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Analysis of Affecting Factors to Patient Safety Incident at Mitra Medika Amplas Hospital

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Abstract

The study aimed to analyze factors that influence incident safety patients at Amplas Mitra Medika Hospital. Study This nature quantitative and use design cross sectional. Research done with give questionnaire to 72 nurses the executor taken with technique p roportionate stratified random sampling from a total population of 258 nurses. The data collection method used primary and secondary data which were analyzed using regression test logistics. Research result show that culture (p-value 0.008 < 0.05), condition work (p-value 0.002 < 0.05), and action No safe (p-value 0.007) < 0.05) has an effect significant to incident, while supervision (p-value 0.999) > 0.05) no influential to incident in a way partial. Analysis multivariate show There is influence significant from condition work and action No safe to incident in a way simultaneous with influence as big as 33.2%. The most dominant factor influential in the regression model is action No safe. Research conclusion This is factor culture, conditions work, and action No safe influential to incident, while factor supervision No influential. Research results expected can become considerations and input for House Sick For more optimize condition supportive work quality performance nurse, lower action No safe in giving care nursing to patient through improvement training, and developing culture safety patient through ambassador culture in effort prevent incidents and increase safety patient at home Sick.

Introduction

Hospital own complexity tall in various aspects, such as structure organization, source Power human, procedure operational, logistics, equipment, systems information and technology. System very complex administration the trend fraught with potential risks cause mistakes and dangers that threaten safety patient at home sick. Safety patient according to Minister of Health Regulation Number 11 of 2017 is system Where House Sick give care more patients safe. *World Alliance for Patient Safety* from WHO stated that safety patient acknowledged as priority main in service health, because related close with issue quality and image House Sick (Suhaid et al., 2022). Safety patient according to WHO is component fundamental in service health, because service No safe and quality low impact bad for health patients and cause loss (Lautenbach et al., 2018).

Remember various impact negative that can brought about by an incident, then study about factors that influence very important incident done, so that expected can prevent the occurrence incident consequence error in the service process that should be can prevented (Qomariah & Lidiyah, 2015). This is aiming For ensure that every patient accept service safe, comfortable, quality and respectable health every when, and ensure every patient free from threat danger safety or risk loss start from patient enter until go out House sick, so in the end potential

increase satisfaction and trust patient to House Sick (Rustini et al., 2023; Purnamayanti et al., 2023).

The height amount incident the No accompanied by with adequate reporting. KNKP data (2020) shows level reporting incident in a way national in 2019 by 12% or totaling 334 houses reported sick from a total of 2,877 houses sick in Indonesia. Reporting rate the varies in each province, the highest in Bali (38%) and the lowest in North Sumatra (0.5%). Reporting incident is beginning from the analysis and investigation process which plays a very important role important in give support positive to identification risk use prevent incident similar happen again, then low level reporting will hinder effort House Sick in reduce incident (Rofina, 2019). However, the fact officer tend only report incident that has happened happened and has been cause injury, while type incident that has not been resolved exposed to patient like condition potential injury and near miss injury seldom reported.

Data in Table 1 above show that amount incident safety patients at RSU Mitra Medika Amplas who were reported by officers to the PMKP -RS Team in 2021 as many as 25 cases, in 2022 as many as 23 cases, and in 2023 it increased to 28 cases. As for the type frequent incidents happen among others, dominated by Non- Injury Events as many as 38 cases (50%), Unexpected Events as many as 20 cases (26.3%), and the incident Almost Injury as many as 12 cases (15.8%).

According to the data in Table 1.2 above, four type incidents most reported by officers to the PMKP-RS Team is incident related error treatment (36.8%), laboratory (26.3%), procedures services (13.2%), and patients fall (11.9%). If done identification risk based on report data said, the value probability or frequency risk is 4 (*likely* / happens) several times in a year), while mark impact consequence incident as much as 2-3 or classified as minor to moderate, then in a way overall score risk incidents in patients (*risk grading*) are classified as category moderate to high.

Hospital has do effort prevention risk through determination and assessment achievement indicator target safety patient (SKP) in periodic as listed in table below This.

Based on the data in Table above, the average achievement of SKP 1 (accuracy) identification patient) and SKP 5 (compliance) cleanliness hand) already show good numbers, while SKP 6 (compliance) installation marker sticker addition and triangle risk fall in installation take care new) stay reached 85.1%. This figure show that level compliance officer in carry out effort prevention incident specifically risk fall relatively not optimal because Not yet reach standard 100% so need attention in increase standard achievement target safety patients so that the same incident No happen Again.

In addition to fulfillment SKP indicators, management of Amplas Mitra Medika Hospital Already make an effort provide amount nurse as many as 258 people for fulfil burden Work field service nursing with capacity 196 units sleep, where amount staff the classified as fulfil need power nurse based on ratio place Sleep For House Sick type C according to Indonesian Minister of Health Regulation No. 56 of 2014. The management of RSU Mitra Medika Amplas has also give various training about control quality and safety patient, training target safety patients, and training culture safety patients. As many as 96% of staff nurse Already follow training improvement quality and safety patient as material orientation must for staff new in the day First work. Although various effort Already carried out by the party House Sick For prevent incident, but case incident safety patient Still just repeatedly occurs at home Sick the.

Description background behind the on show that Still there is problem in the form of number high incidence, low incidence reporting incident by officer House pain, and achievement indicator target safety patients who have not fulfil standard. This is make identification and analysis factor contributor become very important thing For done as effort reduce incident. See phenomenon problems and many impact negative from incidents, as well as remember

obligation House Sick in give service safe, quality and effective health with prioritize safety patient in accordance trust Republic of Indonesia Law No. 44 of 2009 concerning Hospitals, then researcher interested For do study about influencing factors to incident, namely covering factor culture (especially culture safety patient), supervision, condition work, and action No safe. With Thus, research This expected can help House Sick in effort reduce incident, ensure practice more care safe and safety oriented patients, as well as give description or input in make policy related management risk and safety patient.

Methods

Study This is type study quantitative aiming For analyze influence from a number of variable factor contributor to incident safety patient through testing hypothesis. Research This use design study *cross-sectional* (cut latitude), because method research data collection done in very time at the same time.

Location and Time of Research

Research Location

Study was carried out at the Mitra Medika Amplas Hospital , which is located on Jalan Sisingamangaraja , Harjosari I, Medan Amplas District , Medan City.

Research Time

Research time will implemented on site study during May to July.

Population and Sample

Population

Population in study This is all over nurses at Amplas Mitra Medika Hospital as many as 258 nurses. Reasons for selection population the is Because nurse own appropriate characteristics with objective research, namely nurse is profession that provides service in a way direct or often contact direct with patient, and is many professions involved in activity achievement six Target Safety Patient.

Sample

Amount minimum sample in study This counted with use Slovin's formula as following:

$$n = \frac{N}{1 + N(e)^2}$$

Information:

n : minimum number of samples

N : size population

e : percentage tolerated errors sample (e=0.1 or mark precision 90%)

Based on formula the so obtained big minimum sample as following:

$$n = \frac{258}{1+258(0,1)^2}$$

$$n = \frac{258}{3,58}$$

$n = 72,1 \approx 72$ Respondent

Research sample This taken from population that meets criteria inclusion and exclusion as following.

Criteria Inclusion

Respondents who work as nurse the executor in charge of the installation take care hospitalization, care road, maintenance intensive, critical emergency, and surgery central at RSU Mitra Medika Amplas . Reasons for selecting five work units the is Because seen from data type incident that occurred at the location research and is based on six Target Safety Patient (SKP), then there is opportunity happen incidents in five work units the.

Criteria Exclusion

The nurse who is occupy position structural Head Room.

Nurse the executor in progress leave.

Taking technique sample use *p roportionate stratified random sampling* that is with take alloca s i proportional from grouped samples to in stratification, then amount sample taken from each strata or unit studied counted with formula following:

$$n1 = \frac{N_1}{N}\ x\ n$$

Information:

n1 : sample in unit 1

N1 : total nurses in unit 1

N : total nurses from all units studied

n : number minimum sample of Slovin's formula

Instrument Study

Instrument research used is questionnaire consisting of of two parts, namely First about characteristics respondents and both in the form of question For measure variable. Statement in the questionnaire list made with type statement closed in the form of a Likert Scale consisting of from four choice answer, for statement positive namely: 4 = strongly agree, 3 = agree, 2 = disagree agree, 1 = very much disagree agree, and to statement negative namely: 1 = strongly agree, 2 = agree, 3 = disagree agree, 4 = very much disagree agree.

Questionnaire containing related statements with dimensions or indicator every variable study as following: 1) Cultural factors measured using a questionnaire model HSOPSC standard *(Hospital Survey on Patient Safety Culture)* version 2.0 of 2019 from AHRQ (*Agency for Healthcare Research and Quality)*, contains 34 statement items For evaluate culture at the level individuals, work units, and level institution House Sick; 2) Supervision factor measured use questionnaire contains 10 statement items that assess perception Respondent to quality implementation supervision; 3) Condition factors Work in the form of indicator burden Work measured using a questionnaire model from Peace be upon you contains 16 statement items that assess perception Respondent about burden Work subjective. Indicators communication, facilities, and SOPs are measured use questionnaire contains 29 statement items that assess perception Respondent to every indicator. Indicator competence measured use category level competence nurse clinical (PK I – PK V); 4) Action factors No safe measured use questionnaire contains 33 statement items made by researchers based on theory *Swiss Cheese Model* and customized with principle six Target Safety Patients, as well as created a Likert Scale of 1-4 with choice answer namely: 1= no never / absolutely not appropriate, 2 = rarely / not appropriate, 3 = often / appropriate, 4 = always / very appropriate .

Data Collection

Data sources in study This consists of from primary, secondary, and tertiary data. Primary data about characteristics respondents and variables factor contributors (culture, supervision,

conditions) work, and action No safe) obtained with method filling questionnaires distributed to respondents. Secondary data obtained from notes or related documents with research. Secondary data about variable incident obtained from report incident period January to June from the PMKP Team of RSU Mitra Medika Amplas. Other secondary data in the form of document official House related illness with incidents, such as draft safety SOPs patients, list of indicators and achievements target safety patients, and profiles organization. Tertiary data obtained from studies iterature scientific and related books with variables study.

Validity and Reliability Test

Before questionnaire made into tool valid measure, must validity and reliability tests were conducted questionnaire. Validity and reliability test done with share questionnaire For tested moreover formerly to 30 nurses who work at home another different illness with location study.

Validity Test

Validity test done For measure degrees accuracy instruments used in data collection, or how much accurate questionnaire capable measure information from the desired variable measured in a way right. Validity test questionnaire study This counted use technique *Partial Least Squares* (PLS) with *SmartPLS* software assistance at the significance level $\alpha = 0.05$. Validity test criteria with PLS technique is as following.

Questionnaire declared valid if construct indicator reflective own mark *Loading Factor* ≥ 0.60 and value *Average Variance Extracted* (AVE) > 0.50.

Questionnaire declared valid if construct indicator formative own mark significance weight *T-statistic* > 1.96 and value *Variance Inflation Factor* (VIF) < 5 at the significance level α=5%.

Reliability Test

Reliability test done For measure level consistency measurement, namely to what extent the instrument can trusted or reliable. Reliability test questionnaire study This counted use technique *Partial Least Squares* (PLS). Reliability test criteria with PLS technique is as following.

Reliable If mark *Cronbach's Alpha* and *Composite Reliability* ≥ 0.60.

Not reliable If mark *Cronbach's Alpha* and *Composite Reliability* < 0.6.

Data Processing and Analysis

Data processing

Stage data processing that has been collected done with Method: 1) *screening* that is stage inspect completeness filling answer; 2) *coding* that is giving code answer from every indicator variable; 3) *entry* that is stage enter the data that has been corrected and given code to in computer programs; 4) *cleaning*, namely data repair from possible errors happen moment data *entry* before done analysis, and 5) *processing* namely the data analysis process using the statistic program in accordance need study.

Data analysis

After data processing, steps furthermore is data analysis. Research This use three data analysis consisting of from:

Analysis Univariate

Analysis univariate aiming for now description general about problem study with method serve description characteristics respondents and characteristics every variable study to in tables distribution frequency.

Analysis Bivariate

Analysis bivariate is analysis conducted for now relatedness connection between two variables that is between One variable independent and one variable dependent. Analysis bivariate in research This aiming for now influence One variable independent to One variable dependent using statistical tests regression logistics simple. This test used Because variable dependent nature dichotomy (*binary*), namely variables that only has two values nominal or ordinal categorical. Before regression test was conducted logistics simple, especially formerly *Chi-square* test was performed for see meaningfulness connection or correlation between two variables and select variables to be entered to in regression logistics.

Analysis bivariate This using the SPSS program, with a significance level of α=0.05 and the *Chi-square* test criteria as following: 1) If the value significance *p-value* < 0.05 then There is connection in a way significant between variable independent and dependent; 2) If the value significance *p-value* <0.05 then No There is connection in a way significant between variable independent and dependent; 3) Variables that have Sig. *p-value* < 0.25 in the *Chi-square* test can entered to in analysis regression logistics For tested in a way bivariate and also multivariate

Analysis Multivariate

Analysis multivariate in research This using Regression test Logistics multiple, which aims for now influence more from One variable independent to variable dependent, and can also used for now variable free to have the most dominant influence to variable bound. Regression Test Logistics used. Because variable dependent on research This nature categorical with 2 values category or dichotomy.

Analysis multivariate This use assistance of the SPSS program, with a significance level of α=0.05 and criteria testing as following: 1) If the value significance *p-value* < 0.05 then There is influence variable independent to variable dependent in a way significant; 2) If the value significance *p-value* <0.05 then No There is influence variable independent to variable dependent in a way significant.

Data Presentation

Result data study served in form tables, images, charts, and narrative short explanation of each detail tables and figures. Forms other data presentation used in study will adapt with results research obtained, for example in form equality statistics.

Result and Discussion

Validity and Reliability Test Results Instrument

The questionnaire used as instrument study This Already through preliminary test phase that is being tested to 30 nurses from House other illnesses (RSU Sari Mutiara Lubuk Pakam). Questionnaire declared valid if every indicator own mark *Loading Factor* ≥ 0.60 and value *Average Variance Extracted* (AVE) > 0.50. Questionnaire stated reliable If mark *Cronbach's Alpha* and *Composite Reliability* ≥ 0.60. The following This is validity and reliability test results questionnaire.

Table 1. Validity Test Results Questionnaire

Variables And Indicator	Loading Factor	AVE	*Cut-off*	Information
Culture (X1)				Valid
Supervision (X2)		0.867	0.60	
X2.1	0.938		0.60	Valid
X2.2	0,946		0,60	Valid
X2.3	0,910		0,60	Valid

Work Condition (X3)		0,461	0,60	
X3.1	0,691		0,60	Valid
X3.2	0,791		0,60	Valid
X3.3	0,798		0,60	Valid
X3.4	0,744		0,60	Valid
X3.5	0,107		0,60	Tidak valid
Unsafe Action (X4)		0.890	0.60	
X4.1	0.952		0.60	Valid
X4.2	0.934		0.60	Valid

Based on Table 1 above, there are One indicators on variables condition invalid work, next indicator the corrected and deleted from the questionnaire list Then retested with results end as following.

Table 2. Validity Test Results Questionnaire (Repeat)

Variables And Indicator	**Loading Factor**	**AVE**	***Cut-off***	**Information**
Culture (X1)				Valid
Supervision (X2)		0.867	0.60	Valid
X2.1	0.938		0,60	Valid
X2.2	0,946		0,60	Valid
X2.3	0,910		0,60	Valid
Work Condition (X3)		0,605	0,60	Valid
X3.1	0,658		0,60	Valid
X3.2	0,827		0,60	Valid
X3.3	0,827		0,60	Valid
X3.4	0,787		0,60	Valid
Unsafe Action (X4)		0.890	0.60	Valid
X4.1	0.952		0.60	Valid
X4.2	0.934		0.60	Valid

Based on Table 2 above, all statement items and indicators in the variables culture, supervision, conditions work, and action No safe has fulfil criteria validity (loading factor and AVE values > 0.6).

Reliability Test Results Questionnaire

Variables	***Cronbach's Alpha***	***Composite Reliability***	***Cut-off***	**Information**
Culture	0.809	0.862	0.60	Reliable
Supervision	0.929	0.951	0.60	Reliable
Condition Work	0.799	0.859	0.60	Reliable
Unsafe Action	0.877	0.942	0.60	Reliable

Based on Table 3 above, the results of the reliability test questionnaire after done Validity test correction end show that questionnaire from fourth variable independent has fulfil criteria reliability, namely mark *Cronbach's Alpha* and *Composite Reliability* ≥ 0.60.

Research result

Analysis Univariate

Analysis univariate done For see distribution frequency or proportion characteristics individual Respondent research and distribution frequency all over variable independent researched.

Characteristics Respondents

Respondents investigated based on characteristics age, work unit, length of service, level education last, and level competence. Distribution the frequency of each characteristic can seen in the table below This.

Table 4. Distribution Frequency Characteristics Respondents

No.	Characteristics	Amount	
		Frequency (f)	**Percentage (%)**
	Age		
1	≤ 30 years	40	55.6%
2	> 30 years	32	44.4%
	Amount	**72**	**100%**
	Work unit		
1	Inpatient	40	55.6%
2	Outpatient	8	11.1%
3	Emergency Room	9	12.5%
4	ICU	8	11.1%
5	IBS	7	9.7%
	Amount	**72**	**100%**
	Years of service		
1	< 5 years	47	65.3%
2	5-10 years	24	33.3%
3	> 10 years	1	1.4%
	Amount	72	100%
	Level of education		
1	D3	50	69.4%
2	S. Kep	16	22.2%
3	Nurse	6	8.3%
	Amount	**72**	**100%**
	Level Competence		
1	PK I	31	43,1%
2	PK II	35	48,6%
3	PK III	6	8,3%
4	PK IV	0	0
5	PK V	0	0
	Amount	**72**	**100%**

Based on Table 4 it is known that that in the category age as many as 55.6% of respondents aged ≤ 30 years and 44.4% of respondents >30 years old. In the work unit category, as many as 55.6% of respondents working on installation take care hospitalization; 12.5% of respondents working on installation emergency emergency; 11.1% of respondents working on installation take care road; 11.1% of respondents working on installation maintenance intensive; and 9.7% of respondents working on installation surgery central. In the work period category, 65.3% of respondents have a working period of < 5 years; 33.3% of respondents have a work period of 5-10 years; and 1.4% of respondents have a working period of >10 years.

In the category education, as many as 69.4% of respondents own level D3 education; 22.2% of respondents own level education S.Kep ; and 8.3% of respondents own level Nursing education. In the category level competence nursing clinical, as many as 48.6% of respondents is PK II nurses; 43.1% of respondents is PK I nurses; and 8.3% of respondents is Nurse PK III. Information the show that majority subject study is respondents aged not enough from 30 years,

serving in the intensive care unit stay, have a working period not enough from 5 years, level education end of D3, and have level nursing clinical PK II.

Characteristics Respondents Based on Variables Study

Respondents investigated based on four variable independent, consisting from culture, supervision, conditions work, and action No safe. Distribution frequency every variable can seen in the table below This.

Table 5. Distribution Frequency Respondents Based on Culture

No.	Culture	Amount	
		Frequency (f)	Percentage (%)
1	Good	39	54.2%
2	Enough	33	45.8%
3	Not enough	0	0%
	Amount	**72**	**100%**

Based on Table 5 it is known that that as many as 54.2% of respondents state culture in category good and 45.8% of respondents state culture in category enough. This is means that majority nurse own perception positive to culture, in particular about culture safety patients. Based on the HSOPSC *(Hospital Survey on Patient Safety Culture)* questionnaire model version 2.0 of 2019 from AHRQ *(Agency for Healthcare Research and Quality*) used as instrument in study this, then distribution answer Respondent based on each dimension culture can seen in the table following This.

Table 6. Distribution Frequency Answer Respondents Based on Dimensions Culture According to the AHRQ Questionnaire Model

Dimensions Culture	Answer								Total	
	SS		S		TS		STS			
	f	%	f	%	f	%	f	%	f	%
Teamwork	39	54.2	33	45.8	0	0	0	0	72	100
Staffing & speed Work	6	8.3	55	76.4	11	15.3	0	0	72	100
Learning organizational & improvement sustainable	20	27.8	51	70.8	1	1.4	0	0	72	100
Response to error	5	6.9	56	77.8	11	15.3	0	0	72	100
Supervisor/ manager / leader support clinical	26	36.1	46	63.9	0	0	0	0	72	100
Communication about error	35	48.6	37	51.4	0	0	0	0	72	100
Openness communication	17	23.6	54	75.0	1	1.4	0	0	72	100
Support hospital management for safety patient	43	59.7	29	40.3	0	0	0	0	72	100
Handover patients and exchange information	16	22.2	46	63.9	10	13.9	0	0	72	100

Table 7. Distribution Frequency Respondents Based on Supervision

No.	Supervision	Amount	
		Frequency (f)	Percentage (%)
1	Good	70	97.2%
2	Enough	2	2.8%
3	Not enough	0	0%

	Amount	**72**	**100%**

Based on Table 7 it is known that that as many as 70 respondents (97.2%) stated supervision in category good and 2 respondents (2.8%) stated supervision in category enough. This is means that majority nurse own perception quality implementation activity supervision carried out by the head room classified as Good.

Table 8. Distribution Frequency Respondents Based on Condition Work

No.	**Condition Work**	**Amount**	
		Frequency (f)	**Percentage (%)**
1	Good	24	33.3%
2	Enough	48	66.7%
3	Not enough	0	0%
	Amount	**72**	**100%**

Based on Table 8 it is known that that as many as 24 respondents (33.3%) stated condition Work in category good and 48 respondents (66.7%) stated condition Work in category enough. This is means majority nurse own perception that condition work (which includes burden work, SOP, communication, and facilities) in the work unit classified as Enough conducive or Enough adequate in support performance nurse.

Table 9. Distribution Frequency Respondents Based on Unsafe Actions

No.	**Unsafe Action**	**Amount**	
		Frequency (f)	**Percentage (%)**
1	Tall	9	12.5%
2	Currently	9	12.5%
3	Low	54	75.0%
	Amount	**72**	**100%**

Based on Table 9 it is known that that as many as 9 respondents (12.5%) stated action No safe in category high , 9 respondents (12.5%) stated action No safe in category moderate, and 54 respondents (75%) stated action No safe in category low. This is means majority nurse own perception that action No safe activities carried out by nurses in the work unit classified as low

Incident Safety Patient

Amount incident originate from report data incident January-June period.

Table 10. Distribution Frequency Incident Based on Work Unit

Work unit	**Amount Incident**		**Amount Respondents**		**Category**
	(f)	**(%)**	**(f)**	**(%)**	
Inpatient	17	70.8%	40	55.6%	Frequent (≥ 6 incidents)
Outpatient Emergency Room ICU IBS	2 3 1 1	8.3% 12.5% 4.2% 4.2%	32	44.4%	Rare (< 6 incidents)
Amount	**24**	**100%**	**72**	**100%**	

Based on Table 10 it is known that that amount report incident to the PMKP-RS Team in as many as 24 cases , with incident most occurred in the Inpatient Installation namely 17 cases (70.8%), then in the Emergency Room there were 3 cases (12.5%), in the Outpatient Installation there were 2 cases (8.3%), and the lowest occurs in the ICU and IBS units , namely as many as 1 case each (4.2%).

Category incidents in each work unit made into 2 categories, namely rare (number) cases < 6 incidents) and frequent (number of cases ≥ 6 incidents). A total of 72 respondents divided in five work units, and analysis on the same group of work units given the same scoring and categories. Therefore, the research data using data for the period January-June (6 months), then "often" category with number ≥ 6 cases assumed the occurrence average incident 1 time every month. This is in accordance with category probability / frequency incident incidents on *the risk grading matrix*, where incident that occurred several times in a year or happen every month or Sunday categorized often. Based on Table 4.10 it can be known that the Inpatient work unit own incident with category often (≥ 6 cases), namely 40 respondents, while 32 respondents were in the other four units namely Outpatient, IGD, ICU and IBS have incident with category rare (< 6 cases).

Analysis Bivariate

Analysis bivariate in study This using the *Chi-square* test to know connection between two variables, and continued with Regression test Logistics simple in a way bivariate For now influence in a way partial One variable independent to variable dependent nature categorical dichotomy.

Connection between Culture and Incidents Safety Patient

Table 11. Cross Tabulation between Culture and Incidents Safety Patients at Amplas Mitra Medika Hospital

Culture	IKP				Total		*Sig. p-value*
	Seldom		Often				
	f	%	f	%	f	%	
Not enough	0	0%	0	0%	0	0%	0.014
Enough	9	27.3%	24	72.7%	33	100%	
Good	23	59.0%	16	41.0%	39	100%	
Total	**32**	**44.4%**	**40**	**55.6%**	**72**	**100%**	

Based on Table 11 it is known that that of the 33 respondents who have category culture enough, as many as 9 people (27.3%) are in a work unit that has category seldom happen incident and as many as 24 people (72.7%) were in a work unit that has category often happen incident. Next of the 39 respondents who have category culture well, as many as 23 people (59%) were in a work unit that has category seldom happen incident and as many as 16 people (41%) were in a work unit that has category often happen incident.

Chi-Square test results on Table 11 shows that mark *Sig.p -value* 0.014 < 0.05, meaning There is connection significant between culture with incident safety patient. Tabulation results cross the show that the more Good level culture, in particular in aspect culture safety patient, then will the more seldom or decrease incidents that occur. On the contrary, the more decrease level culture so will the more often or increase incident. The *p-value* is <0.25 then variable culture can entered to in regression test logistics For analyzed bivariate and also multivariate.

Table 12. Influence Culture to Incident Safety Patients at Amplas Mitra Medika Hospital

Variables	B	Sig.p -value	Exp(B) / Odd-Ratio (OR)
Culture	-1,344	0.008	0.261

Based on regression test results logistics simple in a way bivariate in Table 12, obtained mark *Sig.p -value* 0.008 < 0.05 means variable culture own influence significant to incident safety patient. The negative B coefficient value of 1.344 indicates direction connection negative, meaning If culture increased by 1 unit so incident will decrease of 1.344 times. The Exp(B) or OR value of 0.261 means that respondents who are in the category less culture Good own 0.261 fold risk happen incident than respondents who are in the category good culture.

Connection between Supervision and Incidents Safety Patient

Table 13. Cross Tabulation between Supervision and Incidents Safety Patients at Amplas Mitra Medika Hospital

Supervision	IKP				Total		*Sig. p-value*
	Seldom		Often				
	f	%	f	%	f	%	
Not enough	0	0%	0	0%	0	0%	0.194
Enough	2	100%	0	0%	2	100%	
Good	30	42.9%	40	57.1%	70	100%	
Total	**32**	**44.4%**	**40**	**55.6%**	**72**	**100%**	

Based on Table 13 it is known that that of the 2 respondents who stated supervision with category enough, as many as 2 people (27.3%) are in a work unit that has category seldom happen incident and 0% are in a work unit that has category often happen incident. Next of the 70 respondents who stated supervision with category well, as many as 30 people (42.9%) were in a work unit that has category seldom happen incident and as many as 40 people (41%) were in a work unit that has category often happen incident.

Chi-Square test results on Table 13 shows that mark *Sig.p -value* 0.194 > 0.05, meaning No There is connection significant between supervision with incident safety patient. The p *-value* obtained said < 0.25 then variable supervision still can entered to in regression test logistics For seen its influence to variable incident.

Table 14. Influence Supervision to Incident Safety Patients at Amplas Mitra Medika Hospital

Variables	B	Sig.p -value	Exp(B) / Odd-Ratio (OR)
Supervision	21,491	0.999	2,154E9

Based on regression test results logistics simple in a way bivariate in Table 14 obtained mark *Sig.p -value* 0.999 > 0.05 means activity supervision carried out by the head room /supervisor no own influence significant to incident safety patient.

Connection between Condition Work and Incidents Safety Patient

Table 15. Cross Tabulation between Condition Work and Incidents Safety Patients at Amplas Mitra Medika Hospital

Condition Work	IKP				Total		*Sig. p-value*
	Seldom		Often				
	f	%	f	%	f	%	
Not enough	0	0%	0	0%	0	0%	0.003
Enough	15	31.2%	33	68.8%	48	100%	
Good	17	70.8%	7	29.2%	24	100%	
Total	**32**	**44,4%**	**40**	**55,6%**	**72**	**100%**	

Based on Table 15 it is known that that of the 48 respondents who stated condition Work with category enough, as many as 15 people (31.2%) are in a work unit that has category seldom happen incident and as many as 33 people (68.8%) were in a work unit that has category often happen incident. Next of the 24 respondents who stated condition Work with category well, as many as 17 people (70.8%) were in a work unit that has category seldom happen incident and as many as 7 people (29.2%) were in a work unit that has category often happen incident.

Chi-Square test results on Table 4.15 shows that mark *Sig.p -value* 0.003 < 0.05, meaning There is connection significant between condition Work with incident safety patient. Tabulation results cross the show that the more Good factor condition work, then will the more seldom or decrease incidents that occur. On the contrary, the more decrease condition Work so

will the more often or the more increase incident. The p -*value* obtained said <0.25 then variable condition Work can entered to in regression test logistics For analyzed bivariate and also multivariate.

Table 16. Influence Condition Work to Incident Safety Patients at Amplas Mitra Medika Hospital

Variables	B	Sig.p -value	Exp(B) / Odd-Ratio (OR)
Condition Work	-1,676	0.002	0.187

Based on regression test results logistics simple in a way bivariate in Table 16, obtained mark *Sig.p -value* 0.002 < 0.05 means variable condition work, which includes condition burden work, SOP, communication and facilities, have influence significant to incident safety patient. The negative B coefficient value of 1.676 indicates direction connection negative, meaning If condition Work increased by 1 unit so incident will decrease of 1.676 times. The Exp(B) or OR value of 0.187 means that respondents who are in the category condition underwork Good own 0.187 fold risk happen incident than respondents who are in the category condition good job.

Connection between Unsafe Actions and Incidents Safety Patient

Table 17. Cross Tabulation between Unsafe Acts and Incidents Safety Patients at Amplas Mitra Medika Hospital

Unsafe Action	IKP				Total		*Sig. p-value*
	Seldom		Often				
	f	%	f	%	f	%	
Low	31	57.4%	23	42.6%	54	100%	0.001
Currently	0	0%	9	100%	9	100%	
Tall	1	11.1%	8	88.9%	9	100%	
Total	**32**	**44.4%**	**40**	**55.6%**	**72**	**100%**	

Based on Table 17 it is known that that of the 54 respondents who stated action No safe with category low, as many as 31 people (57.4%) were in a work unit that has category seldom happen incident and as many as 23 people (42.6%) were in a work unit that has category often happen incident. Of the 9 respondents who stated action No safe with category moderate, as many as 9 people (100%) were in a work unit that has category often happen incident. While 9 respondents stated action No safe with category high, as many as 1 person (11.1%) was in a work unit that has category seldom happen incident and as many as 8 people (88.9%) were in a work unit that has category often happen incident.

Chi-Square test results on Table 17 shows that mark *Sig.p -value* 0.001 < 0.05, meaning There is connection significant between action No safe with incident safety patient. Tabulation results cross the show that the lower or decrease action No safe, then will the more seldom or decrease incidents that occur. On the contrary, the taller or increase action No safe so will the more often or the more increase incident. The p -*value* obtained said <0.25 then variable action No safe can entered to in regression test logistics For analyzed bivariate and also multivariate.

Table 18. The Effect of Unsafe Actions on Incident Safety Patients at Amplas Mitra Medika Hospital

Variables	B	Sig.p -value	Exp(B) / Odd-Ratio (OR)
Unsafe Action	1,873	0.007	6,509

Based on regression test results logistics simple in a way bivariate in Table 4.18, obtained mark *Sig.p -value* 0.007 < 0.05 means variable action No safe own influence significant to incident safety patient. The coefficient value of B is 1.873 indicating direction connection positive,

meaning If action No safe increased by 1 unit so incident will increase of 1.873 times. The Exp(B) or OR value of 6.509 means that respondents who are in the category action No high security own 6,509 times risk happen incident than respondents who are in the category action No low security.

Analysis Multivariate

This multivariate analysis done with Regression test Logistics Multiple For see existence influence all over variable independent to variable dependent, and knowing variable the most dominant influence. Therefore *Chi-Square* and Regression Test Results logistics simple in analysis bivariate For variable supervision show results No significant, then supervision No entered to in regression testing on analysis multivariate.

Table 19. Regression Test Results Logistics Multiple

Stage	Variables	B	df	Sig.	Exp(B) / Odd Ratio (OR)	95.0% CIfor Exp(B)	
						Lower	Upper
Step 1	Action no safe	1,576	1	0.025	4,834	1.215	19,227
	Condition Work	-1.219	1	0.058	0.295	0.084	1,040
	Culture	-0.381	1	0.542	0.683	0.201	2.326
	Constant	2,083	1	0.297	8,028		
Step 2	Action no safe	1,657	1	0.017	5.245	1,346	20,437
	Condition Work	-1.387	1	0.017	0.250	0.080	0.782
	Constant	1,396	1	0.392	4.038		

Significance Value

Based on test results Table 19 can known that order variable independent who has the most dominant influence to incident seen from Regression test Logistics stage 2 as following. Variables action No safe own mark significance *p-value* (0.017) < 0.05 means action No safe influential significant to incident safety patients at RSU Mitra Medika Amplas . The coefficient value regression (B) 1.657 with direction positive means increasing action No safe will has an impact on increasing incident of 1.657. The Odd-Ratio (OR) value of 5.245 means respondents who are in the category action No high security own 5,245 times risk happen incident than respondents who are in the category action No low safety. This result show that action No safe is the most dominant factor influential to incident.

Variables condition Work own mark significance *p-value* (0.017) > 0.05 means condition Work influential significant to incident safety patients at RSU Mitra Medika Amplas . The coefficient value regression (B) -1.387 with direction negative It means increasing condition Work will has an impact on the decline incident of 1.387. The Odd-Ratio (OR) value is 0.250 that respondents who are in the category condition underwork Good own 0.25fold risk happen incident than respondents who are in the category condition good job. This result show that condition Work is factor dominant the second most influential to incident. Variables culture own mark significance *p-value* (0.542) > 0.05 means culture No influential significant to incident safety patients at RSU Mitra Medika Amplas (seen in stage 1). The coefficient value regression -0.381 with direction negative It means increasing culture only contribute low to the decline incident which is 0.381 times. The result is show that in a way multivariate culture No significant in influence incident.

Coefficient Value Determination

Table 20. Coefficient Values Determination

Step	-2 Log likelihood	Cox & Snell R Square	Nails R Square
1	78.030 [a]	0.252	0.337

2	78,399 [a]	0.248	0.332

Based on Table 20 it is known that that mark Coefficient Determination R Square (R^2) in the regression test stage 1 is 0.337, which means influence factor action No safe , condition work and culture to incident by 33.7% and the rest influenced by other variables outside the research model This . R value Square (R^2) in the regression test stage 2 is 0.332, which means influence factor action No safe and condition Work to incident by 33.2% and the rest influenced by other variables outside the research model This .

Based on regression model categories according to Heir *et al* (55) with level accuracy prediction: weak ($R^2 \leq 0.25$), moderate ($0.25 < R^2 < 0.75$), and strong ($R^2 \geq 0.75$), then mark R^2 is 0.332 show the magnitude the influence of two factors that is action No safe and condition Work in predict incident classified as category influence moderate.

Influence Culture to Incident Safety Patient

Analysis results bivariate through tabulation cross show that factor culture own significant relationship (correlation) with incident safety patients (*p-value* < 0.05). Effect test results show that factor culture, in particular aspect culture safety patient own influence significant to incident (*p-value* < 0.05). Research results This find that majority Respondent nurse own good perception or positive to factor culture, in particular culture safety patients. Strong culture or perceived positive by nurse can increase quality performance nurse in apply standard safety patient For prevention incident, so that can lower risk incident. The taller mark culture so will the more low incident.

Research result This show that incident influenced by height low mark dimensions culture safety which includes: level cooperation team; staffing and speed work; quality exchange information moment do hand over accept and transition patient; learning organizational and improvement sustainable; response to error; openness communication; communication about error, supervisor/manager/leader support clinical; and support management House Sick towards safety program patient. Findings the in accordance with results study English: Fardiansyah et al. (2023), Vikan et al. (2023), in 2021 which stated that factor culture proven influential to incident, where increasing mark dimensions culture safety own influence to decline number incident. The more Good level culture in officers, then the morelow number incident that occurred.

Dimensions cooperation team show how far the staff Work The same as effective team, mutual help and support each other respect. Dimension support Hospital management shows how far is the management House Sick prioritize safety patient as priority main, and provide source adequate power For support safety programs patient. Dimension exchange information show how far the information important about maintenance patient in a way effective delivered to staff other moment hand over accept and transition patient (Olsen et al., 2013). Third dimensions also contributes increase quality results performance nurse in give safe care in accordance standard safety. This is in accordance results study Sariroh (2023) who showed dimensions cooperation inter- unit support management, as well as exchange information moment hand over accept and transition the patient is also dimensions influential culture to incident.

Influence Supervision to Incident Safety Patient

Analysis results bivariate through tabulation cross show that factor supervision No own significant relationship (correlation) with incident safety patients (*p-value* > 0.05). Effect test results show that supervision No own influence significant to incident (*p-value* > 0.05). Findings the different with results study previously done by Salsabila & Dhamanti (2023), which states that supervision influential to incidents and implementation safety patient.

Difference the can explained with one of theory motivation proposed by Douglas McGregor, namely Theory X and Y, which describes two approaches different in management staff. Theory X argues that individual tend behave negative to work, lazy to work, lack of care about the rules standard so that need under surveillance in a way strict in working, while theory Y argues individual tend behave positive to work, active work, always try reach target or objective organization so that can independent or No need under surveillance in a way strict. Supervision factors that are not significant influence incident can due to Because nurse classified as category behavior Y, so that under surveillance or No supervised by a nursing supervisor still will Work with Good in accordance standard safety.

Analysis results univariate describe that majority Respondent nurse state implementation activity supervision by a supervisor or head room classified as category well, so No too need strict supervision. Although Thus, supervision still must optimized especially in matter bait come back results supervision to staff to be able to increase motivation, awareness, compliance, and accuracy nurse in give care nursing, no only according to SOP procedures action medical just but also according to with safety SOP patient.

Influence Condition Work to Incident Safety Patient

Analysis results bivariate through tabulation cross show that factor condition Work own significant relationship (correlation) with incident safety patients (*p-value* < 0.05). Effect test results show that condition Work own influence significant negative to incident (*p-value* < 0.05), meaning increasing condition optimal work can influential to the decline number incident. The majority Respondent nurse own perception that condition work (which includes burden work, SOP, communication, and facilities) in the work unit classified as category Enough conducive or Enough adequate in support performance nurse (Aluko, 2023).

Indicator condition burden Work perceived by nurses Enough good, Optimal. level burden Work nurse in line with ability nurse in carry out care in accordance with standard safety patient. Analysis burden work in each unit needs to be *updated* in a way periodic along with growth amount patient, use ensure availability amount nurse in accordance with work unit needs. Analysis burden Work aiming For prevent climate slow work or not enough productive consequence burden overwork low, and prevent fatigue or stress Work consequence burden overwork high. Stress Work can impact negative on focus or concentration nurse in work, so that can increase risk incident (Basalamah et al., 2021).

Load level optimal work, effective communication between officers, availability of complete SOPs, and availability adequate means is condition work that contributes big in support performance nurse For carry out care safe and quality patients, so that can lower risk the occurrence incident. On the contrary level burden overwork, communication between officer who does not effective, availability of SOP and facilities is lacking adequate contribute hinder performance nurse in carry out care safe patient, reduce compliance in implementation of SOP with right, and lower focus or concentration work, so that can cause error actions that result in failure For prevent incident (Erawantini et al., 2022).

Effect of Unsafe Actions on Incident Safety Patient

Analysis results bivariate through tabulation cross show that action No safe own significant relationship (correlation) with incident safety patients (*p-value* < 0.05). Effect test results show that action No safe own influence significant positive to incident (*p-value* < 0.05), meaning increasing action No safe done by nurses can influential to increasing number incident

Findings the in accordance with results study The Achmad (2017) which states that action No safe nurse in give care patient relate significant with improvement incident. Next study Mulyana (2013) also mentioned that action No safe nurse in do documentation actions, patient

monitoring, and administration education to patient or family patient influential increase failure nurse in prevent risk incident patient fall.

Research result This show that part big Respondent nurse own perception that action No safe activities carried out by nurses in the work unit classified as category low. Action not safe done by nurses among them can seen from lack of compliance and accuracy nurse in carry out standard For reach six Target Safety Patient (SKP). Action not safe can push the occurrence error (*human error*) in give service that is not in accordance with standards and procedures safety patient so that can increase risk the occurrence incident.

The Influence of the Most Dominant Factors to Incident Safety Patient

Analysis results multivariate through regression testing logistics show that factor condition work and action No safe influential influential significant to inciden. Cultural factors No enter to in the regression model Because own mark significance not enough from 0.05 and level influence or very small contribution, but thus factor culture influential to incident in a way bivariate.

first factor that contributes the most or most dominant in influence incident is action No safe. Research results This find that nurse own perception that action No safe done by nurses classified as low. There are still nurse who does action No safe moment give care nursing to patient. This is can seen from lack of level compliance and accuracy nurse implement safety SOP in effort reach six Target Safety Patient (SKP). Action not safe can push the occurrence error in give service so that can increase risk incident.

Findings the in accordance with results study The Mitchell et al. (2016) which states that action No safe nurse in give care patient relate significant with improvement incident. Research Umina (12) 2023 also mentioned that action No safe nurse in do documentation actions, patient monitoring, and administration education to patient or family patient influential increase failure in prevent risk incident especially incident patient fall (Fasak, 2022).

third factor that is not significant in influence incident is culture. Cultural factors own the lowest contribution between second factor others (actions) action safe and condition work) if analyzed in a way simultaneous or together. This is indicates that implementation culture safety own role that is not too impact in a way directly at risk incident. According to theory *Swiss Cheese Model*, culture organization is factor latent conditions that tend to settling and its effects nature No direct in cause incident. Cultural factors must through chain system adequate service long, because incident can happen when failure factor culture succeed penetrate line defense (*barrier*) at each factor level supervision, condition work, and action No safe moreover formerly before Finally cause incident. Therefore that, factor culture own greater significance low in influence compared to with two factors other that is action action safe and condition Work.

Research result This give implications to party House Sick will importance ensure quality care safe and secure patient from risk danger with method optimize condition conducive work as well as support internalization and also implementation culture good safety in every work unit. The results of the study also provide implications to officers, especially nurse, so that more realize importance increase awareness, compliance, and accuracy carry out practice care more patients safe in frame lower action No safe for problems incident can prevented and minimized the amount.

Limitations Study

Study This has done with effort as much as possible maybe, but thus Still found limitations study as following.

Study This only researching a number of factors that influence incident safety patient, then expected to study furthermore For add factor other contributors outside factors that have been researched.

There are limitations study with use instrument questionnaire, namely sometimes answers given by respondents nature subjective or not enough show the actual situation so that can influence accuracy results research. Research furthermore expected can use more instruments and methods accurate in data collection. Study This only researching officer health from group power nurse, then For enrich discussion expected study furthermore can researching group power health others, such as doctor, health worker pharmacy, and manpower support medical other. Issue safety patient is quite a problem sensitive For analyzed by the officer health at home sick and relative Enough difficult For done observation in a way direct.

Conclusion

Based on results findings and discussion can withdraw a number of conclusions as following. Research results show that: 1) There is influence factor culture to incident safety patients at RSU Mitra Medika Amplas. Increasingly increase culture on officers so the more decrease level incident; 2) Don't any influence factor supervision to incident safety patients at Amplas Mitra Medika Hospital; 3) There is influence factor condition Work to incident safety patients at RSU Mitra Medika Amplas . Increasingly increase or optimal conditions Work so the more decrease level incident;4) There is influence factor action No safe to incident safety patients at RSU Mitra Medika Amplas . Increasingly increase action No safety carried out by officers so the more increase incident; 5) There is influence factor condition work and action No safe in a way simultaneous to incident safety patients at Amplas Mitra Medika Hospital, with the most dominant factor influential is factor action No safe.

Suggestion

Based on results and conclusions research, can put forward some suggestions as following .

For Hospital Institutions

In order to minimize action No safe, expected to House Sick For increase ability and willingness nurse in avoid risky actions cause danger incident safety patients (IKP) with method: 1) RS can allocate source Power For increase training based on simulation (simulation-*based training*) about indicator target safety patients and reporting incident to all over nurse through method *pre-test*, *post-test*, and *role play*. Training the useful For add knowledge, understanding, experience, motivation, and awareness in identify type action No safe related indicator target safety patient, category incident that should have happened reported, flow reporting, analysis risk grading matrix, and reporting format If happen incident. Training should done in a way periodic and not only given as training orientation for staff only at the start of his term; 2) RS needs ensure the supervisor does socialization, monitoring and evaluation implementation of SOP regarding six target safety patients and prevention SOP incident regularly in their respective work units.

In order to increase condition conducive work, expected to House Sick For: 1) Optimization burden Work nurse with method do *update* analysis burden Work in a way periodic For ensure availability amount nurse in accordance with work unit needs. This is aiming For prevent climate slow work or not enough productive consequence burden overwork low and prevent fatigue or stress Work consequence burden overwork tall; 2) Build communication effective between staff through activity *employee gathering*, namely activities involving all over staff in activity social special with objective certain things, including: means increase communication and interaction between staff, tighten good interpersonal relationships and cooperation, as well as increase solidarity in work. *Employee gathering* can nature administrative purposes For discuss related matters with companies, such as *annual meeting* and FGD, as well as non-

administrative in nature which aims to For refreshment, *such* as *outbound team building* and dining event together; 3) Monitor and evaluate implementation policy and availability of target SOPs safety patient in a way periodic through Quality and Safety Committee Patient, Committee Nursing, and Management Risk; 4) Ensure means Supporter safety patient available in adequate quantity and condition through monitoring and evaluation *checklist* maintenance means House Sick: a) In order to increase implementation culture , RS can pointing ambassador culture as *agent of change* in every work unit. Cultural ambassador the on duty For do socialization culture safety patient in a way periodic and instrumental active as *role model* in display behavior culture safety positive patients. Effectiveness ambassador culture furthermore evaluated For see existence changes in the results of the assessment survey culture safety patients who have routinely carried out by RSU Mitra Medika Amplas every One year very; b) Although factor supervision No influential significant, but still recommended to the hospital for increase quality supervision, including by method apply effective *Proctor* model supervision in increase implementation of safety programs patients in the work unit. Advantages *Proctor* model supervision is the ideal evaluation process of plan activities that have been implemented, good consistency, means good *brainstorming* / discussion, and improve quality service.

For Researchers Furthermore

Research result expected Can become reference For study more carry on with analyze other variables that have not been researched, with mix method design, method observation and interview deep so that the relationship between factor can dug up more wide compared to with only use questionnaire.

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