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RESEARCH ARTICLES

Analysis of Patient Safety Culture on Incident Reporting Compliance at Clinic X in the Bekasi Area

Analisis Budaya Keselamatan Pasien terhadap Kepatuhan Pelaporan Insiden di Klinik X Kota Bekasi

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Abstract

Patient safety is an essential indicator in improving the quality of healthcare services. Patient safety culture plays a significant role in encouraging healthcare workers to report incidents as part of organizational learning. However, incident reporting in primary healthcare settings remains suboptimal. This study aimed to analyze the influence of patient safety culture on incident reporting compliance at Clinic X in Bekasi. This research used a quantitative approach with a cross-sectional design involving 35 subjects. Data were collected using the HSOPSC questionnaire and analyzed using descriptive statistics, Spearman correlation, and regression analysis. The results showed that patient safety culture was in the moderate category with a positive response rate of 65%–74%. The correlation test indicated a positive and significant relationship between patient safety culture and incident reporting compliance ($p < 0.05$). Regression analysis also demonstrated a significant effect of patient safety culture on reporting compliance. Teamwork, communication, and management support were identified as strengths, while non-punitive response to error, staffing, and overall patient safety perception required improvement. In conclusion, patient safety culture played a crucial role in improving incident reporting compliance. Strengthening a non-punitive culture, workload management, and optimizing reporting systems are necessary to enhance patient safety in primary healthcare settings.

Keywords: clinic, incident reporting compliance, patient safety culture

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Abstrak

Keselamatan pasien merupakan indikator penting dalam peningkatan mutu pelayanan kesehatan. Budaya keselamatan pasien berperan dalam mendorong tenaga kesehatan untuk melaporkan insiden sebagai bagian dari pembelajaran organisasi. Namun, pelaporan insiden di fasilitas pelayanan kesehatan tingkat klinik masih belum optimal. Penelitian ini bertujuan untuk menganalisis pengaruh budaya keselamatan pasien terhadap kepatuhan pelaporan insiden di Klinik X wilayah Bekasi. Penelitian ini menggunakan pendekatan kuantitatif dengan desain cross-sectional dan melibatkan 35 subjek. Pengumpulan data dilakukan menggunakan kuesioner HSOPSC, kemudian dianalisis menggunakan analisis deskriptif, korelasi Spearman, dan regresi. Hasil penelitian menunjukkan bahwa budaya keselamatan pasien berada pada kategori sedang dengan nilai positive response rate 65%–74%. Uji korelasi menunjukkan adanya hubungan positif dan signifikan antara budaya keselamatan pasien dan kepatuhan pelaporan insiden ($p < 0,05$). Hasil regresi menunjukkan bahwa budaya keselamatan pasien berpengaruh signifikan terhadap kepatuhan pelaporan insiden. Dimensi kerja sama tim, komunikasi, dan dukungan manajemen menjadi kekuatan, sedangkan dimensi non-punitive response to error, staffing, dan persepsi keselamatan pasien masih memerlukan perbaikan. Kesimpulan penelitian ini adalah budaya keselamatan pasien memiliki peran penting dalam meningkatkan kepatuhan pelaporan insiden. Oleh karena itu, diperlukan penguatan budaya non-punitive, pengelolaan beban kerja, serta optimalisasi sistem pelaporan insiden untuk meningkatkan keselamatan pasien di fasilitas pelayanan kesehatan tingkat klinik.

Kata Kunci: *budaya keselamatan pasien, kepatuhan pelaporan insiden, klinik*

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Highlight:

- Patient safety culture was categorized as moderate, with a positive response rate ranging from 65% to 74%.
- Patient safety culture was positively associated with and significantly influenced the level of incident reporting compliance.
- Teamwork, communication, and management support were identified as key strengths, while a non-punitive response to error and staffing management require further improvement.

INTRODUCTION

Patient safety is an important component in improving the quality of healthcare services and has become a global priority in modern healthcare systems (Slawomirski et al., 2024). The *World Health Organization* (WHO) states that adverse events remain a serious problem in healthcare facilities, where approximately 1 in 10 patients experience a patient safety incident while receiving healthcare services (Tarlianty et al., 2025). This condition indicates that efforts to improve patient safety remain a serious challenge in improving the quality of healthcare services and minimizing the risk of medical errors (Kumah, 2025). Patient safety does not only focus on preventing harm or injury but also reflects the quality of the healthcare delivery system (Geiger et al., 2018; Anitha et al., 2025). One of the main strategies for realizing safe healthcare services is through the implementation of a strong patient safety culture.

Patient safety culture refers to the values, attitudes, competencies, and behavioral

patterns of individuals and groups within an organization that determine their commitment to patient safety (Devassy et al., 2023). A strong patient safety culture is characterized by open communication, effective teamwork, non-punitive incident reporting, and management support for patient safety (Ramos, 2024; Liu et al., 2024). In addition, patient safety culture plays an important role in encouraging healthcare workers to report patient safety incidents openly and transparently without fear of negative consequences (Alabdullah and Karwowski, 2024; Gqaleni and Mkhize, 2024).

However, the implementation of patient safety culture still faces various challenges, particularly in the aspect of patient safety incident reporting (Mistri et al., 2023). Incident reporting is an important element of organizational learning that aims to prevent the recurrence of similar errors in the future. Nevertheless, practices in healthcare settings indicate that incident reporting remains relatively low. This situation is generally caused by the existence of a blaming culture, fear of sanctions or punishment, insufficient management support, and reporting systems that have not yet been optimally implemented (Gqaleni et al., 2024; Beecham et al., 2025; Pertiwi et al., 2024).

Several studies have demonstrated that low patient safety incident reporting remains a significant problem. A study conducted by Montolalu and Ruhdiat in hospitals in the Bekasi area in 2024 found that healthcare workers tended to be reluctant to report incidents because of concerns about negative consequences and the inconsistent implementation of patient safety policies in each healthcare service unit (Montolalu and Ruhdiat, 2024). Furthermore, high workloads and inadequate supervision also contributed to low compliance with incident reporting. Similar findings were reported in a study by Eltigani and Popatia (2025) conducted in outpatient clinic facilities in 2023, which showed that incident reporting remained below the expected target due to the suboptimal implementation of patient safety culture and the inadequate reporting systems available in the facilities.

Other studies have shown that patient safety culture has a significant relationship with compliance with incident reporting. A study conducted by Liukka et al. (2021) revealed that patient safety culture dimensions, including open communication, teamwork, and management support, contributed to increased reporting of patient safety incidents. Healthcare organizations with a strong patient safety culture tend to have higher levels of incident reporting compared with organizations that have a weak patient safety culture (Amallia et al., 2024; Wahyuningsih and Masitoh, 2024).

In Indonesia, particularly in clinic-level healthcare facilities, the implementation of patient safety culture continues to face various challenges. Clinic-level healthcare facilities have different characteristics compared with hospitals, including limitations in human resources, reporting systems that have not been optimally implemented, and patient safety cultures that have not yet been fully established. These conditions have the potential to influence the low level of compliance among healthcare workers in reporting patient safety incidents. The characteristics and limitations of clinic-level healthcare facilities therefore need to be considered in efforts to strengthen patient safety and improve compliance with patient safety incident reporting.

Based on preliminary observations conducted at Clinic X in the Bekasi area, the implementation of patient safety culture and compliance with patient safety incident reporting were found to be not yet optimal. Several obstacles that were frequently encountered included a lack of awareness among healthcare workers regarding the importance of reporting patient safety incidents, limitations in the existing reporting system, and insufficient management support for patient safety. These conditions indicate a gap between patient safety policies and their implementation in actual practice, particularly in clinic-level healthcare facilities. Such a gap may affect the ability of healthcare facilities to identify, document, evaluate, and learn from patient safety incidents that occur during the provision of healthcare services.

Based on the foregoing description, research analyzing patient safety culture in relation to compliance with patient safety incident reporting remains limited, particularly in clinic-level healthcare facilities. Most previous studies have focused primarily on hospitals, and therefore they have not fully described the conditions at the primary healthcare level, which has different characteristics, resources, and operational limitations. This study aims to analyze the relationship between patient safety culture and compliance with patient safety incident reporting at Clinic X in the Bekasi area. The results of this study are expected to provide an overview of the existing patient safety culture and the factors influencing compliance with incident reporting, while also serving as a basis for developing appropriate strategies to improve patient safety and strengthen incident reporting practices in clinic-level healthcare facilities.

METHODS

This study used a quantitative research design with a *cross-sectional* approach to analyze the relationship between patient safety culture and compliance with patient safety incident reporting. The study was conducted among healthcare workers working in a clinic-level healthcare facility. The use of a *cross-sectional* approach in this study was intended to assess the relationship between the variables of patient safety culture and compliance with patient safety incident reporting based on data collected from the subjects at a specific point in time.

The population in this study consisted of all healthcare workers who worked at the healthcare facility where the research was conducted. The sampling technique used in this study was total sampling, in which all members of the population who met the established criteria were included as research subjects. The total number of subjects participating in this study was 35 people. The inclusion criteria in this study were healthcare workers who were actively working at the healthcare facility and were willing to participate as research subjects. Meanwhile, the exclusion criteria were healthcare workers who were on leave or were not present at the healthcare facility during the data collection process.

The research instrument used in this study was a questionnaire adapted from the *Hospital Survey on Patient Safety Culture* (HSOPSC), which had been modified according to the specific needs and objectives of the present study (Ho et al., 2024). The questionnaire consisted of 34 question items covering the dimensions of patient safety culture and compliance with patient safety incident reporting. Each item was used to assess the responses of the subjects regarding the implementation of patient safety culture and their compliance with reporting patient safety incidents. The measurement scale used in the questionnaire was a five-point Likert scale, consisting of strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5) (Soesana et al., 2025).

The validity test of the research instrument was conducted using the *Pearson Product Moment* correlation test. An item was considered valid when the calculated r-value was greater than the r-table value of 0.334 at a significance level of 0.05. The validity testing was performed to determine whether each questionnaire item was capable of appropriately measuring the aspects or variables intended to be measured in this study. Meanwhile, the reliability test was conducted using *Cronbach's Alpha*. The questionnaire was considered reliable when the *Cronbach's Alpha* value was ≥ 0.60, indicating an acceptable level of internal consistency among the questionnaire items used in the study.

Data analysis in this study was conducted using SPSS statistical software. The data analysis consisted of univariate analysis and bivariate analysis. Univariate analysis was performed to describe the characteristics of the research subjects and the distribution of each study variable. The results of the univariate analysis were presented in the form of frequencies

and percentages to provide a descriptive overview of the characteristics of the subjects and the distribution of patient safety culture and compliance with patient safety incident reporting. Bivariate analysis was conducted using the Spearman correlation test to determine the relationship between patient safety culture and compliance with patient safety incident reporting. The statistical significance level used in this study was $p < 0.05$, which was used as the basis for determining whether a statistically significant relationship existed between the variables analyzed.

This study also considered and adhered to the principles of research ethics by maintaining the confidentiality and privacy of the identities of all research subjects. Before the data collection process was carried out, each subject was provided with an explanation regarding the objectives and procedures of the study, as well as information concerning their participation in the research. The subjects were then asked to express their willingness to participate voluntarily by completing and providing *informed consent* before participating in the study. The research was conducted after fulfilling the applicable ethical requirements and had received research ethics approval with Ethics Approval Number: 022/MARS/EC/IV/2026.

RESULTS AND DISCUSSIONS

Subject characteristics

This study involved 35 subjects who were staff members at Clinic X in the Bekasi area. The characteristics of the subjects were assessed to provide a general overview of the individuals who participated in this study and to ensure that the data obtained could generally represent the study population. The characteristics of the subjects examined in this study included sex, profession, and length of employment. The subject characteristics were assessed to provide an overall description of the background and characteristics of the subjects involved in the study. The distribution of the subject characteristics is presented in Table 1 below.

Table 1. Subject characteristics

Characteristic	n	%	Cumulative (%)
Sex			
Male	17	48.6	48.6
Female	18	51.4	100.0
Profession			
Doctor	6	17.1	17.1
Nurse	12	34.3	51.4
Midwife	6	17.1	68.6
Admin	6	17.1	85.7
Other	5	14.3	100.0
Length of service			
< 1 year	6	17.1	17.1
1–5 years	15	42.9	60.0
6–10 years	7	20.0	80.0
> 10 years	7	20.0	100.0

Source: Primary data, 2026

Table 1 shows that most subjects were female (51.4%), slightly more than male (48.6%). By profession, subjects were dominated by nurses (34.3%), while doctors, midwives, and admin staff each accounted for an equal share of 17.1%, and the 'other' category made up 14.3%. By length of service, most subjects had 1–5 years of experience (42.9%), followed by the 6–10 year and >10 year groups at 20.0% each, and those with less than 1 year at 17.1%. A descriptive analysis was then performed to describe the mean, minimum, maximum, and standard deviation of each study variable. The results are shown in Table 2.

Table 2. Descriptive analysis

Variable	N	Min	Max	Mean	Std. Deviation
Safety Culture	35	51.00	85.00	66.9429	11.58585
Supervisor	35	12.00	20.00	15.7714	2.64670
Communication	35	15.00	25.00	19.6571	3.42948
Management Support	35	9.00	15.00	11.8000	2.01173
Reporting Compliance	35	9.00	15.00	11.8000	2.01173
Patient Safety Rating	35	3.00	5.00	3.9429	0.80231
Valid N (listwise)	35				

Source: Primary data, 2026

The descriptive analysis shows that all study variables had 35 subjects. The safety-culture variable had a mean of 66.94 with a standard deviation of 11.59, indicating fairly varied responses. The supervisor variable had a mean of 15.77 (SD 2.65), and communication a mean of 19,66 (SD 3.43), indicating that subjects' perceptions of these two aspects were in the fairly good category. Management support and reporting compliance both had a mean of 11.80 (SD 2.01), indicating a relatively moderate and consistent level across subjects. Patient safety rating had a mean of 3.94 (SD 0.80), indicating that subjects generally rated patient safety as fairly good.

Distribution of the positive response rate

A positive-response-rate analysis was also performed to assess the level of patient safety culture across the dimensions measured by the HSOPSC. The positive response rate was used to identify dimensions that were strengths and those that still needed improvement. The results are shown in Table 3.

Table 3. Distribution of the positive response rate

Item	Dimension	Rate of Positive Responses (%)	Remarks
Teamwork Within Units			
A1	Staff support one another in this unit	65.7	Strength
A2	When work is heavy, we work together as a team	68.6	Strength
A3	Staff treat each other with respect	71.4	Strength
Staffing			
A4	Staff work longer than ideal hours	68.6	Strength

A5	More temporary staff are used than is ideal	65.7	Needs improvement
A6	We often work in crisis mode	74.3	Needs improvement
Organizational Learning and Continuous Improvement			
A7	We actively work to improve patient safety	65.7	Needs improvement
A8	Mistakes lead to positive changes	68.6	Strength
A9	Patient-safety changes are evaluated	71.4	Strength
Non-punitive Response to Error			
A10	Staff feel mistakes are their personal responsibility	68.6	Needs improvement
A11	Reporting a mistake feels like it blames the staff	65.7	Needs improvement
A12	Staff worry that mistakes are recorded	74.3	Needs improvement
Teamwork Across Units			
A13	Units help one another	65.7	Strength
Overall Perception of Safety			
A14	Serious mistakes have not happened only by chance	68.6	Needs improvement
A15	Patient safety is not sacrificed	71.4	Needs improvement
A16	There are patient-safety problems in the unit	68.6	Needs improvement
A17	Systems prevent errors	65.7	Strength
Manager Expectations & Actions Promoting Patient Safety			
B1	The supervisor gives praise for patient-safety practices	74.3	Strength
B2	The supervisor considers staff suggestions	65.7	Strength
B3	The supervisor pushes for faster work even via shortcuts	68.6	Needs improvement
B4	The supervisor overlooks patient-safety problems	71.4	Needs improvement
Feedback and Communication About Error			
C1	Feedback is given after an incident is reported	68.6	Strength
C2	Staff are informed about mistakes	65.7	Strength
C3	Discussions on preventing mistakes are held	74.3	Strength
Communication Openness			
C4	Staff feel free to speak up about patient risks	65.7	Strength
C5	Staff feel free to question decisions	68.6	Strength
C6	Staff are afraid to ask questions	71.4	Needs improvement
Frequency of Events Reported			
D1	Mistakes corrected before they cause harm are reported	68.6	Strength
D2	Mistakes with no injury are reported	65.7	Strength
D3	Mistakes that could cause injury are reported	74.3	Strength

Patient Safety Grade/Outcome			
E1	Patient-safety rating	65.7	Needs improvement
Hospital Management Support for Patient Safety			
F1	Clinic management shows commitment to patient safety	74.3	Strength
F2	Management provides resources to improve patient safety	65.7	Strength
F3	Management makes patient safety a top priority	68.6	Strength

Source: Primary data, 2026

Table 3 shows that most dimensions of patient safety culture were classified as moderately good (*moderate*), with *positive response rates* ranging from 65%–74%. These findings indicate that although the elements of patient safety culture have been established, their implementation has not yet been optimal. When associated with the concept proposed by the *World Health Organization*, this condition indicates that the healthcare delivery system at the clinic level is still in the developmental stage of building a safety culture, in which efforts to improve service quality have been implemented but have not yet been fully integrated into daily practice.

These results are consistent with the study conducted by Montolalu and Ruhdiat in the Bekasi area, which showed that the implementation of patient safety was still inconsistent, particularly in the aspect of incident reporting. In addition, a study by Eltigani and Popatia (2025) conducted in outpatient clinic facilities also found that low incident reporting was associated with the suboptimal implementation of patient safety culture. However, when compared with studies conducted in hospitals, the level of patient safety culture in the present study tended to be lower. This difference may be explained by the characteristics of clinic-level healthcare facilities, which have limitations in human resources, reporting systems that have not yet been standardized, and relatively more limited organizational support compared with hospitals.

In the dimension of *teamwork within units*, the results showed a strength category. This finding indicates that healthcare workers at Clinic X have good working relationships and are able to collaborate in providing healthcare services (Montolalu and Ruhdiat, 2024). This finding supports the concept described in the introduction that teamwork is one of the indicators of a strong patient safety culture. In addition, these results are also consistent with the study by Liukka et al. (2021), which stated that effective teamwork contributes to improving patient safety and incident reporting. Contextually, this condition may be related to the smaller organizational size of the clinic, allowing interactions among healthcare workers to be more intensive and coordination to be carried out more easily compared with larger organizations.

Nevertheless, the *non-punitive response to error* dimension showed relatively low results. This finding indicates that a blaming culture remains an obstacle to incident reporting, as previously identified in the introduction. Healthcare workers tend to be concerned about potential negative consequences when reporting errors, resulting in incident reporting not being carried out optimally. This finding is consistent with the study by Montolalu and Ruhdiat, which showed that fear of sanctions was a major factor contributing to low incident reporting (Montolalu and Ruhdiat, 2024). Conceptually, this condition indicates that the organization has not yet fully implemented the principles of patient safety culture, which emphasize non-punitive reporting as a means of organizational learning.

In addition, the *staffing* dimension indicated the presence of a high workload. This condition is relevant to the findings described in the introduction, which identified high workload as one of the factors influencing low incident reporting. Excessive workload may

reduce healthcare workers' attention to safety procedures and decrease their motivation to report incidents. This finding is also consistent with previous studies showing that limitations in human resources are one of the major challenges in implementing patient safety in healthcare facilities.

The communication dimensions, including *communication openness* and *feedback and communication about error*, showed relatively good results. This finding indicates that healthcare workers have opportunities to communicate information related to patient safety and receive feedback regarding errors that occur. This finding supports the concept presented in the introduction that open communication is an important component of patient safety culture. Nevertheless, the continued presence of staff who feel afraid to speak up indicates that communication openness has not yet been fully optimized. Therefore, further efforts are still needed to create an environment that provides greater psychological safety for healthcare workers to communicate concerns and report patient safety issues.

To further clarify the distribution of *positive response rate* values across each dimension of patient safety culture, the data are also presented graphically in Figure 1. This graph provides a visual representation of the comparison of *positive response rate* values among the different dimensions of patient safety culture.

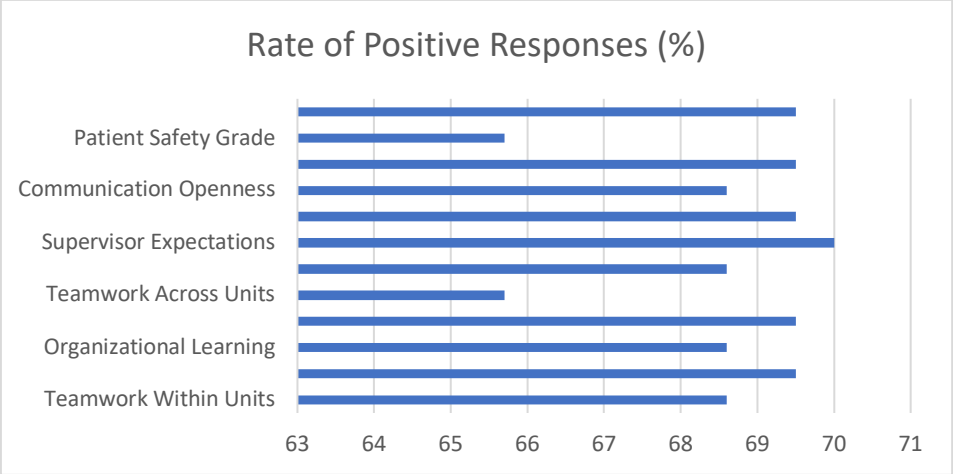

Figure 1. Positive response rate (%)
Source: Primary data, 2026

Based on Figure 1, it can be seen that the *supervisor expectations* dimension had the highest *positive response rate*, followed by *frequency of events reported* and *feedback & communication*. Meanwhile, the patient safety grade dimension had the lowest value compared with the other dimensions. This finding indicates that although most dimensions of patient safety culture were classified as moderately good, several aspects still require attention and improvement, particularly in relation to the overall assessment of patient safety. Furthermore, a *Spearman* correlation test was conducted to determine the relationship between the study variables. This test was used because the data in this study were not normally distributed. The results of the *Spearman* correlation test are presented in Table 4 below.

Table 4. Analysis of inter-variable relationships

Variable	*Correlation Coefficient*	*Sig. (2-tailed)*	*N*
Patient Safety Rating	0.952**	0.000	35
Safety Culture	0.952**	0.000	35
Supervisor	0.911**	0.000	35
Communication	0.902**	0.000	35
Management Support	0.883**	0.000	35
Reporting Compliance	0.883**	0.000	35

Note: Spearman correlation test, significant if p-value < 0.05

The results of the *Spearman* correlation test showed that all variables had positive and very strong relationships, with correlation coefficients ranging from 0.883 to 0.952 and a significance value of 0.000 ($p < 0.05$). The patient safety culture and patient safety grade variables had the highest correlation (0.952), followed by supervisor (0.911) and communication (0.902), indicating very strong relationships. Meanwhile, management support and reporting compliance also showed a very strong correlation (0.883).

These findings further support previous research, including the study by Liukka et al. (2021), which stated that patient safety culture is an important factor in improving incident reporting. Conceptually, this can be explained by the fact that organizational culture shapes values and norms that influence individual behavior, including behavior related to incident reporting. Therefore, the better the patient safety culture, the higher the compliance of healthcare workers in reporting incidents. However, the very high correlation values found in this study need to be interpreted critically. The possibility of similarities in constructs among the variables or the use of perception-based (*self-reported*) instruments may have contributed to the very high correlation values. Therefore, these findings should be interpreted with caution and should not immediately be regarded as demonstrating an absolute causal relationship. Subsequently, regression analysis was conducted to examine the relationship between patient safety culture and compliance with incident reporting. This analysis aimed to test the research hypothesis that had been established. The results of the regression analysis are presented in the following Table 5.

Table 5. Analysis of patient safety culture on incident reporting compliance

Model	Variable	β (Standardized Coefficients)	*t-test*	*p-value*
1	Patient Safety Culture (Total_X)	0,988	37,006	<0,001*

Note: Regression analysis, significant if p-value < 0,05

The results of the regression analysis showed that patient safety culture (Total_X) had a positive and significant relationship with compliance with incident reporting (Total_Y), with a β coefficient of 0.988 and a significance value of <0.001 ($p < 0.05$). The calculated *t*-value of 37.006 indicates that the relationship between the independent variable and the dependent variable was very strong. This finding indicates that the better the patient safety culture, the higher the level of compliance with incident reporting.

These results demonstrate that patient safety culture had a positive and significant relationship with compliance with incident reporting. This finding confirms that patient safety culture is a determinant factor in improving incident reporting, as previously explained in the introduction. In this context, patient safety culture does not merely function as an

organizational value but also serves as a mechanism that encourages changes in the behavior of healthcare workers in healthcare service practices. A strong patient safety culture can encourage healthcare workers to become more aware of the importance of reporting incidents and to participate more actively in incident reporting as part of efforts to improve the quality and safety of healthcare services.

Overall, the results of this study indicate that although the patient safety culture at Clinic X was relatively good, several aspects still need to be improved, particularly the *non-punitive response*, *staffing*, and perceptions of patient safety. This condition indicates a gap between the ideal concept of patient safety culture and its implementation in practice, particularly in clinic-level healthcare facilities. Such a gap suggests that the existing patient safety culture has not yet been fully implemented across all aspects of healthcare service delivery and therefore requires continuous improvement and strengthening.

The practical implications of this study indicate the need to strengthen patient safety culture through the development of an incident reporting system that does not adopt a punitive approach, increased management support, and continuous patient safety training. In addition, efforts are needed to increase healthcare workers' awareness of the importance of incident reporting as an integral part of organizational learning. By strengthening these aspects, healthcare workers are expected to feel safer and more encouraged to report patient safety incidents without fear of negative consequences. Thus, improving patient safety culture is expected to promote higher compliance with incident reporting and ultimately contribute to improving the overall quality and safety of healthcare services.

CONCLUSIONS

Patient safety culture at Clinic X in the Bekasi area was classified as moderate and had a positive relationship with compliance with incident reporting. The dimensions of teamwork, communication, and management support were relatively strong aspects, whereas the dimensions of *non-punitive response to error*, *staffing*, and perceptions of patient safety still require improvement. Therefore, strengthening patient safety culture, particularly by creating a non-blaming environment, optimizing workload management, and providing an effective incident reporting system, is an important step toward improving compliance with incident reporting in clinic-level healthcare facilities.

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