

Organizational Supports as Moderation in Increasing the Effect of Professionalism on Patient Safety Culture

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Abstract

Patient safety is a fundamental concept in providing health services, and it is critical that health care facilities consider it. Negligence in the application of patient safety will lead to patient safety incidents. The individual factors of medical staff have a significant influence on the implementation of patient safety. The attitude of medical staff can affect the culture of patient safety because being unprofessional will cause problems in providing quality care, encourage bad events and medical errors, and ultimately reduce patient satisfaction. Organizational support also has a role in the attitude and behavior of medical staff. There are already policies in the form of regulations from the Minister of Health, standard operating procedures, and training for medical staff. However, there are still many patient safety incidents that occurred. There is also medical staff who are not aware of the importance of reporting, so that patient safety incidents are not recorded. The study was conducted in 12 Primary Health Care (PHC) in Kuningan Regency. The research method used is quantitative analysis with a cross-sectional design using a questionnaire. The research data was taken using proportional stratified random sampling to 200 medical staff in 12 PHC in Kuningan Regency. The questionnaire consists of 3 parts regarding professionalism, patient safety culture, and organizational support. The results showed that professionalism had a positive and significant impact on patient safety culture (p-value <0.001), and Organizational support is a quasi-moderating variable on the effect of professionalism on patient safety culture (p-value <0.001).

Keywords: *Organizational Support, Patient Safety Culture, Primary Health Care, Professionalism*



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INTRODUCTION

Patient safety is a fundamental concept in providing health services, and it is critical that health care facilities consider it (Welp et al., 2015). The quality of health services is based on fairness, efficiency, effectiveness, timeliness, patient orientation, and patient safety (Ulumiyah, 2018). Patient safety can be used as an indicator. The system is an effort that can be done to prevent errors of action by medical staff (Welp et al., 2015).

According to WHO data, many patients are harmed or die each year because of health care provided in low-quality and dangerous facilities, even though these incidents could have been avoided or prevented. Based on the WHO report "Patient safety: making health care safer" in 2017, According to the results of a study done in 26 low- and middle-income nations, the rate of adverse events was 8%, 83 percent of which could have been avoided, and 30% of which resulted in mortality (WHO, 2017). Most data show the number of incidents in hospitals, and only a few data show the number of incidents at the primary health care level. The incidents rate in primary care is 5 to 80 times per 100,000 visits related to the process of action, diagnosis, and therapy (Sandars & Esmail, 2003). Another study in Europe estimated the incidents rate in primary care to range from 0.0004% to

24% (Ornelas et al., 2016). Incident data in primary service facilities or PHC are still challenging to find. Meanwhile, incidents are critical and need to be continuously reported. In health care facilities, incident reporting will improve service quality, patient safety efforts and reduce patient safety incidents (KKP-RS, 2015).

The Joint Commission International (JCI) states that several components can affect clinical practice, such as individual factors. The individual of medical staff is a factor that is significant in determining health service standards (JCI, 2014). Professionalism has become a substantive and ongoing theme in the medical world. Professionalism itself is multidimensional and complex. Professionalism requires individual, interpersonal, and social considerations (Hodges et al., 2011). The attitude of professional medical staff can affect the culture of patient safety because a lack of professionalism will cause problems in the provision of care, encourage adverse events and medical errors, and ultimately reduce patient satisfaction (DuPree et al., 2011).

The capacity of a reasonable individual in implementing patient safety can continue to be improved by fostering a professional patient safety culture by medical staff. Effective communication, the same perception of the importance of unwanted events, and mutual trust between medical staff are signs that patient safety has gone well (Garuma et al., 2020). Based on studies conducted at the PHC in Bandung by Brahmana *et al.*, there are 3 dimensions with a weak category (response not to punish, staffing, and frequency of incident reporting), 6 dimensions in the medium category (open communication, feedback, support, management, handoff and transition, and perception), and 3 dimensions with strong categories (cooperation, organized learning, and continuous development) (Brahmana et al., 2018).

Organizational support is a belief about the extent to which the organization appreciates the work and contributions that have been made and is concerned with welfare. Organizational support is one of the important factors because it will make medical staff work more accessible and more enthusiastic. Based on Heriyati's research, there is a relationship between organizational support for patient safety (Heriyati & Sinaga, 2018).

There are already policies in the form of regulations from the Minister of Health, standard operating procedures, training for medical staff to reduce patient safety incidents and increase patient safety. However, there are still many patient safety incidents that occurred. Because a lot of medical staff are unaware of the need for reporting, patient safety incidents go unreported. A significant number of medical staff, including those who work in PHC, are unaware of the need for reporting, patient occurrences go unrecorded. Medical staff still feel that these incidents are small things that do not need to be reported, even though all types of patient safety incidents are critical to be reported so that in the future, patient safety can be addressed and improved to reduce the risk of events and increase patient safety.

To provide better health care with fewer patient safety incidents, the PHC's patient safety culture must be continually improved. But the medical staff still faces many obstacles. Sometimes, some medical staff feels less concerned about promoting or prioritizing patient safety in all actions or activities. Cooperation between the medical staff at the PHC periodically meets obstacles due to

communication errors or other problems. Another thing that affects medical staff is the fear and lack of management support to report patient safety incidents.

In practicing patient safety goals, medical staff always do their best. However, implementing patient safety goals is a challenge, especially in terms of time. Many medical staff is sometimes forced to deal with it immediately and reduce communication which can ultimately lead to communication errors. Other matters related to patient care are equipment that is damaged or lacking, medicines that are not available.

It is essential to research and further examine how professionalism influences patient safety culture and how organizational support strengthens or weakens this influence in PHC as a first-level health service unit. This research is expected to be a reference for improving patient safety, especially in PHC as the front line in providing health services to patients.

LITERATURE REVIEW

Professionalism

Based on the Joint Commission Indonesia (JCI), several components can affect clinical practice, such as individual factors. Individual health care providers are a significant factor when determining health service standards (JCI, 2014). Professionalism can also be defined as a set of society's behaviors, values, and beliefs (Cruess & Cruess, 2012). According to Arnold and Stern (2006), communication skills, clinical competence, and understanding of ethics and law hope to achieve the principles of professionalism. The attitude of professionalism is something that a medical professional must own because it will determine the quality of the relationship between medical staff, which is described through a series of behaviors that affect trust (Arnold & Stern, 2006). Based on the American Board of Internal Medicine's (ABIM's) and Arnold and Stern, it can be told that there are seven dimensions of professionalism, namely (ABIM, 2001):

- a. Excellence
Medical staff must continue to learn to continue to develop to improve their abilities and knowledge.
- b. Humanism
Medical staff must have good humanity, including empathy, compassion, and respect.
- c. Altruism
Medical staff must put their interests above their own. Respect for needs and circumstances, and a key component of this is effective communication.
- d. Accountability
Medical staff must be able to shorten the action and accept the consequences of everything that has been done.
- e. Tasks and Services
Medical staff must carry out duties and services for everyone with responsibilities as a medical worker and are responsible for all competencies possessed for this task.
- f. Honor and Integrity
Medical staff must uphold integrity, be committed to the professional code of ethics, and demonstrate behavior as role models for others.
- g. Respect others

Medical staff must respect other people, whether other medical staff work and collaborate in the workplace or the public.

In addition, professionalism can also be assessed from (Darwin, 2014; Kim, 2019):

- a. Truth and Honesty
Medical staff must always tell the truth and speak the truth in every action and word they do.
- b. Responsibility
Medical staff has responsibility for all actions taken against patients.

Patient Safety Culture

Patient safety is defined as the prevention of harm to patients in a wide sense (England et al., 2016). Patient safety is also defined as safeguarding against unfavorable outcomes such as injury, mental disease, illness, and death (Skagerström et al., 2017). Patient safety can also be an effort to reduce or treat unnecessary risks (Lee et al., 2019). According to the Institute of Medicine (IOM), patient safety is one of the most important stages in enhancing the quality of health care. Patient safety refers to delivering health services to patients without making mistakes and in a safe manner. For all health professionals, patient safety is a major responsibility (England et al., 2016).

International Patient Safety Goals (IPSG)/Patient safety goals or under PERMENKES No. 11 of 2017 regarding patient safety goals, divided into (JCI, 2014; Permenkes, 2017):

- a. Patient accuracy
- b. Improved effective communication
- c. Increased drug safety that needs to be watched out
- d. Certainty of the right location, the right procedure, and the right patient during surgery
- e. Reducing the risk of infection related to health services
- f. Reduction of the patient's risk of falling

According to Carthey & Clarke (2009), Patient safety issues will be avoided if there is a positive patient safety culture. This can be achieved by implementing a patient safety system with commitment and cultural change. Several dimensions of culture, namely (Carthey & Clarke, 2009):

- a. Open Culture
There is encouragement for medical staff to feel comfortable in all events and other matters related to patient safety with other medical staff and management. The culture will encourage prevention and learning by identifying or taking lessons from each incident that has occurred.
- b. Culture of Justice
Justice and empathy need to be continuously improved to continue to make improvements in terms of patient safety. Organizations that want to learn from every safety incident must treat medical staff fairly and encourage reporting always to carry out evaluations and improvements.
- c. Reporting culture
An easy reporting process, a feeling of not being blamed and accepted when they report incidents, and constructive feedback after reporting incidents will remove barriers to incident reporting.

- d. Learning culture
Commitment to making every safety incident that has occurred as an improvement material to foster a culture of learning from mistakes that have been created.
- e. Information culture
Safety experiences that have occurred and are subsequently reported will facilitate and improve patient capabilities and reduce future safety incidents.

According to the Agency of Health Research and Quality (AHRQ), in a survey issued in 2021, Survey on Patient Safety Culture Version 2.0 through patient safety and error and reporting of events by assessing patient safety based on ten dimensions that need attention, namely (AHRQ, 2021):

- a. Teamwork
Each medical staff works together and coordinates as a team concerning providing the best care.
- b. Staff and work pace
There are enough medical staffs to provide the best care.
- c. Organizational learning and continuous improvement
Mistakes have resulted in beneficial changes, which are the foundation for their efficacy.
- d. Response to errors
Medical staff feels that reports of incidents do not become a bad personal record of the medical staff themselves but become material for evaluation and patient safety incidents to prevent other incidents.
- e. Supervisor, manager, or clinical lead support for patient safety
The management (supervisor/manager/leader) always provides support for patient safety.
- f. Communication about errors
Medical staff communicates freely without pressure to make mistakes.
- g. Open communication
Medical staff should feel comfortable speaking up if they witness something that could have a detrimental impact, and they should also feel free to discuss it with their superiors or management.
- h. Report patient safety incidents
Medical staff report properly on all patient safety incidents that occur.
- i. Management support for patient safety
Management evaluates medical staff proposals to improve patient safety, commends medical personnel for adhering to protocols, and does not disregard current issues.
- j. Handoffs and information exchange
Important information regarding patient care is provided following standard operating procedures.

Organizational Support

An organization has an obligation to develop an organizational climate that supports the existing workforce. According to Eisenberger (1986), Various characteristics of management or an organization's handling of employees have an impact on

organizational support. According to Colakuglu, Culha & Atay (2014), the organization values the contribution and cares for its workforce.

According to Rhoades and Eisenberger (2002) explained that there are three dimensions used in the process of measuring organizational support, namely (Rhoades & Eisenberger, 2002):

- a. Fairness
The organization must be fair in various ways and conditions to the workers in the organization. Justice is carried out in multiple aspects of the organization, such as allocating human resources, etc.
- b. Supervisory support
Support or encouragement given by superiors is a form of contribution and concern from a superior to the work carried out by his subordinates.
- c. Organizational Rewards and Working Conditions
The award from the organization is a form of appreciation given to the workforce for working well and providing satisfaction to the organization.

In terms of implementing patient safety, a medical worker certainly cannot individually apply and face a problem related to patient safety. Medical staff needs to have support from various parties. This support can come from peers or colleagues, help from superiors, and support from institutions (Burlison et al., 2017).

- a. Colleague Support
Friends or colleagues who work together in an organization should undoubtedly or all tasks and actions are taken.
- b. Supervisory Support
Support from superiors is part of the organization that provides support and contributes to caring for the workforce working in the organization.
- c. Institutional Support
A good organization is an organization that can provide encouragement and concern for the workforce who work in the organization.

RESEARCH METHOD

This is a cross-sectional study that uses quantitative analysis to verify the findings. This study took place in 12 Primary Health Care (PHC) in Kuningan Regency, West Java Province, Indonesia, during July-August 2021. The selection of the PHC was carried out based on considerations to represent each region in Kuningan Regency, providing PONE (Pelayanan Obstetri Neonatal Emergensi Dasar/Basic Emergency Neonatal and Obstetric Services) and/or Emergency services.



Figure 1. Location of Primary Health Care in Kuningan Regency

The population in this study were medical staff (general practitioners, dentists, nurses, and midwives) who worked at the PHC in Kuningan Regency. Calculation of the sample using the Slovin formula obtained results of 200 samples. The sampling technique used proportional stratified random sampling with the distribution of each sample: 14 general practitioners, 5 dentists, 48 nurses, and 133 midwives. The inclusion criteria in this study were medical staff who had worked at the PHC for at least 1 year and were cooperative in filling out the questionnaire. The exclusion criteria in this study were medical staff who were not at the PHC due to permission or sick.

The research instrument used in this study is a questionnaire consisting of 3 parts. The professionalism questionnaire was adopted from the American Board of Internal Medicines (ABIM, 2001). The patient safety culture questionnaire was adopted from the Agency of Health Research and Quality (AHRQ) Survey on Patient Safety Culture Version 2.0 (AHRQ, 2021). The organizational support questionnaire was adopted from Rhoades and Eisenberger (2002) and The Second Victim Experience and Support Tool (SVEST) (Burlison et al., 2017; Rhoades & Eisenberger, 2002). Each question was measured using a 5-point Likert scale; 5 = strongly agree, 4 = agree, 3 = neutral, 2 = disagree, 1 = strongly disagree. In negative/negation questions, the Likert scale rating is reversed; 1 = strongly agree, 2 = agree, 3 = neutral, 4 = disagree, 5 = strongly disagree.

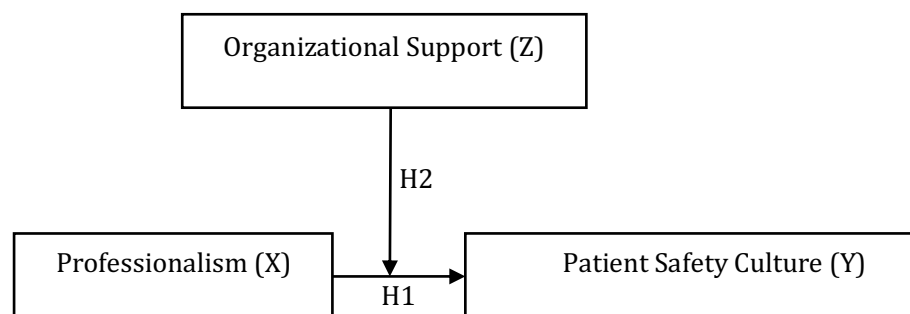


Figure 2. Research Framework

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Hypothesis in this research are:

1. There is an influence of Professionalism (X) on Patient Safety Culture (Y).
2. There is an influence of Organizational Support (Z) as a moderator of the influence of Professionalism (X) on Patient Safety Culture (Y).

The collected data will be processed and analyzed using Microsoft Excel and the IBM® SPSS® Version 25.0 program. The data will be grouped to see the demographic characteristics of the respondents and the assessment of research variables based on indicators. The data in a Likert scale is then converted to numeric using the Methods of Successive Interval (MSI). After that, the data is tested for classical assumptions (test for normality, multicollinearity, heteroscedasticity, and autocorrelation). If the data meets the requirements of classical assumptions, then proceed with testing to answer the research hypothesis with T-Test and Moderated Regression Analysis (MRA) Test.

FINDINGS AND DISCUSSION

The purpose of this study was to see how professionalism affects patient safety culture and how organizational support plays a role as a moderating factor.

Table 1. Distribution of Respondents based on Demographic Characteristics (n=200)

Indicator	Frequency	Percentage (%)
Gender		
• Male	20	10.00
• Female	180	90.00
Age		
• 21-25	20	10,00
• 26-30	46	23.00
• 31-35	43	21.50
• 36-40	29	14.50
• 41-45	34	17.00
• 45-50	29	14.50
• 51-55	16	8.00
• 51-60	3	1.50
Job		
• General Practitioners	14	7.00
• Dentist	5	2.50
• Nurse	48	24.00
• Midwife	133	66.50
Highest Level of Education		
• Diploma 3	131	65.50
• Diploma 4	24	12.00
• Bachelor + Profession	41	20.50
• Magister	4	2.00
Employment Status		
• Government Employees	122	61.00
• Contract	78	39.00
Years of Service		
• 1-5	49	24.50
• 6-10	32	16.00

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• 11-15	48	24.00
• 16-20	22	11.00
• 21-25	21	10.50
• 26-30	19	9.50
• 31-35	8	4.00
• 36-40	1	0.50
Work Unit / Primary Health Care		
• Sukamulya	17	8.50
• Cilimus	30	15.00
• Mandirancan	15	7.50
• Kramatmulya	18	9.00
• Manggari	12	6.00
• Cidahu	13	6.50
• Cihaur	11	5.50
• Ciawigebang	22	11.00
• Cimahi	17	8.50
• Cibeureum	18	9.00
• Darma	12	6.00
• Nusaherang	15	7.50

The demographic characteristics of the respondents are shown in Table 1. Female respondents (90.00%) were more than males (10.00%). The respondents ranged in age from 23 to 59 years old, with the majority being between the ages of 26 and 30 (23.00%). Most respondents are midwives (66.50%), and the rest are general practitioners, dentists, and nurses. Most respondents are Civil Servants (61.00%), and the rest are contract employees. The years' services varied from 1 to 39 years, with most respondents having worked for 1-5 years (24.50%). Respondents are spread across 12 PHC in Kuningan Regency, with most respondents coming from Cilimus PHC (15.00%)

Table 2. Patient Safety Condition in PHC (n=200)

Indicator	Frequency	Percentage (%)
Patient Safety Training Experiences in the last 12 months		
• Yes	32	16.00
• No	168	84.00
Experience of having a patient safety incident in the last 12 months		
• Yes	86	43.00
• No	114	67.00
Assessment of patient safety culture		
• Excellent	47	23.50
• Good	111	55.50
• Fair	41	20.50
• Poor	1	0.50

Table 2. shows the condition of patient safety culture at the PHC. Only a small proportion of medical staff (16.00%) have attended patient safety training in the last year. 86 (43.00%) Medical staff has experienced patient safety incidents in the previous year with various types of patient safety incidents, ranging from needle sticks, falls, facility damage, prescription errors, medical record

writing errors, etc. Most respondents assessed the patient safety culture at PHC at a good level (55.50%).

Table 3. Patient Safety Incident Report in PHC (n=86)

Indicator	Frequency	Percentage (%)
Patient Safety Incident Report in the last 12 months		
• No	16	18.60
• Yes	70	81.40

Table 3. shows the reporting of safety incidents that occurred in the last 12 months. Of the 86 medical staff who experienced patient safety incidents at PHC, there was still medical staff who did not report the incident (18.60%). Medical staff did not report this because the problem was trivial, did not cause injury, did not cause harm, etc.

Table 4. Average Positive Response of Professionalism

Indicators/Dimensions	Percentage (%)	Classification
Excellence	81.94	Good
Humanism	84.40	Excellent
Altruism	73.03	Good
Accountability	80.93	Good
Duty and service	77.63	Good
Honor and integrity	85.20	Excellent
Respect for others	87.50	Excellent
Truth and honesty	87.05	Excellent
Responsibility	86.60	Excellent

Table 4. shows the level of professionalism of the medical staff at PHC in Kuningan regency is generally in the good category. The dimensions of humanism, honor, and integrity, respect for others, veracity and honesty, responsibility are excellent. Meanwhile, the dimensions of excellence, altruism, accountability, duty, and service are included in the good category.

Table 5. Average Positive Response of Patient Safety Culture

Indicators/Dimensions	Percentage (%)	Classification
Teamwork	78.00	Good
Staffing and work pace	67.00	Fair
Organizational learning – continuous improvement	77.80	Good
Response to error	70.00	Good
Supervisor, manager, or clinical leader support for patient safety	72.03	Good
Communication about error	81.33	Good
Communication openness	69.78	Good
Reporting patient safety events	69.45	Good
Management support for patient safety	76.60	Good
Handoffs and information	78.50	Good

Table 5. shows the level of the patient safety culture of the medical staff at PHC in Kuningan Regency, in general, is in a good category. The dimensions of teamwork, organizational learning and continuous improvement, response to errors, supervisor, manager, or leader responses to patient safety, communication to errors, open communication, patient safety incident reporting, management response to patient safety, and hands-off and information is in a good category. Meanwhile, the dimensions of staffing and work pace are included in the fair category

Table 6. Average Positive Response of Organizational Support

Indicators/Dimensions	Percentage (%)	Classification
Fairness	67.47	Fair
Organizational rewards and working conditions	70.32	Good
Supervisory support	72.43	Good
Colleague support	70.88	Good
Institutional support	71.17	Good

Table 6. shows the level of organizational support from medical staff at PHC in Kuningan Regency, in general, is in a good category. The dimensions of organizational rewards and working conditions, superior support, colleague support, and institutional support are included in the good category. Meanwhile, the dimension of justice is included in the fair category.

Table 7. Mean of Variable

Variable	Mean	SD	CI 95%	Classification
Professionalism (X)	3.7371	0.563	3.6591 – 3.8151	Good
Patient Safety Culture (Y)	3.5266	0.418	3.4687 – 3.5845	Good
Organizational Support (Z)	3.5641	0.473	3.4985 – 3.6297	Good

Table 7. shows the average or mean for every variable in this research. In this research, variable professionalism (mean= 3.7371), patient safety culture (mean=3,5266), and organizational support (mean= 3,5641) have classified in the good category.

Table 8. T-Test Analysis Result

Variable	B	t	t-table	Sig.
Professionalism (X)	0.419	8.685	1.972	<0.001

Table 9. MRA Test Analysis Result

Steps	Variable	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	Constant	60.015	4.920		12.198	<0.001
	Professionalism (X)	0.419	0.048	0.525	8.685	<0.001
	Adjusted R Square	0.272				
	F	75.430				
	Sig. F	<0.001				
2	Constant	29.484	6.000		4.914	<0.001
	Professionalism (X)	0.355	0.044	0.445	8.132	<0.001

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	Organizational Support (Z)	0.546	0.074	0.405	7.410	<0.001
	Adjusted R Square	0.428				
	F	75.435				
	Sig. F	<0.001				
3	Constant	125.945	24.186		5.207	<0.001
	Professionalism (X)	-0.634	0.244	-0.795	-2.594	0.010
	Organizational Support (Z)	-0.915	0.363	-0.679	-2.522	0.012
	Interaction (X*Z)	0.015	0.004	1.814	4.107	<0.001
	Adjusted R Square	0.471				
	F	59.963				
	Sig. F	<0.001				

Table 8. shows the results of the T-test analysis. Value of Sig. <0.001 (Sig. <0.05), and t-value of 8.685 and t-table of 1.97202 ($t > t\text{-table}$). So, it can be concluded that professionalism influences patient safety culture from medical staff at PHC in Kuningan Regency. This is following research conducted by Dupree et al. concluded that the attitude of professionalism had supported patient safety, which could previously be reviewed and accounted for and used as an evaluation material to avoid it (DuPree et al., 2011). In addition, the research of Chandratilake concluded that practitioners' professional attributes indicate a relationship with patient safety (Chandratilake et al., 2012).

Table 9. MRA test results. The significance value of 0.001 (Sig. 0.005) is known based on the analytical results in the second equation; then the organizational support influences patient safety culture. Based on the results of the analysis in the third equation, it is known that the significance value of <0.001 (Sig. > 0.05), then the interaction variable affects patient safety culture. The conclusion is that organizational support is a quasi-moderating between the influence of professionalism on patient safety culture. Quasi-moderation is a variable that can both moderate the impact of the independent and dependent variables while also acting as an independent variable. In this study, the adjusted values of the R-Square were 0.471. The patient safety variable in this study can be explained by professionalism, organizational support variable, and interaction variable of 47.10%. In comparison, the remaining 52.90% is explained by other variables outside this research model.

This study indicates the influence of organizational support as a moderating that strengthens the relationship between professionalism and patient safety from medical staff at PHC in Kuningan Regency. Organizational support acts as a quasi-moderating variable, which moderates the influence between professionalism and the patient safety culture, which is also the independent variable.

Health care facilities are at an organizational level with a very high health care system, and there is a lot of interaction and coordination at that organizational level (Horwitz & Horwitz, 2017). The work of medical staff will be influenced by the organizational support offered by an organization. Organizational support will affect the totality of the workforce in working following organizational

goals. Employees can feel confident that their employer values their contributions and is concerned about their well-being. Workers who work with the organization's support will try to provide support wholeheartedly and try to contribute to help the organization achieve the targets set. Positive contributions will be born from workers who feel they have support, justice, and welfare from where they work (Norrohmat et al., 2021).

Medical staff who already have the support of the organization will work wholeheartedly in carrying out their work. This will undoubtedly encourage the performance of reliable Human Resources (HR). The working mechanism that comes from an internal drive will have an impact on job satisfaction. Being proactive can ultimately improve the culture and implementation of patient safety goals (Zakari, 2011). Based on Heriyati's research, there is a relationship between organizational support for patient safety (Heriyati & Sinaga, 2018). This shows that the professionalism and patient safety culture at the PHC is reinforced when the PHC has strong organizational support.

CONCLUSION

This study concludes that there is an effect of professionalism on patient safety culture. Organizational support becomes a quasi-moderating moderating variable that strengthens the influence of professionalism on patient safety culture.

Limitation & Further Research

The results of this study can be used as material for comparison and reference for research and as consideration for further research. Further research can examine other variables that may affect patient safety culture that has not been studied in this study. Research can also be carried out in a larger scope to be more accurate and better.

Acknowledgments

Thanks to the head of the Kuningan District Health Officer, the Head of the Primary Health Care in Kuningan Regency, and all medical staff who contributed to this study, which had pleasure participated and supported this research.

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