Doctor's Approval in Supporting Nurses Patient Safety Implementation on Hospital "X" Jakarta

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ABSTRACT

Data collected from British Airways from 1994-1999 showed that aviation safety incident was a one in three-million occurence, whilst hospital services safety incident was a one in three-hundred occurence. This painted a picture that flying is ten-thousand times "safer" than staying at a hospital (WHO, 2005). This research was made to assess the influence of nurse characteristics and subjective norm towards patient safety intention for patient safety implementation on Hospital "X" in Jakarta. This research used causality as its' design, with individual nurses as the subject, and using a one-shot study as the time horizon. There were forty-eight samples used, analysed using path analysis. The result of this study shows a significant influence between nurse characteristic, subjective norm, and intent on patient safety with patient safety implementation. It also shows that the subjective norm of the medical staffs and doctors being the most influential on patient safety implementation. Thus the implication of this result is that Hospital "X" must increase the knowledge and competence of the nurses through training, seminars, or workshops – be it internal or external ones – as well as raising required minimum education level to bachelor's degree or NERS.

Keywords : Nurse characteristic, subjective norm, patient safety intention, patient safety implementation

INTRODUCTION

Law No. 44 of 2009 on Hospital mandated hospitals to give protection / assurance towards patient safety, the people, the environment, and resources. According to the Indonesian Ministry of Health Regulation No. 34 of 2017 on Hospital Accreditation – the new paradigm used as the National Hospital Accreditation Standard System (also known as SNARS in Indonesia) 1st edition – all hospital service activities must be able to provide services that fit the quality standard as well as assure safety and protection towards the services' impact given to fulfill the people's rights for a safer, better-quality service (Department of Health, 2017).

According to Law No. 38 of 2014 on Nursing, nursing services is a form of professional services based on the nursing discipline and effort directed at healthy or sick individuals, families, groups, or people in general. Nursing practices are services provided in the form of nursing care. Nursing care is a set of nurses' interaction done for the patients and their environment to sate the needs and independency of the patient.

Nurse intent for patient safety referred to the Theory of Reasoned Action that was developed by Fishbein and Ajzen in 1975. It stated that individuals behave in a certain way due to intention and individual will (also known as volition). This theory tries to look at the antecedent cause of the volitional behaviour based on several

assumptions, such as that humans generally do something with reasonable methods, humans would consider all available information, and humans calculate implications of their actions.

A nurse is a professional that has ability, responsibility, and authority in providing nursing care services. Services given would be of quality and could provide safety for the patient as the recipient of said services (Hamid, 2000). According to Jacobalis (2009), the nurse's perception on quality services is influenced by several factors, including age, gender, level of education, socio-economic level, culture, physical environment, and experience.

Subjective norm is the perception or view of the individual towards other people's belief that may influence intent to do something or not. In other words, subjective norm is a perceived social pressure (Ajzen, 2002). According to Hartono (2007) subjective norm is the second most important factor in deciding intent which is also assumed to be a set of belief function. Subjective norm, being related to this study, could be defined as the nurse perception about the influential power of the people around them, be it the medical staffs, doctor, friends, regulators, or even the mass media that may motivate them in doing or not doing something.

According to Usman (2004), implementation ends up on activities, actions, decisions, or mechanisms of a system. Implementation is not merely an activity, rather a planned activity in achieving a certain goal. According to Setiawan (2004), implementation is the extension of activities that suit each interaction processes between goals and decision. Those that may need a network of executor/operatir and an effective set of bureaucracy.

Hughes (2008) state that the initial step in improving service quality is through safety, while the key to quality service is in building patient safety culture. The Canadian Nurse Association (2004) stated that patient safety for nurses is not the only guide on what must be done but also a commitment that was part of the nurses' ethical code. Waishe and Boaden (2006) stated that the extent of a nurse's role enables them to find and experience risks in service mistakes. The development of positive patient safety culture could increase the performance of employees in implementing patient safety programme (Scott, et. al., 2003). Twigg and Attree, in 2014, stated that one of the most involved medical staff in increasing patient safety is the nurse.

Efforts made in patient safety is a crucial part in the nursing care process. The practical areas of nursing, based on patient safety includes: 1) Nursing Care Practices Standard; 2) Standard of Care Safety that implements principles of patient safety goals such as patient identification accuracy, increase of communication effectiveness, increased awareness of medicines, decrease in infection risks, and decrease in patient falling risks.
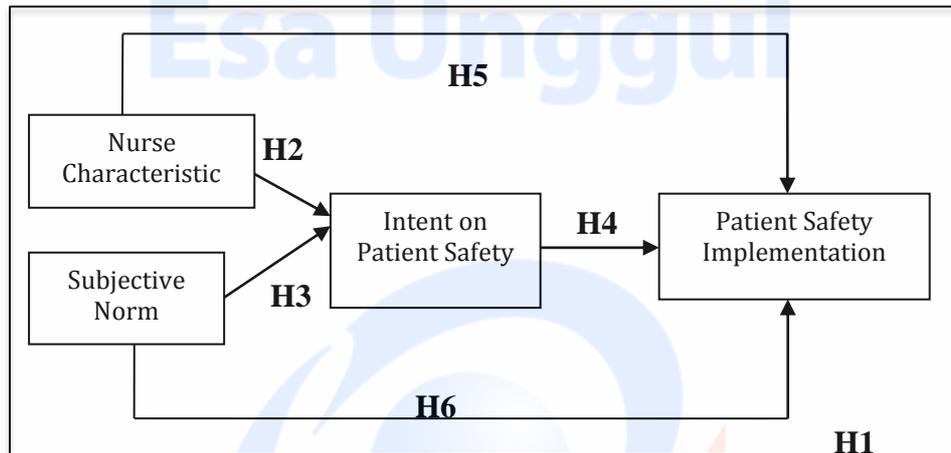
Hospital "X" in Jakarta had passed the first stage of the complete accreditation system (of the 2012 version) on early January 2018. PSI at Hospital "X", Jakarta, between January and December 2017 numbered to 622 incidents. From that number, 69.29% were categorized as near-injury events (KNC in Indonesian), 27.97% potential injury events (KPC in Indonesia), 2.57% non-injury events (KTC in Indonesia), and 0.16% sentinel events.

Motivation to have done this research was due to: 1) Hospital "X" had only been around for 4 years; 2) Nurse characteristic, subjective norm, and intent on patient safety are valuable input for hospitals in increasing the quality of service and patient safety; 3) The execution of patient safety implementation is part of Hospital "X" in implementing services for the National Health Insurance (JKN in Indonesian).

The aim of this study is to attain empirical evidences of assessments on the influence of nurse characteristic (education, age, experience, and gender), subjective norm on intent on patient safety and patient safety implementation on Hospital "X".

The contribution of this research may hopefully give information to the management of Hospital "X" to increase patient safety implementation as one of the indicator for hospital services quality. Additionally it may be used to increase understanding to develop the theory of intent as well as the theory of reasoned action approach.

Research Model

Picture 1 Path Analysis

Research Hypotheses

1. H1 : There are simultaneous influences from nurse characteristic, subjective norm, and intent on patient safety on the patient safety implementation on Hospital "X" in Jakarta.
2. H2 : There are influences from nurse characteristic towards the intent on patient safety.
3. H3 : There are influences from subjective norm towards the intent on patient safety.
4. H4 : There are influences from intent on patient safety towards patient safety implementation on Hospital "X" Jakarta.
5. H5 : There are influences from nurse characteristic towards patient safety implementation on Hospital "X" Jakarta.
6. H6 : There are influences from subjective norm towards patient safety implementation on Hospital "X" Jakarta.

RESEARCH METHOD

This research was done on Hospital "X" Jakarta. The period of research was between January and February 2018. The design of this research was one of causality. The model of this research was of the path analysis, made to analyse the relationship patterns between variables. This model was used to understand direct and indirect influence of the independent variables on the dependent variables. The type of data used to measure the test variables was intervals. The type of data were quantified qualitative data. The sample collection was used through the dense sampling method, in which all 48 overnight nurses on Hospital "X" was made samples. The nature of the source of data was primary. The independent variables were the nurse

characteristic and subjective norm. The intervening variable was the intent on patient safety. While the dependent variable was patient safety implementation.

RESEARCH RESULT AND DISCUSSION

Respondent Demographics Desction

The demographics of the nurses on Hospital "X" according to gender are 81% females and 19% males. According to age group, 48% are 26-35 years old, 52% are 21-25, and none were over 51 years old. Education wise, 77% are from nursing academies, 21% bachelor's degree, and 2% NERS. Based on working experience, 67% have worked for under 2 years, 19% worked for 2-3 years, and 15% worked more than 4 years prior to working on Hospital "X".

Analysis Terms Test
Validity Test and Reliability Test

The result of this research shows that the product moment correlation value for each questions on the nurse characteristic, subjective norm, intent on patient safety, and patient safety implementation greater than r_{table} of 0.6 and an Alpha Cronbach reliability coefficient value of greater than 0.6. As such, the statements on the aforementioned variables could be stated as valid and reliable.

Normality Test

Based on the Kolmogorov-Smirnov normality test, the probability value was 0.699 (>0.05) which means that the population was normally distributed.

Autocorrelation Test

Based on the Durbin Watson test value of 1.162 and the Singgih Santoso formula that stated $-2<DW<2$ means that there are no autocorrelation between subjective norm and nurse characteristic (education, working experience, age, and gender) on patient safety implementation.

Multicollinearity Test

The result of the tolerance value of greater than 0.1 and VIF value less than 10, means that there are no multicollinearity or no linear correlation between independent variables.

Descriptive Statistical Analysis Result

The result of the nurse characteristic, intent on safety, and safety implementation descriptive analysis indicators shows that there are high means for each of the statements. Nurses disagree that friends and regulators give any influence on patient safety implementation. Nurses also disagree that intent on patient safety derived from the want to implement patient safety and act accordingly to the Ministry of Health Regulation on Patient Safety. Nurses disagree that patient safety implementation was based on some patient safety goals such as: patient identification accuracy through identification before collecting blood or other sample/specimen for further clinical studies as well as using a minimum of two patient identity (name/date of birth/RM Number) when accepting new patient, not using the room number/location, increased effectiveness of communication through reiterating doctor's order directly or through phone, giving CPPT confirmation stamp and ask for doctor's signature as confirmation within 1x24 hours, increased awareness of high

alert medicines through putting on red labeling given by the pharmacy department and storing it safely as well as giving general information on the indications/side effect of the medicine to the patient, decrease in infection risk through practicing the 5-moments of hand-washing enacted by the WHO, and decrease of patient falling risks through assessment and reassessment.

HYPOTHESE TEST

Hypotheses Test Result Table

Hypotheses	Influence	t-calculated	Sig.	Conclusion
H1	Nurse characteristic, subjective norm, and intent on patient safety on the patient safety implementation on Hospital "X" in Jakarta.		0,000	Accepted
H2a	Nurse education characteristic on intent on patient safety	1,941	0,058	Rejected
H2b	Nurse working experience characteristic on intent on patient safety	1,407	0,165	Rejected
H2c	Nurse gender characteristic on intent patient safety	2,220	0,031	Accepted
H2d	Nurse age characteristic on intent patient safety	1,730	0,089	Rejected
H3	Subjective norm on intent on patient safety	4,875	0,000	Accepted
H4	Intent on patient safety on patient safety implementation	6,563	0,000	Accepted
H5a	Nurse education characteristic on patient safety implementation	0,742	0,461	Rejected
H5b	Nurse working experience characteristic on patient safety implementation	0,704	0,485	Rejected
H5c	Nurse gender characteristic on patient safety implementation	1,778	0,081	Rejected
H5d	Nurse age characteristic on patient safety implementation	2,043	0,046	Accepted
H6	Subjective norm on patient safety implementation	3,175	0,002	Accepted

DISCUSSION

1. **1st Hypothesis: There are simultaneous influences from nurse characteristic, subjective norm, and intent on patient safety on the patient safety implementation on Hospital "X" in Jakarta.**

   The nurse characteristic variable (education, working experience, gender, and age) subjective norm, and intent on patient safety influenced patient safety implementation. This statement stands as the simultaneous test result (using the F-

Test) showed as significance value of 0.000 or smaller than the probability value (p-value) of 0.05, which meant that the hypothesis was accepted.

External pressure can leave impact on patient safety. This could be in the form of legal pressure or the people pressuring for quality patient safety. External environment is the thing that is really required for an organisation to have in committing to implementing quality patient safety (Henriksen, et. al., 2008). Other external pressure could be in the form of national regulation on human resources competence on healthcare services (professional standards, staff competence evaluation/assessment, and certification) and for institutions in the form of hospital accreditation (Cahyono, 2008).

This was due to the fact that medical staffs/doctors gave information regarding patient safety. The goal of patient safety implementation is to prevent the occurrence of patient safety incidence. Nurses always have to write the doctor's prescription/orders through dictation, be it through the telephone or through the integrated patient development note (CPPT in Indonesian). Nurses also need to execute therapy programmes using the seven principles of drug administering – the right patient, the right drug/medicine, rightfully not expired, the right dosage, the right time, the right administering procedure, and the right documentation. Nurses also need to wash their hands using the six steps of washing hands according to WHO. Lastly, they need to also "mark" patients with yellow armbands that have higher risks of falling (>25 score) and brief family members of said risks.

2.

3. **2nd Hypothesis: There are simultaneous influences from nurse characteristic, subjective norm, and intent on patient safety on the patient safety implementation on Hospital "X" in Jakarta.**

The education, working experience, and age characteristic of the nurse does not influence intent on patient safety. This could be seen from the partial test (T-Test) with a higher significance value that the probability value (p-value) of 0.05, which means that the hypothesis was rejected. Nut the gender characteristic of the nurses influence the intent on patient safety, as illustrated through the partial test significance value of 0.031 or smaller than the probability value (p-value) of 0.05, which means that the hypothesis was accepted.

This research is the same as Lin's from 2009, where individual factors such as age, experience, and education had no effect on the intent on reporting patient safety incidents. This research shows that due to the respondents' demographic description obtained displaying the following nurses characteristic: 77% having a lower than Bachelor's Degree/Academy education, 52% of the nurses were of age 21-25 years old, and 40% of the nurses having 1-2 years of working experience prior to their employment at Hospital "X". This opened up the possibility that many of the nurses were unaware of lack understanding in the patient safety implementation as instructed under the patient safety guideline on the Ministry of Health's Regulation No. 11 of 2017.

The result of this research coincides with Wandarti in Rosyidah, et. al. (2007), in which the attitude of supporting patient safety implementation between male and female has no difference, even though women have more chance to support good attitude compared to men. Psychological studies found that women have a greater willingness to fulfill their duty while men are more aggressive and may have greater hope for success, which may affect productivity between the two. At hospital "X",

81% of the nurses are women and have goals to implement patient safety to prevent patient safety incidents.

4.

5. **3ʳᵈ Hypothesis: There are influences from subjective norm towards the intent on patient safety.**

The subjective norm variable influenced the intent on patient safety, as was illustrated on the partial test result (T-Test) with a significance value of 0.000 or smaller than the probability value (p-value) of 0.05, which means the hypothesis was accepted.

This was due to the medical staffs/doctors giving information on patient safety to nurses. Complemented by the aforementioned Ministry of Health's Regulation No. 11 of 2017, which could be used as a patient safety guideline, this assured a more optimal patient safety incident prevention.

4ᵗʰ Hypothesis: There are influences from intent on patient safety towards patient safety implementation on Hospital "X" Jakarta.

Intent on patient safety influenced patient safety implementation, as was illustrated on the partial test result (T-Test) with a significance value of 0.000 or smaller than the probability value (p-value) of 0.05, which means that the hypothesis was accepted.

Hwang, et. al. at 2012 stated that organisational factors such as leadership role in providing security by not blaming would really help in realizing intent on patient safety, such as during patient safety incident reports. The function of the management is to manage patient safety which may affect patient safety incident reports. Inadequate patient safety report may make the hospital lose the chance to identify risk factors and service system revamp.

This was mainly due to the fact that the patient safety implementation goal being to prevent patient safety incidents from occurring. Also due to the implementation of the aforementioned Ministry of Health Regulation No. 11 of 2017.

6.

7. **5ᵗʰ Hypothesis: There are influences from nurse characteristic towards patient safety implementation on Hospital "X" Jakarta.**

The education, working experience, and age characteristic of the nurse does not influence the patient safety implementation. This was illustrated on the result of the partial test (T-Test) with a significance value higher than that of the probability value (p-value) of 0.05, which means that the hypothesis was rejected.

Even so, the age characteristic variable of the nurses influenced patient safety implementation. This was illustrated through the significance value being smaller than the probability value (p-value) of 0.05, which means that the hypothesis was accepted. This was due to the research findings that describe the nurses demographics in the following light:

1. **Nursing academic education of 77% of the nurses, bachelor's degree as 21%, and NERS at 2%.**

Hughes (2008) stated that the level of education of a nurse was the most crucial characteristic that may increase the knowledge on patient safety implementation, which may in turn decrease unexpected/undesirable events incidents. According to Cahyono (2008), knowledge is one of the contributing factors that influences unexpected/undesirable events incidents. Lian, Bryan, and

Lin (2007) stated that a higher level of education may influence the skills of the nurse at implementing patient safety. Knowledge, must be noted, is a cognitive process that may be increased through education. According to one study, there is a significant relationship between education and the discipline of the nurses in implementing patient safety (Anugraini, 2010).

Nevertheless, this research did not prove the affluence of the statements mentioned in the last paragraph. This may be caused by the level of education at Hospital "X" which consisted mainly (77%) of academic degree holders (D3 in Indonesian). This resulted in the less-than-optimal understanding and implementation of patient safety, such as patient identification accuracy, effective increase in communications, decreased infection risks related to medical services, and decrease in patients falling risks. One of the efforts done by the management of the hospital was to reduce the skill disparity between academy-graduates from Bachelor's through trainings that would develop nursing competence focused on patient safety. This may take place in the form of in-house training and knowledge sharing between experienced and inexperienced nurses. Other management efforts may also be in the form of increased monitoring and evaluation on patient safety implementation by nursing supervisors/coordinators.

2. **Working experience of 1-2 years prior to working at Hospital "X" amounted to 40% of the nurses, working experience less than a year at 27%, working experience of 2-3 years at 9%, and working experience of more than 4 years at 7%.**

According Ellis, et. al. (2006), nurses must have sufficient working experience in order for them to understand specific patient needs, especially in regards to patient safety implementation. Hikmah's research (2008) stated that there is no relationship between working experience and nurses perception on patient safety.

Even still, this research did not prove the aforementioned statements. This is mainly due to the fact that 40% of Hospital "X"'s nurses have only worked for 1-2 years prior their tenure at Hospital "X", resulting in a less-than-optimal understanding and implementation of patient safety, such as patient safety identification accuracy, effective increase in communications, decreased infection risks related to health services, and decreased risk of patients falling. Few of the efforts done by the management had been mentioned before, such as providing in-house training and knowledge sharing as well as evaluation and monitoring by supervisors.

3. **The majority of the gender being women at 81% and men at 9%.**

According to Wandarti in Rosyidah, et. al. (2007), the male and female gender has no significant difference on rights and duty. According to the research, the supportive attitude towards patient safety implementation between men and women did not differ. However, women were found to have a higher affinity towards support compared to men. Psychological studies have found that women are more willing to fulfill their authority and men are more aggressive as well as having a higher ambition for success than women, which may affect work productivity between the two groups.

Partial test result (T-Test) of this research showed that the aforementioned thesis was incorrect. This is due to the aforementioned fact on point (2) above that the "inexperienced" nurses might be considered less-than-optimal in understanding and implementing patient safety practices, however the

management had been trying to mitigate that through in-house training and knowledge sharing as well as evaluation and monitoring by supervisors.

4. **Age of 21-25 years amounted to 52%, 26-30 years at 35%, and 31-35 at 13%.**

According to Robbins (2003), people aged 20-40 are considered young adults, at which they are at peak physical form to develop and apply their knowledge and skills. Increase in age would be proportional to wisdom in decision making, rationality, emotional control, and tolerance to other people's views. This thought is quite in line with the thoughts of Masdani in Wajudi (2008) which stated that at this age range, every individual has a more complex cognitive capacity and moral judgement. According to Riyadi's research in Rosyidah, et. al. (2008), the age of nurses are correlated with their performance in providing health services. He posited that this was due to correlation between age and experience that may affect one's abilities at work. According to Suryabrata in Rosyidah, et. al. (2008), the more older someone is (up to certain ranges of age that may be defined as "old" that are clearly relative to individuals) the more the varieties of activity, feelings, needs, and socialization characteristics that someone may have.

However, that was not found in this research. This was due to the 52% of nurses at Hospital "X" aged 21-25, which may be considered "younger", may imply less-than-optimal understanding and implementation on patient safety which include accurate patient identification, effective increase in communication, decrease in infection risks related to health services, and decreased risk in patients falling. As mentioned multiple times above, the management could do a few things to mitigate this by way of in-house training, knowledge sharing, and supervision.

8. **6th Hypothesis: There are influences from subjective norm towards patient safety implementation on Hospital "X" Jakarta.**

Subjective norm variable has influence on patient safety implementation. This could be seen from the partial test result (T-Test) with a significance value less than the probability value (p-value) of 0.05, which means that the hypothesis is accepted. This means that there are, partially, influence of subjective norm on patient safety implementation.

According to Frumkin and Galaskiewicz (2004), external pressure may affect the level of government ability especially in relation with the implementation of a policy or procedure. Oka and Riana (2015) showed that subjective norm has a positive and significant influence on implementation of policy.

This is due to the medical staffs/doctors giving sufficient information on patient safety and the nurses still adhering to the WHO's six steps of hand washing and the implementation of the aforementioned Ministry of Health Regulation No. 11 of 2017.

9.

Intervening Test

The result of the test show that indirect nurse characteristic and subjective norm through intent on patient safety on patient safety implementation shows a value of 1.055 which is greater than the direct testing result which shows a value of 0.499. Thus it could be concluded that the intent on patient safety in this research functions

as the intervening variable and could mediate the independent and dependent variables.

Research Findings

This research shows that subjective norm indicators are the most influential on the nurses' intent on implementing patient safety to prevent patient safety incidence from occurring as a result of influences from medical staffs and doctors. The theory of reasoned actions from Fishbein and Ajzen stated that subjective norm is the thing that influences someone's behaviour. As was discussed earlier, this may affect what someone does or does not. Said influence, from the medical staffs and doctors, to the nurse may be caused by the education factor, in which 77% of the nurses have graduated from nursing academies (which is less or lower than the bachelor's degree or NERS). This cause nurses to not be able to act as a caregiving professional (PPA). Within the 2012 version of the accreditation, there has been a shift in the patient care services paradigm from the traditional model to the patient centred care model (PCC). There are 4 foundations to the PPA, which are medical care, nursing and medical care, as a interprofessional collaboration team and the competence with a multidisciplinary round principle (MDR).

CONCLUSION, IMPLICATION AND RECOMMENDATION

Conclusion

This research was done in order to assess nurse characteristic and subjective norm on patient safety and its' implementation at Hospital "X" Jakarta. According to the data obtained and the analysis produced, there are several conclusions that may be drawn:

1. Subjective norm. nurse characteristic (education, working experience, gender, and age), and intent on patient safety influence patient safety implementation on Hospital "X" Jakarta.
2. Only the gender characteristic of the nurse influence intent on patient safety, while education, working experience, and age characteristics do not on Hospital "X" Jakarta.
3. Subjective norm influence intent on patient safety on Hospital "X" Jakarta.
4. Intent on patient safety influence patient safety implementation on Hospital "X" Jakarta.
5. Only age characteristic of the nurse influence the patient safety implementation, while education, working experience, and gender do not on Hospital "X" Jakarta.
6. Subjective norm influence patient safety implementation on Hospital "X" Jakarta. Among prominent subjective norm indicators, the most influential was to give information on patient safety to nurses through medical staffs or doctors. While the most uninfluential was to give it through the Health Minister Regulation No. 11 of 2017 on Patient Safety.

Implication

As a result of this findings, Hospital "X" may implement policies such as:

1. Make a knowledge-increase and competency-increase programme for medical staffs and doctors as well as nurses, intensively and sustainably.

2. Make a nursing committee and clinical instructor (CI) in the hospital to socialise the Ministry of Health Regulation No. 11 of 2017 on Patient Safety.
3. To increase the role of nurses caused by the divide between the lower-educated nurses with the higher ones, the hospital management gives the chance for the nurses to pursue a higher degree whilst working there. The management also increased the preference for a higher-educated requirement for future nurse employment to a bachelor's degree or NERS.

Recommendation
Based on the results of this research and the conclusion that was listed above, the recommendation that the author would like to posit are:
1. For Hospital "X" Jakarta
1) Through its HRD Department, intensive and continuous training, seminars, and workshops could be enacted to increase nursing care competence especially on patient safety knowledge (as well as part of socialising the Health Minister Regulation No. 11 of 2017 on Patient Safety) and make the education, training, and orientation programme more proactive to create a working culture that is based around patient safety principles. The execution of the patient safety implementation done by the nurses are as follows: 1) Patient identification accuracy (especially before administering drugs/medicine or actions/procedures); 2) Increased communication effectiveness (especially in writing down complete doctor's orders done through dictation or by phone or even through the result that is listed on the integrated patient development note (CPPT)); 3) Increased High Alert Medicine security (especially in enacting the 7 medicine/drug administering principle made by WHO); 4) Decreased risk of infection related to health services (especially through washing hands with the 6 steps WHO recommendation); 5) Decreased patient fall risks (> 25 score) through putting yellow bracelets and briefing the patient/family members about the fall risks.
2) On the subjective norm variable, the medical staffs/doctors indicator is the most important source of information for the nurses on patient safety implementation. As such, the HRD Department must always improve the knowledge of said staffs/doctors through enrollment in the Advanced Professional Training (PPL in Indonesian) to ensure and develop their professional competence.
3) Patient safety culture could be developed through developing leadership as well as fair and open culture, developing courage to report patient safety incidents, developing collective commitment by not encouraging the blaming culture, and commitment through discussion on misconducts/mistakes focused on the system rather than individuals (Department of Health, Indonesia, 2008).
4) Developing monitoring and evaluation programmes on the operations/execution of patient safety policies or SOPs through a quality, patient safety, and risk management committee.

5) Enacting supervisory functions on patient safety by nursing supervisors and coordinators as well as promoting the role of patient safety championing to promote patient safety programmes in service units.
6) Developing a good system/mechanism for patient safety incident report and improving the consequent response through a quality, patient safety, and risk management committee that is focused on learning than blaming. Also suggested is the possibility to give reward(s) to the reportee

2. **For Future Studies**
   1) This research could be used as a reference and/or initial secondary data for a follow-up or coming research through measuring other variables that may influence subjective norm, nurse characteristics (education, working experience, gender, and age), and intent on patient safety in patient safety implementation. Example of which could be the relationship between individual nurse characteristic, psychology, organization, patient safety training, etc.
   2) It is also recommended that future studies may involve intensive interview methods that is not just analysed through questionnaire scorings. Patient safety is a complex matter, thus analyzing and further actions must be done in a comprehensive manner by everyone in the hospital, from the board of directors to the operational staffs.

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