant positive impact on commitment within an organization. Besides, these aspects also contribute to the performance of nurses. The path analysis revealed that the direct effect of culture on the performance of nurses is more influential than through organizational commitment. The same thing happens with motivation. The coefficient of determination (R^2) reached 0.8269 in total, which showed that 82.69% of the nurses' performance was influenced by organizational culture and motivation, while 17.31% came from other factors. Thus, it can be concluded that the direct influence of organizational culture on the performance of nurses is the strongest and most effective way(Saryadi, 2018). Other research also suggests that organizational culture has a positive and significant effect on work motivation (M Yunita; RS Hidayat, 2020).

The Relationship between Personal Factors and Patient Safety Culture through Motivation

Some factors may be the cause of problems in the hospital. First, the patient safety training provided does not seem to have made any significant changes. In many cases, training is more impressed as a condition to qualify for accreditation or to fill out notes, not to foster awareness and encouragement from within. As a consequence, staff are not motivated to apply it in daily practice even though they are familiar with it. In

addition, the working atmosphere in hospitals tends to be less supportive. The culture in hospitals has not yet fully prioritized safety. Furthermore, the incident reporting system is also not running well. There may also still be a tendency to blame each other, so that staff are reluctant to implement and report safety practices.

Another contributing factor is the excessive workload. Health workers often experience pressure from heavy workloads, staff shortages, and accumulated administrative affairs, which makes it difficult to implement safety standards. Under such demanding conditions, the willingness to act safely may decrease, even though they actually have good knowledge and attitude. Moreover, motivation is often misaligned with hospital goals because there is no reward or recognition for actions that prioritize safety. Staff do not see the connection between their efforts to maintain safety and their performance. As a result, their motivation falters, even if they personally support it.

The Relationship between Organizational Culture and Patient Safety Culture through Motivation

A question that arises from this study is why organizational culture influences motivation and patient safety culture, yet does not influence patient safety culture through motivation as a mediating variable. The research results show that organizational culture has a significant direct effect on patient safety culture (path coefficient = 0.396; T-statistic = 2.957; p-value = 0.003), and also has a significant effect on motivation (path coefficient = 0.778; T-statistic = 11.996; p-value = 0.000). However, further analysis indicates that motivation does not mediate the relationship between organizational culture and patient safety culture (indirect coefficient not significant; $p > 0.05$).

This finding suggests that organizational culture exerts a direct rather than indirect effect on patient safety culture. It means that a strong and positive organizational culture directly shapes employees' behaviors and attitudes toward safety, without necessarily depending on motivational factors as an intermediary. Moreover, these results align with Denison's theory, which posits that the strength of organizational culture—characterized by employee engagement, value alignment, mission understanding, and organizational adaptability—can shape consistent behavioral patterns and work systems that sustain service quality and safety. In the hospital context, this culture is manifested through the implementation of incident reporting systems, clinical oversight, quality audits, and management support for patient safety initiatives. Therefore, organizational culture plays an important structural determinant that directly shapes the patient safety culture within healthcare institutions.

CONCLUSION

The current study revealed that personal factors, including knowledge, attitudes, and training, have been shown to have a significant positive effect on patient safety culture. Investment in improving individual competencies could effectively shape safety behaviors in hospitals. However, personal factors have no significant effect on motivation. These findings indicate that community motivation is influenced more by contextual factors than by internal individual variables. Within the Personal Factor construct, Knowledge has a significant impact. Routine and practice-focused training have been shown to have a significant effect. Positive attitudes, such as role models, openness, and a sense of ownership, are drivers of safety behaviors. The MBTI-based personality trait lacks construct validity and needs to be replaced with contextual soft skills attributes (e.g., empathy, stress resilience, integrity). Second, organizational culture has a positive and significant role in shaping patient safety culture. Within the Organizational Culture construct, which includes involvement, consistency, mission, and alignment, each indicator significantly influences the organizational culture construct. Third, organizational culture has the most significant effect on motivation. An inclusive and equitable work environment with a vision could foster the need for social achievement and power, which agrees with the safety mission. Finally, motivation does not significantly influence patient safety culture, nor does it significantly mediate the relationship between organizational culture and safety culture. The existence of this direct, non-mediating phenomenon indicates that the primary determinant of safety culture is through good leadership mechanisms.

Recommendations

Improving a patient safety culture in hospitals requires some simultaneous, mutually supportive, and sustainable interventions. The success of a patient safety program depends not only on individual clinical skills but also requires innovation in the organizational culture, appropriate motivation mechanisms, and a work environment that prioritizes patient safety. Hospitals must shift their human resource development strategies to focus more on authentic learning relevant to daily tasks. This research shows that knowledge, attitudes, and training play a critical role in shaping a patient safety culture. Therefore, it is necessary to redesign training programs into a blended learning format that includes case discussions, incident simulations, and professional reflection. Each training session should conclude with a measurable field exercise and coaching from direct leadership. Furthermore, the use of personality assessment tools should be replaced with behavior-based assessments such as empathetic observation, resilience under pressure, and teamwork. These characteristics significantly influence the clinical decision-making process. Then, assessment results can be incorporated into annual performance evaluations to align career development and incentives with the achievement of safety indicators. With this approach, the community views patient safety as an essential part of

professionalism rather than simply an administrative task.

At the organizational level, cultural reform must begin with leadership commitment. Directors and unit heads are expected to act as role models and conduct unit/field visits related to patient safety, give feedback without blaming individuals, and celebrate small successes related to zero harm. Transformational leadership, which presents a clear vision, brings psychological support, and opens up dialogue, is a key factor in fostering intrinsic motivation. Furthermore, institutions must implement a truly non-punitive incident reporting system. The principle of "just culture," which emphasizes process improvement rather than scapegoating, requires the creation of incident classification guidelines, follow-up guidance, and extensive outreach.

Integrating motivation with patient safety goals is crucial. Although path analysis shows that motivation does not mediate the relationship between organizational culture and patient safety, motivational aspects remain a key driver of daily behavior. Hospitals are advised to establish specific reward schemes for safety efforts, either in the form of financial incentives or non-financial recognition such as certificates, hospital wall displays, or opportunities to present at scientific forums. Furthermore, the availability of peer-support programs for officers involved in incidents (called second-victim support) will maintain emotional stability and prevent moral exhaustion, two conditions believed to reduce motivation. Annual motivation surveys based on McClelland's theory should still be conducted to map the dominant need for achievement, affiliation, or power within each unit. This information then forms the basis for designing motivation strategies. Another important action is arranging the work environment and task load. There will be no culture of safety without adequate staffing and ergonomic work processes. Optimizing processes through automation, for example, voice-to-text transcription of medical records or embedding electronic templates, will give healthcare workers more time to complete safety checklists.

Monitoring and evaluation mechanisms must be designed to be transformative, not simply formal compliance. Integrating patient safety indicators into a monthly quality dashboard, accompanied by visualizations of run charts or control charts, will help management identify patterns and early warning signals. Quarterly audits should be conducted collaboratively across professions. Successfully achieving zero harm is the result of synergy between individual capacity building, consistent cultural values, targeted motivational mechanisms, and systemic support through infrastructure, evaluation, and policies. Each of these elements cannot operate in isolation. They must be treated as a unified orchestration that requires visionary leadership, cross-professional commitment, and a willingness for continuous learning from the hospital.

The limitation of this study lies in the fact that it only included personal factors, organizational culture, motivation, and patient safety culture, identifying the strength of the relationships. This does not completely reflect the reasons for the insignificant factors within the hospital, using interviews, qualitative methodology, or focus group discussions (FGDs). More comprehensive research that explores multiple factors and the relationships between these factors is required.

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