

Effect of Leadership Style and Patient Safety Culture on Awareness Patient Safety Incident Reporting with Teamwork Perception as Intervening at X Cancer Hospital Jakarta

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ABSTRACT

Introduction: Low patient safety incident reporting in hospitals increases adverse events, influenced by leadership style, patient safety culture, and teamwork, highlighting the importance of increased awareness. This study aims to see the effect of leadership style and patient safety culture on increasing awareness of patient safety, incident reporting, and teamwork effects as intervening variables. **Methods:** This type of study is quantitative research with a cross-sectional design and uses path analysis. The population in this study consisted of nurses working in inpatient and emergency departments at X Cancer Hospital Jakarta. The sampling technique used was Purposive Sampling, resulting in a total sample of 190 nurses. Data were collected using a structured questionnaire to measure leadership style, patient safety culture, teamwork, and awareness of patient safety incident reporting. **Results:** The results showed that patient safety culture and teamwork simultaneously affect awareness of patient safety incident reporting. Leadership style has an 8% influence, while patient safety culture has a 41.8% and 58.2% impact. Teamwork has a 47.1% and 23.6% influence, while leadership style has a 23.6% and 76.4% influence. Patient safety culture has a 36.3% and 63.7% influence, while leadership style has an 11.1% and 88.9% influence. Lastly, patient safety culture has a 17.1% and 82.9% influence, indicating that patient safety culture and teamwork are interconnected. **Conclusion:** The study reveals that the pasien culture and shared work significantly impact the quality of personal life. Despite their small impact, they are crucial in creating a conducive environment for personal growth, emphasizing the importance of continuous learning and evaluation.



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INTRODUCTION

According to Agency for Healthcare Research and Quality (AHRQ), in 2021, low reporting compared to what happens is one of the biggest challenge in incident reporting. Reported incident only 10% from what it should be (Liston et al., 2023). According to WHO, globally, 4 out of 10 patients suffer losses/injuries due to health services, with 80% of such losses can be prevented. Then, the losses experienced by patients include increased length of stay in hospital more than 6% and an increase in the number of admissions to hospital by 7% (LeLaurin & Shorr, 2019). In Indonesia itself, incident reporting has become a must for health service facilities because it is stated in the Minister of Health Regulation no. 11 in 2017 concerning patient safety, as well as in the accreditation standards set by the Ministry of Health, specifically regulated in

the QPS standard (Sulasmi, 2021). At hospital x, based on secondary preliminary data, obtained in 2021, the reporting rate of patient safety incidents was 9 (60%) reports, with nine of them was adverse events with no sentinel events, while patient safety incident data owned by the hospital that occurred was 15 incidents, with details of 14 being adverse events and 1 being near-miss with no sentinel incident. The reporting figures that are not proportional to the incidents that occurred are interesting to observe and also need to find out the cause, because in addition to harming patients, it also harms hospitals (Organization, 2020).

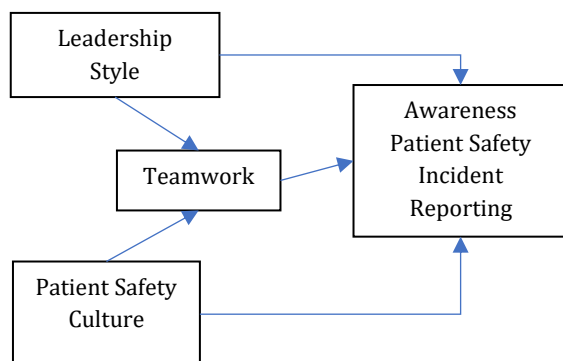
Patient safety incidents are a significant concern in healthcare settings, with many staff not reporting incidents due to lack of awareness or understanding of the reporting procedure (Sulasmi, 2021). Self-awareness is crucial for individuals to objectively assess themselves and align their actions with internal standards. Patient safety incident reporting is a voluntary process that involves documenting and reporting incidents voluntarily (Organization, 2020). Awareness of patient safety incident reporting involves understanding the circumstances and aligning them with actions, thoughts, and behaviors based on values (Arsani et al., 2023). Hospital leaders play a crucial role in leading organizations through their leadership style. In 2021, 60% of hospital leaders actively support patient safety by encouraging incident reporting. Leadership styles can be transformational or transactional, with transformational having four dimensions and transactional having three (Putra et al., 2021). The Minister of Health Regulation no. 11 in 2017 emphasizes the role of leaders in patient safety, providing support and punishment to staff, promoting the implementation of patient safety systems (Gunawan et al., 2021). However, preliminary data suggests that some staff may not care about incidents or are afraid to report them. Transformational leadership style is more influential in reporting incidents. Patient safety culture refers to the values, beliefs, and attitudes of employees towards safety-related organizations, affecting their commitment to safety (Syabanasyah et al., 2023). AHRQ (2021) identifies ten dimensions of patient safety culture, including teamwork, staffing, work pace, organizational learning, error response, supervisor support, communication about errors, reporting of events, hospital management support, handoffs, and information exchange (Agency for Healthcare Research and Quality U.S. Department of Health and Human Services, 2021). Research shows that good teamwork significantly increases patient safety rates by decreasing the number of incidents.

Previous studies have shown the importance of leadership style, patient safety culture, and teamwork in influencing patient safety incident reporting. However, there is a gap in research specifically focusing on how these factors interact in the context of Hospital X. Despite high staff awareness of safety culture and teamwork, incident reporting remains disproportionately low. Existing research has not sufficiently explored the interplay of these variables in a real-world hospital setting, especially in Indonesia, where patient safety incident reporting is mandated by regulation but still faces practical barriers. This study addresses these gaps by investigating the combined effects of leadership style, patient safety culture, and teamwork on awareness and reporting of patient safety incidents in Hospital X. Further research is needed to determine whether there is a direct or indirect influence between these variables.

METHODS

The research at Hospital X Jakarta, followed a cross-sectional design, utilizing a quantitative approach with hypothesis testing to explore the relationships between leadership style, patient safety culture, teamwork, and awareness of patient safety incident reporting. The study targeted inpatient nurses, including those in the ICU and emergency room, with the sample consisting of 190 nurses selected through purposive sampling and this research was conducted in 2024. The data collection process began by distributing structured questionnaires to the nurses in these specific departments. The questionnaires were designed to measure the variables of interest: leadership style (X1), patient safety culture (X2), teamwork (Z), and awareness of patient safety incident reporting (Y). Once distributed, the nurses were instructed to complete the questionnaires, providing insights into their experiences and perceptions related to the study's variables. After completion, the questionnaires were collected from the

respondents for analysis. To process and analyze the data, the research employed the three-box method and path analysis, using statistical software such as AMOS (Analysis of Moment Structures) and SPSS software which It allows researchers to manage and analyze data effectively using a range of statistical techniques (Sarker et al., 2023). This research flow ensured a systematic approach to understanding the factors influencing patient safety incident reporting at Hospital X.



Picture 1. Conceptual Research Framework

The type of research method is descriptive analysis, which takes the problem or focuses attention on the problems as they are when the research is carried out, the results of the research are then processed and analyzed to draw conclusions.

Validity and reliability

The validity test revealed that leadership style, patient safety culture, teamwork, and awareness patient safety incident reporting were valid, while their reliability was confirmed by a Cronbach's alpha value above 0.70, indicating their reliability in ensuring patient safety.

RESULTS

The distribution of respondent characteristics is an important element in data analysis, as it provides deeper context to the obtained results and aids in the interpretation of relevant findings. The following is the distribution of respondent characteristics in this study:

Table 1. Distribution of Respondent's Characteristics

Characteristics	Number of Respondents	Percentage (%)
Sex		
Male	25	13.16
Female	165	86.84
Age		
17-25 years	82	43.16
26-35 years	86	45.26
36-45 years	18	9.47
>45 years	4	2.11
Working Period		
1-3 years	89	46.84
>3 years	101	53.16
Job		
Nurse	184	96.85
Head Nurse	6	3.15
Education		
Diploma	43	22.45
Bachelor	147	77.55
Work Unit		
Inpatient Ward	147	77.37
ICU	21	11.05
Emergency	22	11.58

Table 1 shows that most respondents are male (13.16%), with 165 females (86.84%). Age plays a significant role in overall performance, with the majority aged 26-35 years (45.26%). Most respondents have a working period of over 3 years (53.16%). Nurses (96.85%) are the most common profession (184 respondents). Education level significantly impacts job competence and confidence. High-educated respondents are expected to be more competent and able to complete work systematically. The largest number of respondents with a bachelor's degree (77.55%) are in the inpatient ward unit (77.37%). Overall, education plays a crucial role in determining a respondent's performance.

Three box method analysis

The leadership style variable had an average index value of 141.43, with the highest value in inspirational motivation. The medium-sized dimensions of idealized influence, active management by exception, and passive management by exception had medium-sized values. This suggests that some superiors may not express their ideas and values to their subordinates, and may not pay attention to staff by emphasizing rules and correcting mistakes. The patient safety culture variable had an average index value of 151.65, with the highest value in teamwork and the lowest in supervisor, manager, or clinical leader support for patient safety. This suggests that superiors may neglect or throw responsibility to overcome patient safety problems.

The teamwork variable had an average index value of 152.6, with the highest value in situation monitoring and the lowest in team structure. This indicates that superiors may not fully pay attention to staff, including understanding their duties and responsibilities, which are crucial in hospital services. The Awareness Patient Safety Incident Reporting variable had an average index value of 154.06, with the highest value in awareness and the lowest in attitude. This suggests that staff may not be properly embedded in the importance and function of reporting incidents in improving patient safety in hospitals.

Normality test

In the normality test, the data from the four variables showed that the leadership style variables had critical ratio skewness and kurtosis values of 1.071 and 0.860, meaning that they were normally distributed because they were in the range of -2.58 to 2.58 (± 2.58) at a significance level of 5% (0.05). In the patient safety culture variable has a critical ratio skewness and kurtosis value of 1.693 and 3.931, meaning that it is quite normally distributed because some of them are in the range of -2.58 to 2.58 (± 2.58) at a significance level of 5% (0.05). The teamwork variable has a critical ratio skewness and kurtosis value of 4.674 and 1.337, meaning that it is quite normal because some of them are in the range of -2.58 to 2.58 (± 2.58) at a significance level of 5% (0.05). In the awareness patient safety incident reporting variable has a critical ratio skewness and kurtosis value of 2.106 and -1.833, meaning that they were normally distributed because they are in the range of -2.58 to 2.58 (± 2.58) at a significance level of 5% (0.05). Meanwhile, the kurtosis multivariate value obtained was 7.864 with a CR value of 7.823, so it can be concluded that the data has not been distributed normally multivariate.

Goodness of fit test

Here is the goodness-of-fit test:

Table 2. Goodness of Fit Test Results

Goodness of Fit Index	Cut-off Value	Results	Model Evaluation
Chi-Square	$< X^2(58.301)$	57.596	Good
Probability	≥ 0.05	0.001	Marginal
RMSEA	≤ 0.08	0.072	Good
CMIN/DF	≤ 2.00	1.986	Good
TLI	> 0.90	0.945	Good
CFI	> 0.90	0.964	Good
NFI	> 0.90	0.932	Good
PNFI	≥ 0.60	0.601	Good

Based on the table 2, it shows that the measurement model used is acceptable, which shows as a good structural equation model, the Chi-square, RMSEA, CMIN/DF, TLI, CFI and PNFI Measurement Indices are within the expected range even though the probability is in marginal fit. However, when viewed as a whole, it can be concluded that the overall fit of the model is good and has met the eligibility criteria of a model.

Coefficient of determination analysis

Table 3. Coefficient Determinant Test Result of Independent Variable to Dependent Variable

Model		R	R Square	Adjusted R Square	Std. Error of the Estimate
Dimension0	1	0.892 ^a	0.795	0.891	1.24526

a. Predictors: (Constant), Leadership Style, Patient Safety Culture, Teamwork

The results of the regression calculation can be seen that the coefficient determination (adjusted R²) obtained is 0.89. This means that 89% of Awareness Patient Safety Incident Reporting can be explained by the variables of Leadership Style, Teamwork and Patient Safety Culture while the remaining 11% of Awareness Patient Safety Incident Reporting is influenced by other variables that were not examined in this study.

Hypothesis test result

Simultant effect of leadership style, patient safety culture and teamwork on awareness patient safety incident reporting

Leadership style, patient safety culture, and teamwork simultaneously influence the awareness of reporting patient safety incidents. Effective leadership, a culture that supports non-punitive reporting, and solid teamwork encourage collaboration and shared responsibility, creating a proactive and sustainable incident reporting system.(Febriansyah et al., 2020). the following are the results of the multiple linear regression table analysis:

Table 4. Multiple Linier Regression Analyze Result

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	691.328	3	230.443	87.025	.000 ^a
Residual	612.560	157	2.648		
Total	1303.888	190			

a. Predictors: (Constant), GK, BK, KT

b. Dependent Variable: AP

From table 4, it can be seen that Leadership Style, Patient Safety Culture and Teamwork have a simultaneous effect on Awareness of Patient Safety Incident Reporting, H1 was accepted because it is proven that Leadership Style, Patient Safety Culture and Teamwork have a simultaneous effect on Awareness of Patient Safety Incident Reporting (with a value of Sig. 0,000^a).

Awareness patient safety incident reporting, the ability to understand the circumstances/occurrences of patient safety incidents that occur to ourselves/our surroundings, and align them with our actions, thoughts, behaviors based on the standards/values held, as well as documenting and reporting them voluntarily and completely, is not evenly distributed across all staff, and this must be a record for improvement ([Chegini et al., 2020](#)).

Effect of leadership style on awareness patient safety incident reporting

Supportive and communicative leadership styles enhance awareness of patient safety incident reporting by creating a safe and open work environment. Here are the results of the partial hypothesis test.

Table 5. Partial Hypothesis Test Result

Variables	Estimate	S.E.	C.R.	P	Label
Leadership style on awareness of patient safety incident reporting	0.080	0.094	0.855	0.393	(H2) Rejected
Patient safety culture on awareness of patient safety incident reporting	0.418	0.131	3.195	0.001	(H3) Accepted
Teamwork on awareness of patient safety incident reporting	0.471	0.161	2.932	0.003	(H4) Accepted
Leadership style on Teamwork	0.236	0.068	3.462	0.000	(H5) Accepted
Patient safety culture on Teamwork	0.363	0.090	4.017	0.000	(H6) Accepted

Based on Table 5, it is known that the estimated influence of leadership style on awareness of reporting patient safety incidents is 0.080, CR value 0.855 and p value $0.393 > 0.05$, then H2 is rejected, meaning that there is no influence between leadership style and awareness of patient safety incident reporting directly. Based on the estimated value of leadership style has an influence of 8% on awareness of patient safety incident reporting, the remaining 92% is influenced by other variables, so it can be concluded that leadership style does not have an effect on awareness of patient safety incident reporting.

Effect of leadership style on awareness patient safety incident reporting through teamwork

A supportive and collaborative leadership style enhances awareness of patient safety incident reporting through solid teamwork. Effective leadership strengthens communication, trust, and coordination within the team, encouraging proactive and responsible incident reporting. Here are the results of the partial hypothesis test:

Table 6. Intervening Hypothesis Test Result

No	Relationship between variables	Estimate	C.R (Sobel)	Limit	Label
1	Leadership style -> Teamwork -> Awareness Patient Safety Incident Reporting	0.111	2.20	>1.96	(H7) Accepted
2	Patient Safety Culture -> Teamwork -> Awareness Patient Safety Incident Reporting	0.171	2.31	>1.96	(H8) Accepted

Based on Table 6, it is known that the estimated influence of leadership style on awareness of patient safety incident reporting through teamwork is 0.111, CR value is $2.20 > 1.96$, then H7 is accepted, meaning that there is an influence between leadership style and awareness of patient safety incident reporting indirectly through teamwork. Based on the estimated value of leadership style has an influence of 11.1% on awareness of patient safety incident reporting through teamwork, the remaining 88.9% is influenced by other variables, so it can be concluded that leadership style has an effect on awareness of patient safety incident reporting through teamwork.

DISCUSSION

Effect of leadership style, patient safety culture and teamwork on awareness patient safety incident reporting

Patient safety incident reporting is crucial for improving health services and generating positive feedback. It involves understanding the circumstances and aligning incidents with actions and values. Leadership plays a significant role in driving a safety culture within an organization, as they set an example for staff. When leaders discuss patient safety with staff, they encourage safety-first behaviors and reduce service errors. A positive patient safety culture involves increased awareness, open communication about potential safety barriers, and safety values.

Teamwork also plays a role in influencing patient safety incident reporting. Effective teams increase the likelihood of errors, while poorly functioning teams create a layer of defense

against errors. a patient safety culture and leadership style have a simultaneous effect on incident reporting (Ayu et al., 2024). Committed leaders and management lead to increased incident reporting, increased staff awareness, easier detection and correction of incidents, ultimately improving health services and generating positive feedback (Indriani et al., 2022).

Effect of leadership style on awareness patient safety incident reporting

The study reveals that the leadership style of hospital leaders does not directly influence the awareness of staff reporting patient safety incidents. Instead, it is influenced by transformational and transactional leadership styles. Transformational leadership is defined as a leader who motivates with inspirational, ideal influence, individualized considerations, and intellectual stimulation. Transactional leadership, on the other hand, is the exchange of rewards for compliance. Transformational leadership can be used to encourage staff to report incidents, while transactional leadership can be used to learn from incidents and redesign the patient safety system.

The three-box method index indicates that the leadership at X hospital is more inclined to transformational leadership, but not strong enough to significantly affect awareness of reporting incidents. Many leaders have not been proactive in providing understanding and addressing issues to prevent incidents. Transformational leadership style has no effect on the willingness to report incidents, as staff feel frustrated when their leaders are unable to provide feedback on corrective actions (Yusuf & Irwan, 2021). Coaching leadership style, which encourages staff through communication, behavior, and regular feedback, has been found to have an effect on incident reporting. However, these leadership styles are not always enough to significantly increase the number of patient safety incident reports.

Effect of patient safety culture on awareness patient safety incident reporting

Based on table 5, it is known that the estimated influence of patient safety culture on awareness of reporting patient safety incidents is 0.418, CR value is 3.195 and p value is $0.001 < 0.05$, then H3 is accepted, meaning that there is an influence between patient safety culture and awareness of patient safety incident reporting directly. Based on the estimated value of patient safety culture has an influence of 41.8% on awareness of patient safety incident reporting, the remaining 58.2% is influenced by other variables, so it can be concluded that patient safety culture has an effect on awareness of patient safety incident reporting.

The existence of an influence shows that the better the patient safety culture owned by employees, the more awareness of patient safety incident reporting will increase. A positive patient safety culture is associated with increased awareness and attention to safety issues, open communication about potential safety barriers, safety values and behaviors that promote safety, such as paying attention to potential risks in the workplace, sharing experiences of unsafe practices, understanding the importance of safety in daily practice (Mistri et al., 2023).

Based on the results of the three box method, this gives the implication that what happens within the unit has gone very well and is coordinated between staff, but beyond that there is still a form of leadership that has not fully run according to the patient safety culture that should be. The results of the study support the research of Najihah where the patient safety culture has a great influence on patient safety incidents, where with the increase in patient safety culture, the incidence of patient safety incidents can be minimized, because the staff will implement values that support patient safety (Ummah, 2019; Najihah, 2018a).

Effect of teamwork on awareness patient safety incident reporting

Based on table 5, it is known that the estimated influence of Teamwork on awareness of patient safety incident reporting is 0.471, CR value is 2.932 and p value is $0.003 < 0.05$, then H4 is accepted, meaning that there is an influence between Teamwork and awareness of patient safety incident reporting. Based on the estimated value of Teamwork has an influence of 47.1% on awareness of patient safety incident reporting, the remaining 52.9% is influenced by other variables, so it can be concluded that Teamwork has an effect on awareness of patient safety incident reporting.

Teamwork is a group of individuals working together to achieve common goals, such as ensuring patient safety and preventing incidents. In health organizations like hospitals, effective teamwork increases awareness of patient safety incident reporting and reduces the possibility of errors. A well-run team creates a layer of defense against errors by monitoring, double-checking, and helping each other. Leadership style plays a significant role in teamwork, as superiors must ensure staff understand their duties and responsibilities to reduce errors and death risks. Supports the importance of clear duties, trust, and quality information exchange in teamwork, as it reduces pain, accidents, and improves patient safety. Therefore, teamwork is crucial in achieving patient safety goals in healthcare settings ([Rosen et al., 2018](#)).

Effect of leadership style on teamwork

Based on table 5, it is known that the estimated influence of leadership style on Teamwork is 0.236, CR value is 3.462 and p value is $0.000 < 0.05$, then H5 is accepted, meaning that there is an influence between leadership style and Teamwork. Based on the estimated value of leadership style has an influence of 23.6% on teamwork, the remaining 76.4% is influenced by other variables, so it can be concluded that leadership style has an effect on teamwork.

The analysis of the three box method reveals that leadership at X hospital is not strong enough, with many leaders not setting good examples for their staff. There is a tendency for leaders to let problems occur without improvement and not be proactive in providing understanding to staff. Robbins & Coulter (2020) emphasize the importance of leaders mobilizing and influencing their group members to focus on achieving goals. However, the leadership style applied at X hospital is more inclined towards transformational leadership, which fosters good teamwork by fostering awareness of high standards and expectations in daily work. Leadership style has a significant influence on teamwork in organizations, including hospitals. Different types of leadership styles have their own characteristics in improving teamwork. Transformational leadership stimulates and inspires subordinates to achieve extraordinary results, while transactional leadership directs and motivates by using social exchanges or transactions. Transformational leadership as inspiring, ideal influence, individualized consideration, and intellectual stimulation ([Jaja Raharja & Fannesa, 2022](#)). The study supports Alloubani et al.'s (2014) research, which shows that a good leadership style increases the success rate of teamwork, staff motivation, work effectiveness, staff satisfaction, commitment, and willingness to do more work.

Effect of patient safety culture on teamwork

Based on table 5, it is known that the estimated influence of patient safety culture on Teamwork is 0.363, CR value 4.017 and p value $0.000 < 0.05$, then H6 is accepted, meaning that there is an influence between patient safety culture and Teamwork. Based on the estimated value of patient safety culture has an influence of 36.3% on teamwork, the remaining 63.7% is influenced by other variables, so it can be concluded that patient safety culture has an effect on teamwork. Based on the analysis with the three box method, it indicates that there is still neglect or throwing responsibility to overcome patient safety problems by superiors. However, the teamwork that has been running has shown a good level with the highest scores, with staff helping each other when busy and the workload is high.

Patient safety culture significantly impacts teamwork in hospitals. It is a product of an organization's values, attitudes, competencies, and behavior patterns, determining its commitment, style, and ability to implement a health and safety program. A positive safety culture is characterized by mutual trust, shared perception of safety importance, and confidence in preventive measures. The Agency for Healthcare Research and Quality (2021) defines patient safety culture as the shared values, beliefs, and norms among health practitioners and staff that influence their actions and behaviors ([Famolaro et al., 2021](#)). A safety culture promotes open and transparent communication among staff, leading to increased collaboration, mutual respect, and trust. It encourages problem-solving, identifying problems, reporting incidents, and providing feedback to improve services. Learning is another key aspect of a patient safety

culture, encouraging continuous improvement from peers and incidents, leading to increased teamwork, fewer incidents, and increased incident reporting.

Effect of leadership style on awareness patient safety incident reporting through teamwork

Leadership style plays a significant role in patient safety incident reporting, as it influences teamwork and the awareness of staff to report incidents. Hospital leaders, particularly those in transformational and transactional leadership styles, are key drivers of the safety culture in the organization. Transformational leadership motivates staff with inspirational, ideal influence, and intellectual stimulation, while transactional leadership rewards or disciplines followers based on their performance. Transactional leadership encourages staff to report incidents, while transformational leadership helps learn from incidents and redesign patient safety systems. However, the leadership style at X hospital is more inclined to transformational leadership, and some leaders may not be strong enough to make themselves a good example for their staff. This results in a lack of proactive problem-solving and understanding of important issues among staff. Despite the medium leadership style, it is enough to increase teamwork and indirectly increase awareness of reporting patient safety incidents. Research has shown that a well-implemented leadership style can reduce the frequency of adverse patient outcomes and reduce fear of reporting incidents/errors by staff through good communication. Overall, effective leadership plays a crucial role in patient safety and overall organizational success.

Effect of patient safety culture on awareness patient safety incident reporting through teamwork

Based on table 6, it is known that the estimated influence of patient safety culture on awareness of patient safety incident reporting through teamwork is 0.171, CR value is $2.31 > 1.96$, then H8 is accepted, meaning that there is an influence between patient safety culture and awareness of patient safety incident reporting indirectly through teamwork. Based on the estimated value of patient safety culture has an influence of 17.1% on awareness of patient safety incident reporting through teamwork, the remaining 82.9% is influenced by other variables, so it can be concluded that patient safety culture has an effect on awareness of patient safety incident reporting through teamwork. The existence of an influence shows that the better the patient safety culture owned by employees, the greater the awareness of patient safety incident reporting will increase through good communication, solid teamwork and mutual support. A positive patient safety culture according to [Waterson, \(2018\)](#) is associated with increased awareness and attention to safety issues, open communication about potential safety barriers, safety values and behaviors that promote safety, such as paying attention to potential risks in the workplace, sharing experiences of unsafe practices, understanding the importance of safety in daily practice.

Based on the analysis with the three box method, it indicates that there is still neglect or throwing responsibility to overcome patient safety problems by superiors. This result gives the implication that what is happening within the unit has gone very well and coordinated between staff, but beyond that there is still a form of leadership that has not fully run according to the patient safety culture that should be. The results of the study support the research of ([Anggraeni et al., 2016](#); [Najihah, 2018](#)), where the patient safety culture has a great influence on patient safety incidents, where with the increase in patient safety culture, the incidence of patient safety incidents can be minimized, because the staff will implement values that support patient safety ([Ummah, 2019](#)).

CONCLUSION

Leadership style, safety culture and teamwork simultaneously have an effect on awareness of patient safety incident reporting. Teamwork is the biggest factor in awareness of patient safety incident reporting. Leadership style is the weakest factor and does not have an effect on awareness of patient safety incident reporting directly, but has an indirect effect through

teamwork. Patient safety culture is the second largest factor in awareness of patient safety incident reporting.

IMPLICATION

Based on the results of the study, to increase awareness patient safety incident reporting, it is necessary to focus on implementing patient safety culture and improving teamwork among staff. What can be done is to hold integrated and periodic training that covers aspects of patient safety culture and the importance of patient safety oriented, as well as honing teamwork by holding regular team building at the unit level. In addition, it is necessary to monitor and evaluate these activities, in order to maintain the quality of the patient safety culture and teamwork owned by the staff, so that they can continue to increase awareness patient safety incident reporting. As for the leaders, they can implement patient safety oriented leadership style that is suitable to be applied internally and monitored, so that the teamwork between staff is increasing.

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