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**THE INFLUENCE OF SAFETY LEADERSHIP ON THE PATIENT SAFETY
ATTITUDE IN A PUBLIC HOSPITAL**

By



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UUM
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Master of Sciences (Occupational Safety and Health Management).



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ABSTRACT

Patient safety is a major concern for hospitals, today. For that reason, the present study investigated the influence between safety leadership dimensions on the patient safety attitude among healthcare workers in Public Hospital. The dimensions of safety leadership are safety coaching, safety caring and safety controlling. The self-administered questionnaire consisted of 26 items adapted from the previous studies. With response rate of 86.9 percent from 335 respondents, all the data were analysed using linear regression to determine the relationship between safety leadership dimensions (i.e. safety coaching, caring and controlling) and patient safety attitude. The findings showed that safety coaching and safety caring has significant and positive relationship with patient safety attitude, whereas safety controlling does not significantly influence patient safety attitude. Finally, implications are discussed and recommendations for future researchers.

Keywords: Patient Safety Attitude, Safety Leadership, Safety Coaching, Safety Caring, Safety Controlling, Healthcare Workers.

ABSTRAK

Keselamatan Pesakit merupakan suatu keutamaan bagi hospital, hari ini. Untuk itu, kajian ini menyiasat pengaruh antara dimensi Kepimpinan Keselamatan terhadap Sikap Keselamatan Pesakit dalam kalangan Pekerja Penjagaan Kesihatan di Hospital Awam. Dimensi Kepimpinan Keselamatan ialah Bimbingan Keselamatan, Prihatin Keselamatan Dan Kawalan Keselamatan. Soal selidik yang ditadbir sendiri terdiri daripada 26 item yang diadaptasi daripada kajian lepas. Dengan kadar makluam balas 86.9 peratus daripada 335 responden, kesemua data dianalisis menggunakan analisis regresi linear untuk menentukan perkaitan dan hubungan antara dimensi Kepimpinan Keselamatan (bimbingan, prihatin dan kawalan keselamatan) dan Sikap Keselamatan Pesakit. Dapatan kajian menunjukkan bahawa Bimbingan Keselamatan dan Prihatin Keselamatan mempunyai hubungan yang signifikan dan positif dengan Sikap Keselamatan Pesakit, manakala Kawalan Keselamatan tidak signifikan mempengaruhi Sikap Keselamatan Pesakit. Akhir sekali, implikasi dibincangkan dan cadangan untuk penyelidikan akan datang.

Kata kunci: Sikap Keselamatan Pesakit, Kepimpinan Keselamatan, Bimbingan Keselamatan, Prihatin Keselamatan, Kawalan Keselamatan, Pekerja Penjagaan Kesihatan.

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LIST OF ABBREVIATIONS

DV	Dependent Variable
HCA	Health Care Assistant
HCW	Healthcare Worker
HRPZ II	Hospital Raja Perempuan Zainab II (Kota Bharu, Kelantan)
IV	Independent Variable
MOH	Ministry of Health (Malaysia)
MO	Medical Officer
MPSC	Malaysian Patient Safety Council
SPSS	Statistical Package for the Social Sciences
SV	(Research) Supervisor
WHO	World Health Organization



CHAPTER ONE

INTRODUCTION

1.10. Introduction to the Study

In this chapter outlines the background of the study conducted, problem statement is discussed in this study, highlighted the research questions involved, formulate research objectives, scope and significant of the study and the definition of key term used in this paper. On the last part of this chapter, a brief description on the arrangement for the rest of the chapters present in this project paper and the summary of chapter one.

1.11. Research Background

Patient safety is a worldwide public health topic. According to the World Health Organization, unsafe medical care leads to disabling injuries or deaths in millions of patients (Najar et al, 2013). But even though Hippocrates stated “first, do no harm” over 2000 years ago, it was not until the late 1980s that medical errors and the problem of patient injury in health care began to be discussed more openly (Öhrn, 2012). Patient safety is an absence of preventable harm during process of care and a critical aspect of healthcare delivery. It also ensuring the well-being and protection of patients is a priority for healthcare systems worldwide. Mainly the problem with patient safety consists of medical errors, healthcare-associated infections, and medication safety. According to the Organization for Economic Cooperation and Development report, the situation in low- and middle-income countries is direr, with approximately 2.6 million deaths occurring because of 134 million adverse events occurring in hospitals each year. (Auraaen et al, 2018)

REFERENCE

- Adler, N. (1997). Global Leadership: Women Leaders. *Management International Review*, 37, 171. https://doi.org/10.1007/978-3-322-90987-9_10.
- Albaalharith, T., & A'aqoulah, A. (2023). Level of Patient Safety Culture Awareness Among Healthcare Workers. *Journal of Multidisciplinary Healthcare*, 16, 321–332. <https://doi.org/10.2147/JMDH.S376623>
- Ali, H., Ibrahim, S., Mudaf, B., Fadalath, T., Jamal, D., & El-Jardali, F. (2018). Baseline Assessment of Patient Safety Culture in Public Hospitals in Kuwait. *BMC Health Services Research*. 18. <https://doi.org/10.1186/s12913-018-2960-x>.
- Al-Mugheed, K., & Bayraktar, N. (2020). Patient Safety Attitudes Among Critical Care Nurses: A Case Study in North Cyprus. *The International Journal of Health Planning and Management*. <https://doi.org/10.1002/hpm.2976>.
- Alnawajha, S., & ALBaqami, A. (2023). Perception of Healthcare Providers about Patient Safety Culture: A Literature Review. *Journal of Medical and Health Studies*, 4(2), 26–30. <https://doi.org/10.32996/jmhs.2023.4.2.4>
- Auraaen, A., Slawomirski, L., & Klazinga, N. (2018). The Economics of Patient Safety in Primary and Ambulatory Care: Flying Blind. *OECD Health Working Papers 106*, OECD Publishing. <https://doi.org/10.1787/baf425ad-en>
- Bass, B. M. (1985). Leadership: Good, Better, Best. *Organizational Dynamics*, 13(3), 26–40. [https://doi.org/10.1016/0090-2616\(85\)90028-2](https://doi.org/10.1016/0090-2616(85)90028-2)
- Bass, B. M., & Avolio, B. J. (1997). *Full Range Leadership Development: Manual for The Multifactor Leadership Questionnaire*. Palo Alto, CA: Mindgarden.
- Belgin, B., & Arslan, S. (2024). Investigation of Patient Safety Attitudes of Operating Room Staff. *Uluborlu Mesleki Bilimler Dergisi*, 7(1), 14-25. <https://doi.org/10.46236/umbd.1420418>
- Berland, A., Holm, A., Gundersen, D., & Bentsen, S. (2012). Patient safety culture in home care: experiences of home-care nurses. *Journal Of Nursing Management*, 20 6, 794-801. <https://doi.org/10.1111/j.1365-2834.2012.01461.x>.
- Çalış, C. & Büyükakıncı, B.Y. (2019) Leadership Approach in Occupational Safety: Taiwan Sample. *Procedia Computer Science*, 158, 1052-1057. <https://doi.org/10.1016/j.procs.2019.09.146>.
- Calvert, R. (1992). Leadership and Its Basis in Problems of Social Coordination. *International Political Science Review*, 13, 24 - 7. <https://doi.org/10.1177/019251219201300102>.
- Carayon P, & Gurses AP. (2008) Nursing Workload and Patient Safety—A Human Factors Engineering Perspective. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD):

Agency for Healthcare Research and Quality (US).
<https://www.ncbi.nlm.nih.gov/books/NBK2657/>

- Chakraborty, S., Kaynak, H. & Pagán, JA. (2021) Bridging Hospital Quality Leadership to Patient Care Quality. *International Journal of Production Economics*, Volume 233. <https://doi.org/10.1016/j.ijpe.2020.108010>.
- Chandrakantan Subramaniam, Johanim Johari, Munir Shehu Mashi & Rohaizah Mohamad. (2023) The Influence of Safety Leadership on Nurses' Safety Behavior: The Mediating Role of Safety Knowledge and Motivation. *Journal of Safety Research*, 84, 117-128. <https://doi.org/10.1016/j.jsr.2022.10.013>
- Chenot, T. M., & Daniel, L. G. (2010). Frameworks For Patient Safety in The Nursing Curriculum. *The Journal of Nursing Education*, 49(10), 559–568. <https://doi.org/10.3928/01484834-20100730-02>
- Chesley, P., Gross, A. G., Siebeling, L., Muggensturm, P., Heller, N., Umbehr, M., Vollenweider, D., Yu, T., Akl, E. A., Brewster, L., Dekkers, O. M., Mühlhauser, I., Richter, B., Singh, S., Goodman, S., & Puhan, M. A. (2013). All That Glitters Isn't Gold: A Survey on Acknowledgment of Limitations in Biomedical Studies. *PLoS ONE*, 8(11), e73623. <https://doi.org/10.1371/journal.pone.0073623>
- Chih-Hsin, Tang. (2023). Patient Safety Perception Within Hospitals: An Examination of Job Type, Handoffs and Information Exchange, and Hospital Management Support. *Journal of Patient Safety*. <https://doi.org/10.1097/pts.0000000000001128>
- Choi, N., Kim, J., & Kim, H. (2021). The Influence of Patient-Centeredness on Patient Safety Perception Among Inpatients. *PloS One*, 16(2), e0246928. <https://doi.org/10.1371/journal.pone.0246928>
- Chua, Y.P. (2014). Asas Statistik Penyelidikan- Analisis Data Skala Likert (Buku 3), Edisi Ketiga. Kuala Lumpur: Mc Graw Hill Education
- Clarke, S. (2013). Safety Leadership: A Meta-Analytic Review of Transformational and Transactional Leadership Styles as Antecedents Of Safety Behaviours. *Journal Of Occupational and Organizational Psychology*, 86(1), 22-49. <https://doi.org/10.1111/j.2044-8325.2012.02064.x>
- Coleman, E., & Williams, M. (2007). Executing High-Quality Care Transitions: A Call To Do It Right. *Journal of Hospital Medicine*, 2 5,287-90. <https://doi.org/10.1002/JHM.276>.
- Cooper, C.D., Scandura, T.A. & Schriesheim, C.A. (2005) Looking Forward but Learning from Our Past: Potential Challenges to Developing Authentic Leadership Theory and Authentic Leaders. *The Leadership Quarterly*. 16(3), 475-493. <https://doi.org/10.1016/j.leaqua.2005.03.008>.
- Cooper, D. R., & Schindler, P. S. (2014). Business Research Methods (12th ed.). McGraw Hill Education

- Cronbach, L. J. (1951). Coefficient Alpha and The Internal Structure of Tests. *Psychometrika*, 16, 297-334.
- Cruz, H., Mota, F., Araújo, L., Bodevan, E., Seixas, S., & Santos, D. (2017). The Utility of The Records Medical: Factors Associated With The Medication Errors In Chronic Disease 1. *Revista Latino-Americana De Enfermagem*, 25. <https://doi.org/10.1590/1518-8345.2406.2967>.
- Dickerson, J. M., Koch, B. L., Adams, J. M., Goodfriend, M. A., & Donnelly, L. F. (2010). Safety Coaches in Radiology: Decreasing Human Error and Minimizing Patient Harm. *Pediatric Radiology*, 40(9), 1545–1551. <https://doi.org/10.1007/s00247-010-1704-9>
- Dumdum, U.R., Lowe, K.B. & Avolio, B.J. (2013) A Meta-Analysis of Transformational and Transactional Leadership Correlates of Effectiveness and Satisfaction: An Update and Extension, Transformational and Charismatic Leadership. *The Road Ahead 10th Anniversary Edition (Monographs in Leadership and Management, Vol. 5)*, Emerald Group Publishing Limited, Leeds, pp. 39-70. <https://doi.org/10.1108/S1479-357120130000005008>
- Faizah, A., Rumengan, J., Nurhatisyah, N., Yanti, S., & Dewi, N. P. (2021). Influence Of Servant Leadership, Organizational Safety Culture and Work Environment on Organizational Citizenship Behavior in Application Of Patient Safety With Affective *Organizational Commitment*. *IAIC International Conference Series*, 3(2), 140–150. <https://doi.org/10.34306/conferenceseries.v3i2.473>
- Graeff, C. L. (1983). The Situational Leadership Theory: A Critical View. *The Academy of Management Review*, 8(2), 285–291. <https://doi.org/10.2307/257756>
- Graen, G.B. & Uhl-Bien, M. (1995) Relationship-Based Approach to Leadership: Development and Leader-Member Exchange (LMX) Theory of Leadership over 25 Years: Applying a Multi-Level Multi-Domain Perspective. *Leadership Quarterly*, 6, 219-247. [http://dx.doi.org/10.1016/1048-9843\(95\)90036-5](http://dx.doi.org/10.1016/1048-9843(95)90036-5)
- Gutberg, J., & Berta, W. (2017). Understanding Middle Managers' Influence in Implementing Patient Safety Culture. *BMC Health Services Research*, 17(1), 582. <https://doi.org/10.1186/s12913-017-2533-4>
- Hair, F. H., Hult, G.T.M., Ringle, C.M., & Sarstedt, M. (2014). A Primer on Partial Least Squares Structural Equation Modelling (PLS-SEM). Thousand Oaks: Sage Publications.
- Hassan Mohammed, A.S., Zulkifli, Z., Mat Surin, E.S. (2019). *The Factors that Influence the Reading Habit Among Malaysian: A Systematic Literature Review*. In: Badioze Zaman, H., et al. *Advances in Visual Informatics. IVIC 2019. Lecture Notes in Computer Science*, vol 11870. Springer, Cham. https://doi.org/10.1007/978-3-030-34032-2_47
- Hayajneh, Y., AbuAlRub, R., & Almahzoomy, I. (2010). Adverse Events In Jordanian Hospitals: Types And Causes. *International Journal Of*

Nursing Practice, 16 (4), 374-80. <https://doi.org/10.1111/j.1440-172X.2010.01854.x>.

- Hofmann, D. A., & Morgeson, F. P. (1999). Safety-Related Behavior as A Social Exchange: The Role of Perceived Organizational Support and Leader-Member Exchange. *Journal of Applied Psychology*, 84(2), 286–296. <https://doi.org/10.1037/0021-9010.84.2.286>
- Hollnagel, E. (2014). Safety-I and Safety-II: The Past and Future of Safety Management. <https://doi.org/10.1201/9781315607511>.
- Huang, C. H., Wu, H. H., Lee, Y. C., & Li, X. (2024). The Critical Role of Leadership in Patient Safety Culture: A Mediation Analysis of Management Influence on Safety Factors. *Risk Management and Healthcare Policy*, 17, 513–523. <https://doi.org/10.2147/RMHP.S446651>
- Jamil Ahmad (1993) Tinjauan Tentang Kekangan-Kekangan Dalam Pelaksanaan Sains KBSM Di Sekolah-Sekolah Menengah Negeri Kedah Darul Aman. [Disertasi Sarjana] Fakulti Pendidikan UKM.
- Jang, H.E., Song, Y., & Kang, H.Y. (2017). Nurses' Perception of Patient Safety Culture and Safety Control in Patient Safety Management Activities. *Journal of Korean Academy of Nursing Administration*. 23(4): 450-459. <https://doi.org/10.1111/jkana.2017.23.4.450>
- Jarrar, M., Rahman, H.D., & Don, M.S. (2015). Optimizing Quality of Care and Patient Safety in Malaysia: The Current Global Initiatives, Gaps and Suggested Solutions. *Global Journal of Health Science*, 8, 75 - 85. <https://www.ccsenet.org/gjhs>
- Jarrett M. P. (2017). Patient Safety and Leadership: Do You Walk The Walk? *Journal Of Healthcare Management / American College of Healthcare Executives*, 62(2), 88–92. <https://doi.org/10.1097/JHM-D-17-00005>
- Julie, M.D., Bernadette, L.K., Janet, A., Martha, A., Goodfriend., L.F., (2010). Safety Coaches in Radiology: Decreasing Human Error and Minimizing Patient Harm. *Pediatric Radiology*, 40,1545–1551. <https://doi.org/10.1007/S00247-010-1704-9>
- Karaca, A., Akin, S., & Harmanci Seren, A. K. (2022). The Relationship Between Perceived Quality of Care and The Patient Safety Culture of Turkish Nurses. *The Journal of Nursing Research: JNR*, 30(4), e223. <https://doi.org/10.1097/jnr.0000000000000505>
- Keats J. P. (2019). Leadership And Teamwork: Essential Roles in Patient Safety. *Obstetrics And Gynecology Clinics of North America*, 46(2), 293–303. <https://doi.org/10.1016/j.ogc.2019.01.008>
- Khalid, K. H., Yamamoto, E., Hamajima, N., & Kariya, T. (2022). Rates And Factors Associated With Serious Outcomes Of Patient Safety Incidents In Malaysia: An Observational Study. *Global Journal On Quality And Safety In Healthcare*, 5(2), 31–38. <https://doi.org/10.36401/JQSH-21-19>
- Khan, N. U. S., Noor, Q. U. H., Tasawar, A., & Hisamuddin, E. (2020). Determining The Factors Influencing Patient Safety Culture in Hospital Settings.

Pakistan Armed Forces Medical Journal, 70(3), 694-99.
<https://pafmj.org/PAFMJ/article/view/4605>

- Kim, A. R. J., Nishino, K., Bujang, M. A., Zulkifli, Z., Inthaphatha, S., & Yamamoto, E. (2024). What Inhibits "Speaking Up" For Patient Safety Among Healthcare Workers? A Cross-Sectional Study in Malaysia. *Human Resources for Health*, 22(1), 35. <https://doi.org/10.1186/s12960-024-00916-x>
- Kim, T-e., & Gausdal, A. H. (2017). Leading For Safety: A Weighted Safety Leadership Model in Shipping. *Reliability Engineering & System Safety*, 165, 458–466. <https://doi.org/10.1016/j.ress.2017.05.002>
- Ko, Y., & Yu, S. (2017). The Relationships Among Perceived Patients' Safety Culture, Intention to Report Errors, and Leader Coaching Behavior of Nurses in Korea: A Pilot Study. *Journal of Patient Safety*, 13(3), 175–183. <https://doi.org/10.1097/PTS.0000000000000224>
- Kowalski, S., & Anthony, M. (2017). CE: Nursing's Evolving Role in Patient Safety. *American Journal of Nursing*, 117, 34–48. <https://doi.org/10.1097/01.NAJ.0000512274.79629.3c>
- Krejcie, R.V. & Morgan, D.W. (1970) Determining Sample Size for Research Activities. *Educational and Psychological Measurement*, 30, 607-610.
- Kristensen, S., & Bartels, P. (2010). Use of Patient Safety Culture Instruments and Recommendations. *Aarhus, Denmark, European Society for Quality in Healthcare-Office for Quality Indicators*, 113.
- Künzle, B., Zala-Mezö, E., Wacker, J., Kolbe, M., Spahn, D. R., & Grote, G. (2010). Leadership In Anaesthesia Teams: The Most Effective Leadership Is Shared. *Quality & Safety in Health Care*, 19(6), e46. <https://doi.org/10.1136/qshc.2008.030262>
- Lachman, P., Runnacles, J., Jayadev, A., Brennan, J. & Fitzsimons, J. (2022) Oxford Professional Practice: Handbook of Patient Safety. *Oxford University Press. Oxford Academic*. <https://doi.org/10.1093/med/9780192846877.001.0001>
- Lamontagne, C. (2010). Intimidation: A Concept Analysis. *Nursing Forum*, 45(1), 54-65. <https://doi.org/10.1111/j.1744-6198.2009.00162.x>
- Leonard, M., Graham, S., & Bonacum, D. (2004). The Human Factor: The Critical Importance of Effective Teamwork and Communication In Providing Safe Care. *Quality & Safety in Health Care*, 13 (Suppl 1), i85–i90. https://doi.org/10.1136/qhc.13.suppl_1.i85
- Mahoney J. (2001). Leadership Skills for The 21st Century. *Journal Of Nursing Management*, 9(5), 269–271. <https://doi.org/10.1046/j.1365-2834.2001.00230.x>
- Melanie, M., & Vicki, C. (2021). Leadership: Patient Safety Depends on It! *Collegian*, 28(6), 604-609. <https://doi.org/10.1016/j.colegn.2021.07.004>

- Merner, B. (2021). Patient-Safety Caring: A Constructivist Grounded Theory of Carers' Contributions To Patient Safety In Australian Hospitals. <https://doi.org/10.26181/60738D7D0E177>
- Minhas, S., Kotwal, A., & Singh, M. (2011). Infection Control in Health Care Facilities.. *Medical Journal, Armed Forces India*, 67 (1),7-8. [https://doi.org/10.1016/S0377-1237\(11\)80003-1](https://doi.org/10.1016/S0377-1237(11)80003-1).
- Ministry of Health, Malaysia (2023) Data Analysis E-Incident Reporting In MOH Hospitals 2022. <https://patientsafety.moh.gov.my/v2/>
- Mohanty, A., Kabi, A., & Mohanty, A. P. (2019). Health Problems In Healthcare Workers: A Review. *Journal Of Family Medicine And Primary Care*, 8(8), 2568–2572. https://doi.org/10.4103/jfmipc.jfmipc_431_19
- Mohd Arrif M.Z., Lung E.H.H., Farah Ayuni G. & Paul C.E. (2021) Medication Errors Understanding Among the Healthcare Providers at The Health Clinics in Labuan Federal Territory. *Pharmacy Research Reports*, 4(2), 38-43. <https://research.pharmacy.gov.my/>
- Mohiuddin, A.K. (2019). Framework for Patient Safety. *INNOVATIONS In Pharmacy*. 10(1). <https://doi.org/10.24926/iip.v10i1.1637>
- Muething, S., Goudie, A., Schoettker, P., Donnelly, L., Goodfriend, M., Bracke, T., Brady, P., Wheeler, D., Anderson, J., & Kotagal, U. (2012). Quality Improvement Initiative to Reduce Serious Safety Events and Improve Patient Safety Culture. *Pediatrics*, 130, e423 - e431. <https://doi.org/10.1542/peds.2011-3566>.
- Mulyana, Y., Trisyani, Y., & Emaliyawati, E. (2020). Relationship between Healthcare Provider's Perception about Patient Safety and Patient Safety Implementation in The Emergency Department. *Jurnal Keperawatan Padjadjaran* 8(1):74-83. <https://doi.org/10.24198/JKP.V8I1.995>
- Najafi Ghezeltjeh T, Balouchi M, & Haghani S. (2022) Attitudes Towards Patient Safety in Pre-Hospital Emergency Medical Staff in Mashhad, Iran. *Iran Journal of Nursing* 35(137):260-275. <https://doi.org/10.32598/ijn.35.137.2561>
- Najjar, S., Hamdan, M., Baillien, E., Vleugels, A., Euwema, M., Sermeus, W., Bruyneel, L., & Vanhaecht, K. (2013). *The Arabic version of the hospital survey on patient safety culture: a psychometric evaluation in a Palestinian sample*. *BMC Health Services Research*, 13, 193. <https://doi.org/10.1186/1472-6963-13-193>
- Noraini Enrico (2011) The Lived Experiences of Mentoring Nurses in Malaysia. *Nurse Media Journal of Nursing* 1(1). <https://doi.org/10.14710/nmjn.v1i1.749>
- Öhrn, A. (2012). Measures of Patient Safety : Studies of Swedish Reporting Systems and Evaluation of an Intervention Aimed at Improved Patient Safety Culture (PhD dissertation, Linköping University Electronic Press). <https://urn.kb.se/resolve?urn=urn:nbn:se:liu:diva-72594>

- Pallant, J. (2016). *SPSS Survival Manual: A Step-by-Step Guide to Data Analysis Using IBM SPSS* (6th ed.). *Open University Press*.
- Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V. G., Papoutsis, E., & Katsaounou, P. (2020). Prevalence of Depression, Anxiety, and Insomnia Among Healthcare Workers During The COVID-19 Pandemic: A Systematic Review And Meta-Analysis. *Brain, behavior, and immunity*, S0889-1591(20)30845-X. Advance online publication. <https://doi.org/10.1016/j.bbi.2020.05.026>
- Pater, R. (2001) Leadership Skills for the 21st Century. Paper presented at the ASSE Professional Development Conference and Exposition, Anaheim, California. ASSE-01-631.
- Petersen, D. (2005) Measurement of Safety Performance. *American Society of Safety Engineers*.
- Rad, A. M., & Yarmohammadian, M. H. (2006). A Study of Relationship Between Managers' Leadership Style and Employees' Job Satisfaction. *International Journal of Health Care Quality Assurance Incorporating Leadership in Health Services*, 19(2-3), XI–XXVIII. <https://doi.org/10.1108/13660750610665008>
- Ramanujam, R., Abrahamson, K. & Anderson, J. (2007). Influences on Nurse Perception of Hospital Unit Safety Climate: an HLM Approach. *RCHE Publications*. http://docs.lib.purdue.edu/rche_rp/3
- Ramanujam, R., Keyser, D.J., & Sirio, C.A. (2005). Making a Case for Organizational Change in Patient Safety Initiatives. In K. Henriksen (Eds.) et. al., *Advances in Patient Safety: From Research to Implementation (Volume 2: Concepts and Methodology)*. *Agency for Healthcare Research and Quality (US)*. <https://www.ncbi.nlm.nih.gov/books/NBK20490/>
- Rumyana, S., Rositsa, D., Bianka, T., Momchil, M. & Harieta, E. (2021). Perception of Patient Safety Culture among Hospital Staff. *Zdravstveno Varstvo*. <https://doi.org/10.2478/SJPH-2021-0015>
- Saraiva, D. M. R. F., & de Almeida, A. A. (2020). Patient Safety Environment: Perception of Health Care Professionals. *International Journal of Nursing*, 3(1). <https://doi.org/10.15640/IJN.V3N1A9>
- Vincent, C., & Amalberti, R. (2016). *Safer Healthcare: Strategies for the Real World*. Springer. <https://doi.org/10.1007/978-3-319-25559-0>
- Wallis, K., & Dovey, S. (2011). Assessing Patient Safety Culture In New Zealand Primary Care: A Pilot Study Using a Modified Manchester Patient Safety Framework in Dunedin General Practices. *Journal Of Primary Health Care*. 3-1, 35-40. <https://doi.org/10.1071/HC11035>.
- Wan Afezah Wan Abdul Rahman. (2017). The Impact of Leadership Effectiveness on the Quality of Health Care Service at Universiti Sains Malaysia Hospital (HUSM), Kubang Kerian, Kelantan, Malaysia. *International Review of Social Sciences*. 5. 407-415. <https://www.irss.academymbr.com>

- Weberg D. (2012). Complexity Leadership: A Healthcare Imperative. *Nursing Forum*, 47(4), 268–277. <https://doi.org/10.1111/j.1744-6198.2012.00276.x>
- Weiss, P., & Li, S. (2020). Leading Change to Address the Needs and Well-Being of Trainees During the COVID-19 Pandemic. *Academic Paediatrics*, 20, 735-741. <https://doi.org/10.1016/j.acap.2020.06.001>
- WHO (2023, Sept 11) Patient safety. <https://www.who.int/>
- Wong, J., & Beglaryan, H. (2004). Strategies For Hospitals to Improve Patient Safety: A Review Of The Research. Toronto: Change Foundation.
- World Health Organization (WHO). (2010). Conceptual Framework For The International Classification For Patient Safety Version 1.1: Final Technical Report January 2009. World Health Organization. <https://apps.who.int/iris/handle/10665/70882>
- Wu T. C. (2008). Safety Leadership in The Teaching Laboratories of Electrical and Electronic Engineering Departments at Taiwanese Universities. *Journal of Safety Research*, 39(6), 599–607. <https://doi.org/10.1016/j.jsr.2008.10.003>
- Wu, C., Fang, D., & Li, N. (2015) Roles of Owners' Leadership In Construction Safety: The Case Of High-Speed Railway Construction Projects In China. *International Journal of Project Management*, 33(8), 1665-1679. <https://doi.org/10.1016/j.ijproman.2015.07.005>.
- Wu, T. C., Li, C. C., Chen, C. H., & Shu, C. M. (2008b). Interaction effects of organizational and individual factors on safety leadership in college and university laboratories. *Journal of Loss Prevention in the Process Industries*, 21(3), 239-254. <https://doi.org/10.1016/j.jlp.2007.04.011>
- Wu, T.-C. (2005). The Validity and Reliability Of Safety Leadership Scale In Universities Of Taiwan. *International Journal of Technology and Engineering Education*, 2(1), 27-42.
- Wu, T.C., Chen, C.H & Li, C.C. (2008a) A Correlation Among Safety Leadership, Safety Climate and Safety Performance. *Journal of Loss Prevention in the Process Industries*, 21(3), 307-318. <https://doi.org/10.1016/j.jlp.2007.11.001>.
- Yukl, G.A. (2002) Leadership in Organizations. 5th Edition, Prentice Hall, Upper Saddle River.
- Yusuf, Y. & Irwan, A. (2021). The Influence Of Nurse Leadership Style On The Culture Of Patient Safety Incident Reporting: A Systematic Review. *British Journal of Healthcare Management*. 27. 1-7. <https://doi.org/10.12968/bjhc.2020.0083>
- Zohar, D. (2002) The Effects of Leadership Dimensions, Safety Climate, and Assigned Priorities on Minor Injuries in Work Groups. *Journal of Organizational Behavior*, 23, 75-92. <https://doi.org/10.1002/job.130>
- Zohar, D. (2003). *Safety Climate: Conceptual And Measurement Issues*. In J. C. Quick & L. E. Tetrick (Eds.), *Handbook of Occupational Health*

Psychology (pp. 123–142). American Psychological Association.
<https://doi.org/10.1037/10474-006>

Zulkifly S.S. (2020) Safety Leadership and its Effect on Safety Knowledge-Attitude-Behaviour (KAB) of Malaysia Manufacturing Workers. *International Journal of Solid State Technology*.
<https://www.solidstatetechnology.us/index.php/JSST/issue/view/46>





CONSENT FORM FOR SURVEY
[BORANG PERSETUJUAN UNTUK SOAL SELIDIK]

PRINCIPAL RESEARCHER NAME: KHAIRUL ANUAR BIN MOHAMED
(Nama Penyelidik Utama: Khairul Anuar bin Mohamed)

Participant Information Sheet and Informed Consent Form

About this Study

This study aims to explore the perception toward Patient Safety and the influence of Safety Leadership on Perceptions of Patient Safety (PS) in this Hospital. You must be an actively serve staff in any department in Kota Bharu Public Hospital.

Perihal Kajian ini

Kajian ini bertujuan untuk meneroka persepsi terhadap Keselamatan Pesakit dan pengaruh Kepimpinan Keselamatan terhadap Persepsi Keselamatan Pesakit (PS) di Hospital ini. Anda mestilah seorang kakitangan yang aktif berkhidmat di mana-mana jabatan di Hospital Awam Kota Bharu.

Study Procedure

If you decide to take part in this study, here is what will happen. This survey will take approximately 10 minutes to complete.

Prosedur Kajian

Jika anda memutuskan untuk mengambil bahagian dalam kajian ini, inilah yang akan berlaku. Tinjauan ini akan mengambil masa lebih kurang 10 minit untuk diselesaikan.

Risks or Discomfort Arising from Participation

Apart from possible minor fatigue, we anticipate no notable physiological or psychological stress arising from your participation in this study. The questionnaires contain no cognitively demanding or taxing questions.

Risiko atau Ketidakelesaian Yang Timbul daripada Penyertaan

Selain daripada kemungkinan keletihan kecil, kami menjangkakan tiada tekanan fisiologi atau psikologi yang ketara yang timbul daripada penyertaan anda dalam kajian ini. Soal selidik tidak mengandungi soalan yang menuntut secara kognitif atau membebankan.

Benefits of this Study

Your participation will greatly help in understanding the influence of safety leadership on patient safety in your workplace.

Faedah Kajian ini

Penyertaan anda akan sangat membantu dalam memahami pengaruh kepimpinan keselamatan terhadap keselamatan pesakit di tempat kerja anda

Confidentiality

Your responses will be completely anonymous and confidential; There will be no way to identify you from your questionnaire responses, the data be aggregated, and individual responses will not be seen by anyone except the research team.

Kerahsiaan

Jawapan anda akan adalah rahsia dan sulit sepenuhnya; Tiada cara untuk mengenal pasti respon anda daripada jawapan soal selidik ini, data akan diagregatkan dan respons individu tidak akan dilihat oleh sesiapa kecuali pasukan penyelidik.

Freedom to Withdraw from Study

The decision to take part in this study is up to you. You do not have to participate and can quit the study at any time, without giving a reason and without cost, by simply closing the survey page.

Kebebasan Menarik Diri daripada Kajian ini

Kajian ini adalah bersifat sukarela. Keputusan untuk mengambil bahagian dalam kajian ini terpulang kepada anda. Anda tidak perlu mengambil bahagian dan boleh berhenti kajian pada bila-bila masa, tanpa memberi alasan dan tanpa kos, dengan hanya menutup halaman tinjauan.

Rights and Complaints

If you are not satisfied with the way this study is conducted, you may discuss your complaints with the student researcher, Khairul Anuar bin Mohamed, Universiti Utara Malaysia at khairulanuarmd@gmail.com or the supervisor, Associate Professor Dr. Faizuniah Bt Pangil, Universiti Utara Malaysia at faizun@uum.edu.my

Hak dan Aduan

Sekiranya anda tidak berpuas hati dengan cara kajian ini dijalankan, anda boleh membincangkan aduan anda dengan pelajar penyelidik, Khairul Anuar bin Mohamed, Universiti Utara Malaysia di khairulanuarmd@gmail.com atau Penyelia Penyelidikan, Profesor Madya Dr Faizuniah Bt Pangil, Universiti Utara Malaysia di faizun@uum.edu.my

If you volunteer to participate, please tick (✓) each box provided below, and then sign and please fill in your name and date on this form. Thank you.

Jika anda dengan sukarela untuk mengambil bahagian, sila tanda (✓) pada setiap kotak yang disediakan di bawah, dan kemudian tandatangani dan sila isikan nama dan tarikh pada borang ini. Terima kasih.

1. I confirm that I have read and understood the information for this study and have had the opportunity to ask questions ☐

Saya mengesahkan bahawa saya telah membaca dan memahami maklumat untuk kajian ini dan telah berpeluang untuk bertanya soalan.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. ☐

Saya faham bahawa penyertaan saya adalah secara sukarela dan saya bebas untuk menarik diri pada bila-bila masa, tanpa memberi sebarang sebab.

3. I agree to answer the questions contained in the survey ☐

Saya bersetuju untuk menjawab soalan-soalan yang terkandung dalam soal selidik

4. I understand that the data collected during the study may be viewed by individuals from UUM and by regulatory authorities where it relates to my ☐

participation in this research. I give permission for this individual to have access to my records.

Saya faham bahawa data yang dikumpul semasa kajian boleh dilihat oleh individu dari UUM dan daripada pihak berkuasa kawal selia yang mana ia berkaitan dengan penyertaan saya dalam penyelidikan ini. Saya memberi kebenaran untuk individu ini mempunyai akses kepada rekod saya.

5. I agree to participate in the above study.

Saya bersetuju untuk mengambil bahagian dalam kajian di atas



.....
Respondent Initial Name Nama
Singkatan Responden

.....
Date
Tarikh

.....
Signature
Tandatangan

.....
Researcher Name
Nama Pengkaji

.....
Date
Tarikh

.....
Signature
Tandatangan



UUM
Universiti Utara Malaysia

SURVEY FORM
BORANG SOAL SELIDIK

INTRODUCTION

PENGENALAN

“Patient safety” is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of healthcare delivery.

“Keselamatan pesakit” ditakrifkan sebagai pengelakan dan pencegahan kecederaan pesakit atau kejadian buruk akibat daripada proses penyampaian penjagaan kesihatan.

SECTION A: Demographic

Please tick (✓) in the appropriate box or fill in the blanks.

Sila tandakan (✓) di dalam kotak yang sesuai atau isikan tempat kosong.

1. Gender

Jantina

☐ Male (1)
Lelaki

☐ Female (2)
Perempuan

2. Age (Years) : _____

Umur (Tahun)

3. Higher Education:

Pendidikan Tertinggi:

☐ Certificate (1)
Sijil

☐ Diploma (2)
Diploma

☐ Bachelor's Degree (3)
Sarjana Muda

☐ Master's Degree (4)
Sarjana

☐ PhD (5)
PhD

4. Year(s) of service : _____

Tempoh perkhidmatan (Tahun):

5. Position:

Jawatan:

☐ Nurses (1)
Jururawat

☐ Medical Officers (2)
Pegawai Perubatan

☐ Health Care Assistant (3)
Pembantu Perawatan Kesihatan

6. Current Position Grade: _____

Gred Jawatan Terkini:

☐ 19 - 11 (1)

☐ 28 - 20 (2)

☐ 40 - 29 (3)

☐ 56 - 41 (4)

☐ JUSA (5)

7. Department:

Jabatan:

☐ General Medical / Perubatan Am (1)

☐ General Surgical / Pembedahan Am (2)

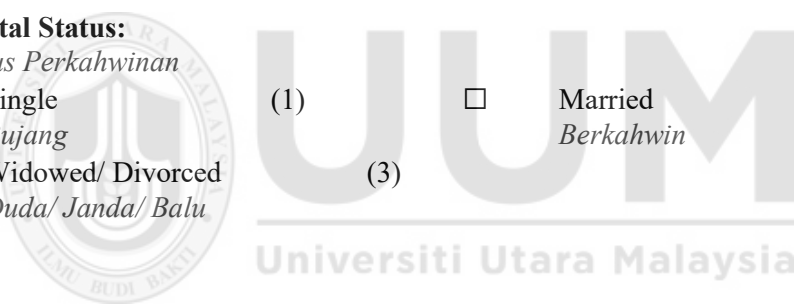
☐ Blood Bank / Tranfusi Perubatan (3)

- | | | |
|--|------|------|
| ☐ Psychiatry / <i>Psikiatri</i> | | (4) |
| ☐ Emergency & Trauma / <i>Kecemasan dan Trauma</i> | (5) | |
| ☐ Anaesthesia & Intensive Care / <i>Bius & Rawatan Rapi</i> | (6) | |
| ☐ Orthopaedic / <i>Ortopedik</i> | (7) | |
| ☐ Paediatric / <i>Pediatrik</i> | (8) | |
| ☐ Nephrology / <i>Nefrologi</i> | (9) | |
| ☐ Ophthalmology / <i>Oftalmologi</i> | (10) | |
| ☐ Otorhinolaryngology / <i>Otorinolaringologi</i> | | (11) |
| ☐ Dermatology / <i>Dermatologi</i> | | (12) |
| ☐ Rehabilitation Medicine / <i>Perubatan Rehabilitasi</i> | (13) | |
| ☐ Obstetrics and Gynaecology / <i>Obstetrik dan Gineakologi</i> | (14) | |
| ☐ Forensic / <i>Forensik</i> | | (15) |
| ☐ Radiology / <i>Radiologi</i> | (16) | |
| ☐ Oral and Maxillofacial Surgery / <i>Bedah Mulut</i> | (17) | |
| ☐ Pathology/ <i>Patologi</i> | | (18) |
| ☐ Traditional & Complimentary Medicine
<i>Unit Rawatan Tradisional dan Komplimentari</i> | (19) | |

8. Marital Status:

Status Perkahwinan

- | | | | |
|--|-----|--|-----|
| ☐ Single
<i>Bujang</i> | (1) | ☐ Married
<i>Berkahwin</i> | (2) |
| ☐ Widowed/ Divorced
<i>Duda/ Janda/ Balu</i> | (3) | | |



SECTION B: Perception on Patient Safety*Seksyen B: Persepsi terhadap Keselamatan Pesakit*

The shared values, beliefs, and attitudes within a healthcare organization that contribute to the promotion of safe behaviors and practices in patient care.

Item		Please Circle Your Answer				
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
B1	I make patient safety my highest priority.					
	<i>Saya menjadikan keselamatan pesakit sebagai keutamaan saya.</i>	①	②	③	④	⑤
B2	I think highly of anyone who volunteers for initiatives to improve patient safety.					
	<i>Saya sangat menghargai sesiapa sahaja yang menawarkan inisiatif untuk meningkatkan keselamatan pesakit.</i>	①	②	③	④	⑤
B3	I always seek opportunities to make procedures safer for patients.					
	<i>Saya sentiasa mencari peluang untuk membuat prosedur lebih selamat untuk pesakit.</i>	①	②	③	④	⑤
B4	I expected myself to take responsibility for improving patient safety.					
	<i>Saya mengharapkan diri saya bertanggungjawab untuk meningkatkan keselamatan pesakit.</i>	①	②	③	④	⑤
B5	I do not value in correcting the root causes of patient safety problems.					
	<i>Saya tidak menghargai sebarang usaha untuk membaiki punca kepada masalah keselamatan pesakit.</i>	①	②	③	④	⑤
B6	I valued people who continuously try to improve patient safety.					
	<i>Saya menghargai orang yang sentiasa cuba meningkatkan keselamatan pesakit.</i>	①	②	③	④	⑤
B7	I care about improving patient safety only when a patient has been seriously harmed.					
	<i>Saya mengambil berat tentang meningkatkan keselamatan pesakit hanya apabila pesakit telah dcederakan dengan serius.</i>	①	②	③	④	⑤
B8	If someone close to me needs medical help, I will confidently recommend treatment at this hospital.					
	<i>Jika seseorang yang rapat dengan saya memerlukan bantuan perubatan, saya dengan yakin akan mengesyorkan rawatan di hospital ini.</i>	①	②	③	④	⑤

SECTION C: Safety Coaching

Safety Coaching is the degree to which leaders in hospitals are role models to subordinates in terms of patient safety and involve their subordinates in safety decision-making.

Item		Please Circle Your Answer				
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
C1	My supervisor coach me in handling safety business honestly.	①	②	③	④	⑤
	<i>Penyelia saya melatih saya dalam mengendalikan aspek keselamatan dengan jujur.</i>					
C2	My supervisor demonstrates an example by obeying safety regulations	①	②	③	④	⑤
	<i>Penyelia saya menunjukkan tauladan dengan mematuhi peraturan keselamatan</i>					
C3	My supervisor would help me to recognize the importance of safety.	①	②	③	④	⑤
	<i>Penyelia saya akan membantu saya menyedari kepentingan keselamatan.</i>					
C4	My supervisor explains concept of safety clearly to me.	①	②	③	④	⑤
	<i>Penyelia saya menerangkan konsep keselamatan dengan jelas kepada saya.</i>					
C5	My supervisor directly involves in safety decision-making.	①	②	③	④	⑤
	<i>Penyelia saya terlibat secara langsung dalam membuat keputusan berkaitan keselamatan.</i>					
C6	My supervisor clearly describes safety vision.	①	②	③	④	⑤
	<i>Penyelia saya menerangkan dengan jelas visi keselamatan</i>					

SECTION D: Safety Caring

Safety Caring is the degree to which healthcare workers are treated as family members by hospital leaders and are given the highest level of care regarding their safety needs.

Item		Please Circle Your Answer				
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
D1	My supervisor set up harmonious safety environment (climate) among the employees.	①	②	③	④	⑤
	<i>Penyelia saya menyediakan persekitaran keselamatan (iklim) yang harmoni di kalangan pekerja.</i>					
D2	My supervisor can reasonably allocate safety resources.	①	②	③	④	⑤
	<i>Penyelia saya boleh memperuntukkan sumber keselamatan dengan munasabah.</i>					
D3	My supervisor accepts my advice to improve safety.	①	②	③	④	⑤
	<i>Penyelia saya menerima nasihat saya untuk meningkatkan keselamatan.</i>					
D4	My supervisor is confident of my safety performance.	①	②	③	④	⑤
	<i>Penyelia saya yakin dengan prestasi keselamatan saya.</i>					
D5	My supervisor makes an effort to meet my need for safety.	①	②	③	④	⑤
	<i>Penyelia saya berusaha untuk memenuhi keperluan saya terhadap keselamatan.</i>					
D6	My supervisor recognizes my safety achievements.	①	②	③	④	⑤
	<i>Penyelia saya mengiktiraf pencapaian keselamatan saya.</i>					

SECTION E: Safety Controlling

Safety Controlling is the degree to which leaders in hospitals provide rules and regulations to set standards of behaviour for healthcare workers and exert authority to correct safety violations.

Item		Please Circle Your Answer				
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
E1	My supervisor makes it compulsory for employees to accomplish their safety goals.	①	②	③	④	⑤
	<i>Penyelia saya mewajibkan pekerja mencapai matlamat keselamatan mereka.</i>					
E2	My supervisor rewards staff safety performance effectively.	①	②	③	④	⑤
	<i>Penyelia saya memberi ganjaran kepada prestasi keselamatan kakitangan dengan berkesan.</i>					
E3	My supervisor support to establish regulations of safety management.	①	②	③	④	⑤
	<i>Penyelia saya menyokong untuk mewujudkan peraturan pengurusan keselamatan.</i>					
E4	My supervisor requests every employee to obey the working rules regarding safety and health.	①	②	③	④	⑤
	<i>Penyelia saya meminta setiap pekerja mematuhi peraturan kerja berkenaan keselamatan dan kesihatan.</i>					
E5	My supervisor makes it compulsory for employees to improve safety defects continuously.	①	②	③	④	⑤
	<i>Penyelia saya mewajibkan pekerja memperbaiki kecacatan keselamatan secara berterusan.</i>					
E6	My supervisor evaluates the safety performance of the employees regularly.	①	②	③	④	⑤
	<i>Penyelia saya menilai prestasi keselamatan pekerja secara berkala.</i>					

- END OF SURVEY –
- TAMAT -

SPSS OUTPUT DATA

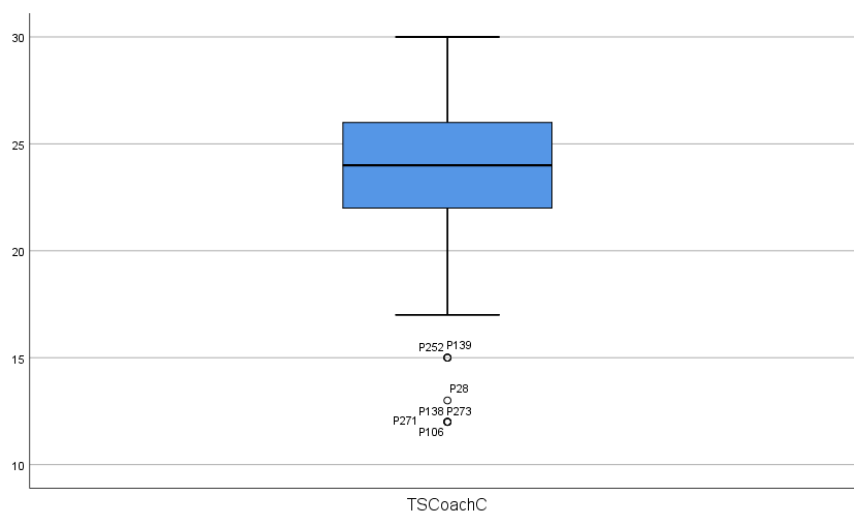
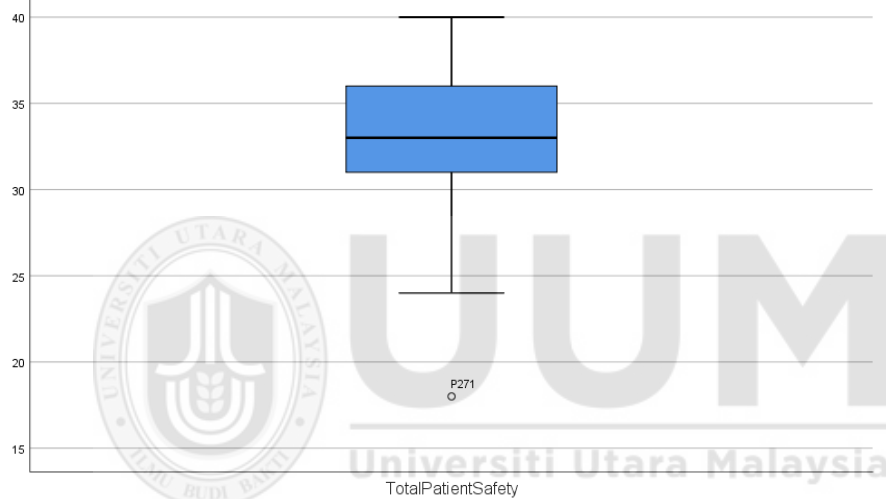
1. Missing Data Analysis

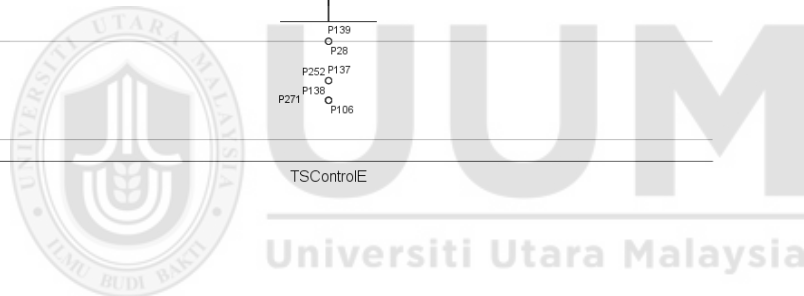
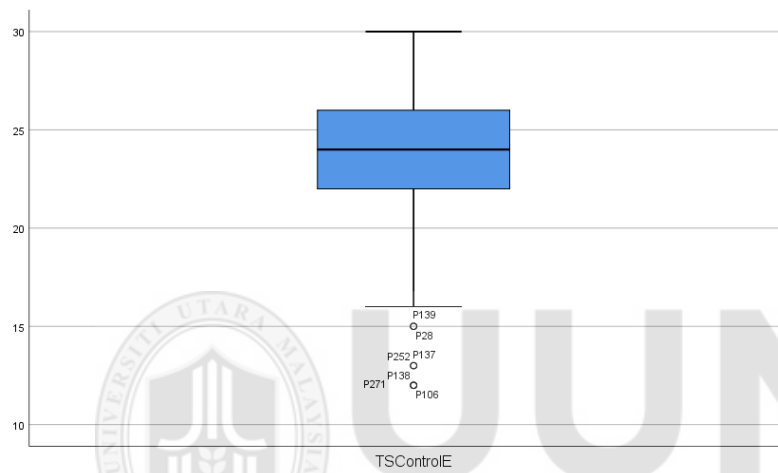
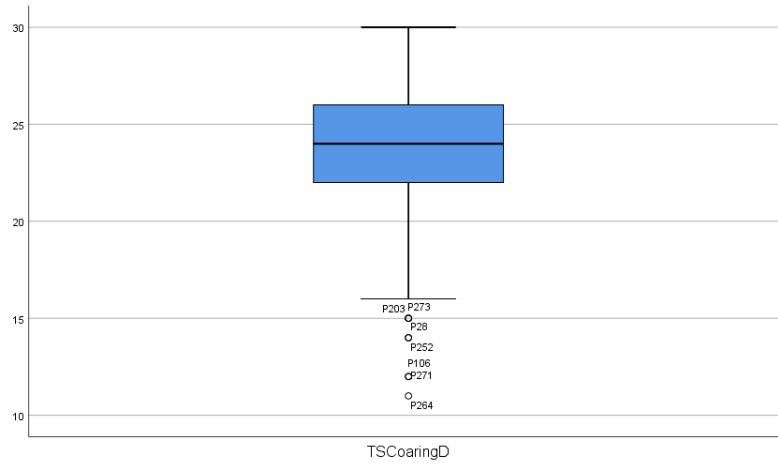
Univariate Statistics							
	N	Mean	Std. Deviation	Missing		No. of Extremes ^a	
				Count	Percent	Low	High
A1	291	1.73	.447	0	.0	0	0
A2	291	42.26	8.809	0	.0	0	0
a2g	291	2.71	.943	0	.0	0	0
A3	291	2.23	.878	0	.0	0	0
A4	291	17.24	8.213	0	.0	0	0
A4g	291	2.22	.834	0	.0	0	0
A5	291	1.63	.771	0	.0	0	0
A6	291	2.90	1.019	0	.0	52	0
A7	291	6.68	4.306	0	.0	0	6
A8	291	1.95	.463	0	.0	.	.
B1	291	4.46	.582	0	.0	2	0
B2	291	4.21	.633	0	.0	1	0
B3	291	4.29	.627	0	.0	1	0
B4	291	4.14	.796	0	.0	5	0
B5	291	1.62	.781	0	.0	0	11
B6	291	4.08	.705	0	.0	2	0
B7	291	2.36	1.091	0	.0	0	14
B8	291	4.21	.731	0	.0	4	0
C1	291	4.07	.684	0	.0	5	0
C2	291	4.12	.664	0	.0	6	0
C3	291	4.03	.728	0	.0	.	.
C4	291	3.86	.808	0	.0	0	0
C5	291	3.89	.778	0	.0	2	0
C6	291	3.81	.819	0	.0	0	0
D1	291	3.74	.765	0	.0	0	0
D2	291	3.71	.800	0	.0	0	0
D3	291	3.90	.760	0	.0	.	.
D4	291	4.15	.618	0	.0	3	0
D5	291	3.92	.757	0	.0	1	0
D6	291	4.06	.712	0	.0	4	0
E1	291	4.14	.698	0	.0	6	0
E2	291	3.41	.880	0	.0	4	0
E3	291	4.01	.682	0	.0	.	.

E4	291	4.20	.679	0	.0	4	0
E5	291	4.11	.728	0	.0	5	0
E6	291	3.80	.731	0	.0	0	0
B5n	291	4.38	.781	0	.0	11	0
B7n	291	3.64	1.091	0	.0	14	0
TotalPatientSafety	291	33.41	3.779	0	.0	1	0
TotalSafetyCoach	291	23.78	3.859	0	.0	8	0
TotalSafetyCaring	291	23.48	3.737	0	.0	14	0
TotalSafetyControl	291	23.66	3.614	0	.0	9	0

a. Number of cases outside the range (Q1 - 1.5*IQR, Q3 + 1.5*IQR).

2. Outliers





3. Reliability Test

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on	
	Standardized Items	N of Items
.758	.800	8

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on	
	Standardized Items	N of Items
.909	.910	6

Reliability Statistics

Cronbach's Alpha		
Based on		
Cronbach's Alpha	Standardized Items	N of Items
.898	.900	6

Reliability Statistics

Cronbach's Alpha		
Based on		
Cronbach's Alpha	Standardized Items	N of Items
.872	.882	6

4. Normality Test

Descriptive Statistics

	N	Range	Minimum	Maximum	Sum	Mean		Std. Deviation	Variance	Skewness		Kurtosis	
						Statistic	Std. Error			Statistic	Std. Error	Statistic	Std. Error
MeanPS	280	1.86	3.14	5.00	1170.29	4.1796	.02782	.46559	.217	.180	.146	-.843	.290
MeansC	280	2.17	2.83	5.00	1126.50	4.0232	.03420	.57229	.328	.179	.146	-.565	.290
MeansD	280	2.33	2.67	5.00	1112.67	3.9738	.03297	.55170	.304	.168	.146	-.300	.290
MeansE	280	2.33	2.67	5.00	1120.67	4.0024	.03155	.52798	.279	.066	.146	-.243	.290
Valid N (listwise)	280												

5. Descriptive Analysis

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	76	27.1	27.1	27.1
	Female	204	72.9	72.9	100.0
	Total	280	100.0	100.0	

Age (group)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	36	12.9	12.9	12.9
	2	62	22.1	22.1	35.0
	3	124	44.3	44.3	79.3
	4	58	20.7	20.7	100.0
	Total	280	100.0	100.0	

Services (group)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	68	24.3	24.3	24.3
	2	84	30.0	30.0	54.3
	3	124	44.3	44.3	98.6
	4	4	1.4	1.4	100.0
	Total	280	100.0	100.0	

Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Certificate	54	19.3	19.3	19.3
	Diploma	136	48.6	48.6	67.9
	Bachelor	60	21.4	21.4	89.3
	Master	30	10.7	10.7	100.0
	Total	280	100.0	100.0	

Position

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nurse	153	54.6	54.6	54.6
	Medical Officer	77	27.5	27.5	82.1
	Health Care Assistant	50	17.9	17.9	100.0
	Total	280	100.0	100.0	

Grade

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	11-19	50	17.9	17.9	17.9
	20-28	7	2.5	2.5	20.4
	29-40	144	51.4	51.4	71.8
	41-56	76	27.1	27.1	98.9
	JUSA	3	1.1	1.1	100.0
	Total	280	100.0	100.0	

Serve

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Medical	35	12.5	12.5	12.5
	Surgical	32	11.4	11.4	23.9
	Psychiatry	20	7.1	7.1	31.1
	Emergency	25	8.9	8.9	40.0
	Anaesthesia	50	17.9	17.9	57.9
	Orthopaedic	22	7.9	7.9	65.7
	Pediatric	22	7.9	7.9	73.6
	Nephrology	8	2.9	2.9	76.4
	Ophthalmology	14	5.0	5.0	81.4

Otorhinolaryngology	5	1.8	1.8	83.2
Dermatology	5	1.8	1.8	85.0
Rehabilitation	5	1.8	1.8	86.8
Obs and Gyne	29	10.4	10.4	97.1
Forensic	2	.7	.7	97.9
Radiology	1	.4	.4	98.2
Pathology	5	1.8	1.8	100.0
Total	280	100.0	100.0	

Marital

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Single	36	12.9	12.9	12.9
Married	220	78.6	78.6	91.4
Divorced	24	8.6	8.6	100.0
Total	280	100.0	100.0	

6. Pearson Correlation

Correlations

		MeanPS	MeansC	MeansD	MeansE
MeanPS	Pearson Correlation	1	.462**	.461**	.382**
	Sig. (2-tailed)		.000	.000	.000
	N	280	280	280	280
MeansC	Pearson Correlation	.462**	1	.727**	.683**
	Sig. (2-tailed)	.000		.000	.000
	N	280	280	280	280
MeansD	Pearson Correlation	.461**	.727**	1	.775**
	Sig. (2-tailed)	.000	.000		.000
	N	280	280	280	280
MeansE	Pearson Correlation	.382**	.683**	.775**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	280	280	280	280

** . Correlation is significant at the 0.01 level (2-tailed).

7. Regression Analysis

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	2.423	.198		12.248	.000		
	MeansC	.224	.064	.276	3.484	.001	.436	2.293
	MeansD	.234	.077	.277	3.029	.003	.327	3.061
	MeansE	-.018	.076	-.021	-.241	.810	.369	2.708

a. Dependent Variable: MeanPS