



Work Engagement as a Mediator of Organizational Citizenship Behavior towards Patient Safety Culture at Hospital X Jakarta

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ABSTRACT

The aim of this research is to obtain empirical evidence of the influence of psychological capital and organizational citizenship behavior on patient safety culture with work engagement as an intervening variable. This research uses an explanatory causality method with. The population of all health workers at Hospital X Jakarta is 108 people. The sampling technique uses the Non-Probability Sampling method, by distributing questionnaires to all samples, which are then analyzed using Structural Equation Modeling (SEM). The test results show that psychological capital, organizational citizenship behavior, and work engagement simultaneously influence patient safety culture at RS X Jakarta. Psychological capital and work engagement have been proven to influence patient safety culture. However, organizational citizenship behavior has no effect on patient safety culture at Hospital X Jakarta. Psychological capital and organizational citizenship behavior have a significant effect on work engagement at RS X Jakarta. Work engagement is proven to be a mediator in the influence of organizational citizenship behavior on patient safety culture. The novelty of this research is a study contribution to fill the gap that occurs from work engagement as a mediation from Organizational Citizenship Behavior to Patient Safety Culture

INTRODUCTION

Patient safety is an effort to prevent injury to patients, which is carried out in health service facilities. This concern for patient safety is motivated by the still high number of Unwanted Events (KTD) in hospitals which can cause conflict as well as having an impact on increasing service costs. Patient safety incidents are still a major problem in hospitals where various types of hospital services have risks that can threaten patient safety. A report released by the Institute of Medicine (IOM) in 2000 entitled *To Err Is Human: Building a Safer Health System* stated a study in Utah, Colorado and New York. Unexpected events (KTD) or Adverse Events were found in Utah and Colorado at 2.9%, of which 6.6% died. Meanwhile in New York the rate of unforeseen accidents is 3.7% with a death rate of 13.6%. Apart from that, from data (WHO, 2004), undesirable events (KTD) in America, England, Denmark and Australia are 3.2 – 16.6%.

Research by Pham (2016) in several accredited hospitals (National Patient Safety Goals, 2022) in 5 countries, there were 52 incidents in 11 hospitals. China (Hong Kong city) is the country with the highest cases at 31% of cases, followed by Australia with 25% of cases, India with 23% of cases, America with 12% of cases, Canada with 10% of cases and Brazil with 7.6% of cases. Meanwhile in Indonesia, according to Daud's report (2020), the number of hospital Patient Safety Incident (IKP) reports in 2019 was 12% with a total of 7,465 incident cases, consisting of 171 deaths, 80 serious injuries, 372 moderate injuries, 1183 minor injuries, and 5659 without injury.

The high incidence of adverse events in several countries requires risk identification so that similar incidents do not occur again. Before carrying out risk identification, there must be a report, then further analysis and investigation can be carried out. The aim of the reporting system is to learn from mistakes so that the same errors can be minimized (Samsiah et al., 2016; M. Krouss, 2019; Dhamanti, et al., 2020).

The number of reporting patient safety incidents in several countries is still relatively low. Salmasi et al. (2015) in their study in six countries in Southeast Asia, namely Singapore, Malaysia, Thailand, Vietnam, the Philippines and Indonesia, stated that there was no data related to medication errors from almost 50% of countries in Southeast Asia (namely Brunei, Laos, Cambodia, Myanmar and Timor), this is evidence of a weak reporting system related to patient safety. In Malaysia, the number of reported incidents is lower than the actual number of incidents. Research in Saudi Arabia showed that 79% of incidents were not reported because health workers experienced difficulties in reporting them (Samsiah et al., 2016). In Iran, even though the reporting system has been made anonymous, around 45% of nurses are still reluctant to report it (Fathi et al., 2017). In Indonesia, a total of 1,227 hospitals have been accredited, but only 668 incidents were reported in 2016, whereas when compared with Taiwan, every year there are 50,000 incidents reported (Dhamanti et al., 2020).

Fleming & Wentzell (2008) stated that patient safety culture is a way to create safety programs so that they can produce patient safety. Research

conducted by Aula (2020) on workers at PLTU in East Java, stated that psychological capital influences safety behavior, especially the dimension of optimism. Apart from individual psychological factors, there are also employee behavioral factors as part of an organization who voluntarily work beyond the standards given for the company's progress, which is called organizational citizenship behavior. Swarnalatha & Prasanna (2013) and Sammer et al. (2020) in research on hospitals in America shows that there is a strong relationship between all causes of harm and performance measures.

The results of the pre-survey in the RS X Jakarta environment regarding patient safety culture showed that the results were not optimal. This can be seen from the total score of 52.25%, which shows that the patient safety culture at Hospital X Jakarta must be improved. The pre-survey results regarding psychological capital show that the results are not optimal. This result can be seen from the total score of 50.75%, which shows that the psychological capital possessed by health workers still needs to be improved. Pre-survey results regarding work engagement show results that are not optimal. It is known that the total score obtained was 50.20%, which shows that work engagement at RS X Jakarta still needs to be improved. Based on a patient safety culture survey conducted by the PMKP team at RS), communication dimension (46.71%), incident reporting frequency dimension (37.98%), patient safety level dimension (52.30%), hospital department (66.33%), number of unreported incidents (61 .53%). All dimensions are still below standard (less than 75%). In this case it appears that the dimension of incident reporting frequency is still very small.

If we look at the level of utility at Hospital Meanwhile, the IKP reporting figures in the last year only found 7 incident reports, which means only 0.05% of admissions. This is smaller compared to the literature, namely 10%. From the results of focus group discussions with the PMKP team and health workers working in the ward at Hospital X Jakarta, it was found that many patient safety incidents occurred but were not reported. 75% do not report and try to solve the problem themselves, because they are worried about being blamed. 25% have reported it to the head of the room only. From the PMKP work program evaluation report in 2022, seven patient safety incidents were found. Whether this number is purely an absence of incidents or due to other factors, the cause still needs to be found out, but based on the results of interviews with the PMKP team, it is clear that incident reporting at Hospital silent or tend to be covered by their heads.

Apart from that, the Patient Safety Culture theory does not refuse to be influenced by work engagement (Schaufeli and Bakker, 2002) and work engagement acts as a mediator to fill the gap between organizational citizenship behavior and patient safety culture. In contrast, the results of research by Ng, Choong, Kuar, Tan and Teoh (2021) stated differently that work engagement was proven to be a predictor of OCB. This means that with work engagement as a mediating variable, OCB can have an influence on increasing patient safety culture.

Therefore, the author wants to prove whether work engagement can mediate between organizational citizenship behavior and patient safety culture, as it is known that OCB has a significant influence on patient safety culture, as in Jafarpanah's (2020) research that organizational citizenship behavior has a significant influence on patient safety. safety culture (PSC).

THEORETICAL FRAMEWORK

Patient Safety Culture

According to Reason (1997), patient safety culture is a product of individual values, attitudes, competencies and behavioral patterns that determine the commitment, style and ability of a health care organization towards patient safety programs, with dimensions namely informed culture, reporting culture, just culture and learning culture. Cooper (2000) defines patient safety as the avoidance, prevention and improvement of adverse outcomes or injuries originating from the health care process. According to (Linda et al., 2000), patient safety is defined as freedom from accidental injury caused by errors which include failure to plan or using the wrong plan to achieve goals..

Psychological Capital

According to Luthans et al. (2007), psychological capital is a condition of a person's positive psychological development which is characterized by 4 elements, namely hope, optimism, resilience and (self)-efficacy. Psychological capital focuses on strengths rather than weaknesses (Luthans et al., 2004). Meanwhile, Donnelly, Gibson and Ivancevich (1995), stated that psychological capital is an individual construction that is positive and oriented towards future success with the individual's ability to find success.

Organizational Citizenship Behavior (OCB)

The OCB concept was first used in the early 1980s by (Bateman & Organ, 1983). There are five dimensions of OCB, namely: Altruism (helpful nature), conscientiousness (trying to do more), civic virtue (responsibility), courtesy (politeness), sportsmanship (sportsmanship) (Organ, 1988) According to Robbins & Judge (2013), Organizational citizenship behavior (OCB) is voluntary individual behavior and is not part of formal job requirements, but can improve the effective functioning of the organization. Meanwhile, according to Aldag & Reschke (1997), organizational citizenship behavior is an individual's contribution beyond role demands in the workplace.

Work Engagement

Schaufeli & Bakker (2004) define work-engagement as something positive that is related to behavior at work which includes thoughts about the relationship between workers or employees and their work, which is characterized by enthusiasm (vigor) and dedication (dedication) as well as appreciation (absorption). in work. In other words, employees who have high work engagement will channel all their thoughts and energy towards their work and will be more enthusiastic about working.

Hypothesis Development

Patient Safety Culture is the key to a patient safety program that supports patient safety strategies. This initiative was developed together using a collaborative approach with broad representatives of the community who work and use health services (Kendir, Fujisawa, Fernandes, Bienassis, and Klazinga, 2023). According to research by Saleem (2022), psychological capital (psycap) can be a predictor of work engagement, which can improve patient safety behavior. Psycap can be used as a multidimensional instrument to improve work safety. In this research, hope and optimism as part of the psychological capital variable, as well as work engagement, have a positive influence on safety compliance. Meanwhile, hope, optimism, resilience and self-efficacy, as well as work engagement have a positive influence on safety participation. Furthermore, optimism and self-efficacy both have a positive influence on work engagement. Research by Nasser Saad Al Kahtani (2022) states that there is a positive relationship between psycap, workplace wellbeing, and employee engagement with performance. In this case, one of the nursing performances in hospitals is patient safety. Apart from that, OCB also has an influence on patient safety. Organizational Citizenship Behavior (OCB) is an action carried out by members of an organization that exceeds the formal requirements of their job (Greenberg and Baron, 2003). Beus, et al (2016) prove that patient safety culture is a factor that is influenced by employee behavior in the organization. Based on the explanation above, the following hypothesis is created:

H1 : Psychological Capital, Organizational Citizenship Behavior, and Work Engagement together influence Patient Safety Culture

According to Luthans (2008) that there is a positive relationship between individual psycap and their positive emotions which influence work attitudes and behavior that are relevant to positive organizational change, the psychological capital dimension is important because it can explore and optimize the reciprocal relationship between work, organizational goals and psychological orientation. PsyCap has an influence on extra role behavior and positive work attitudes, stated by Giancaspro, Callea and Manuti (2022) in their research on 1219 workers in Italy. The implication of this commitment is that it is hoped that workers can improve their psycap by seeing that they are capable of doing the work they are doing, creating a sense of confidence that they can face all the problems that will arise, being involved in challenging jobs, and giving maximum effort in every job they do. carried out so that ultimately patient safety can be guaranteed. Based on the explanation above, the following hypothesis is created:

H2 : Psychological Capital influence on Patient Safety Culture

Patient safety cannot be separated from patient safety culture. According to research by Jafarpanah (2020), organizational citizenship behavior has a significant influence on patient safety culture (PSC). Low civic virtue, sportsmanship and courtesy behaviors indicate low interest of nurses in participating in organizational issues and low attention of nurses in

preventing accidents in their work. Snowden, A., Gibbon, A. and Grant, R. (2019) were the first to conduct research that produced contributions to patient safety, especially those associated with positive organizational behavior. The results of Tear and Reader's research (2023) prove that OCB influences patient safety culture. Based on the explanation above, the following hypothesis is created:

H3 : *Organizational Citizenship Behavior influence on Patient Safety Culture*

Patient safety culture is influenced by work engagement because employees' positive assessments of the quality of services provided by their teams influence behavior and actions (Haster, et al., 2013). Thorp et al. (2012) showed that the strongest factors of patient safety culture are work groups with high baseline engagement and more positive changes in engagement. Freeney and Fellenz (2013) found that work engagement results in positive work performance, showing a significant relationship to the quality of hospital services. Research by Amalia, Endang and Ratna Indrawati (2021) explains that employee performance is one of the causes of high employee engagement. Engaged employees will work harder, be more loyal and tend to go the extra mile for the organization. The results of research by Collier and Fitzpatrick (2016) show that work engagement can have a positive impact on patient safety culture. Based on the explanation above, the following hypothesis is created:

H4 : *Work Engagement influence on Patient Safety Culture*

Work engagement is one of the variables included in the factors influenced by psychological capital (Schaufeli et al., 2004). Employees who have a high level of work engagement will show their best performance, this is because these employees enjoy the work they do (Bakker & Leiter, 2010). One of the factors that influences work engagement is psychological capital, which is a state of positive individual psychological development and is characterized by a sense of self-confidence to strive to achieve success (self-efficacy), having positive attributions for current and future success (optimism), pursuing the goals you want to achieve, and directing the path towards the goal (hope), as well as persisting to achieve success (resiliency) (Luthans, et al., 2015). Research by Tarryn Ferreira (2015) states that psychological capital, in this case optimism, is the biggest cause behind employees being attached to work even though their work environment is at risk. The research results of Gleichmann and Etikariena (2021) show that there is a positive relationship between psychological capital and work engagement. Based on the explanation above, the following hypothesis is created:

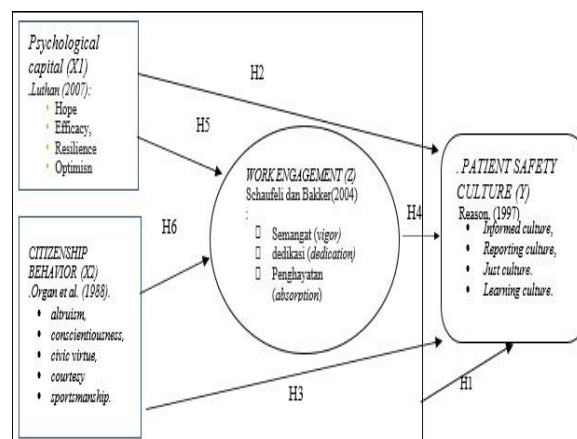
H5 : *Psychological capital influence on Work Engagement*

Organizational Citizenship Behavior is defined as extra role behavior, where workers have a choice whether they will carry out the behavior or not (Castro, Armario and Ruiz, 2004). If this behavior is carried out voluntarily (Organ et al., 2006), then the impact will be positive on work engagement, where the positive atmosphere of working conditions will later be projected in

the form of better service quality on work engagement (Castro, Armario and Ruiz, 2004). Tirtayasa, Arrozi and Nofierni (2022) in their research explained that OCB behavior consists of interactions with top-level managers to explain orders to their subordinates. Therefore, through management it is hoped that it can increase the long-term commitment of nurses so that it can increase nurses' perceptions of OCB.

Employees who carry out the dimensions of work engagement will show characteristics such as having energy and mental resilience when working, remaining steadfast in facing the difficulties they face, experiencing a sense of meaningfulness, enthusiasm, pride, inspiration and challenges when carrying out their work, and making it difficult for employees to give up their jobs. The research results of Castro, Armario and Ruiz (2004) show that OCB influences work engagement. Based on the explanation above, the following hypothesis is created:

H6: Organizational Citizenship Behavior influence on Work Engagement



Gambar 1. Research Hypothesis

METHODOLOGY

Multivariate Normal Distribution

The data normality test was carried out to determine whether the data in this study was normally distributed. Normality testing is carried out by observing the skewness value of the data used to see if there is a CR value that exceeds + 2.58.

Tabel 1 Uji Normalitas

Variable					c.r.	kurtosis
	min	max	Skew	c.r.		
OCB	2,400	4,933	-0,607	-2,377	-0,781	-1,530
PC	2,900	4,900	-0,238	-0,932	0,481	0,942
WE	2,400	5,000	-0,256	-1,003	-0,566	-1,108
PSC	2,100	4,900	0,164	0,642	-0,857	-1,677
Multivariate					0,507	0,351

Based on the table above, it can be seen that the univariate data shows that the multivariate value in the CR column is 0.351. This means that if the value is between $-2.58 < sd < +2.58$ it is normal.

Minimum was
achieved Chi-square
= ,000 Degrees of
freedom = 0

This result means that the model has a very good fit because it has a chi-square value of 0.000. According to Ghozali and Fuad (2018:29), a chi-square value of 0 indicates that the model has perfect fit..

Simultaneous Hypothesis Testing

The results of the simultaneous test in this research can be seen by looking at the Chi-square value. The output can be seen in the following table:

Table 2 F Test (Simultaneous)

Number of distinct sample moments: to be	14
Number of distinct parameters to be estimated:	14
Degrees of freedom (14 - 14):	0

Result (Default model) Minimum was achieved Chi-square = ,000 Degrees of freedom = 0

Source: Hasil AMOS versi 20 (2023)

Based on the output notes for the model, with a sample size of $N = 92$, the total number of covariance data is 14 while the number of parameters to be estimated is 14. From these results, the resulting degree of freedom is $14 - 14 = 0$. Then the Chi Square results are Small 0.000 indicates that the simultaneous test results with H1 are accepted. This means that the use of theory and empirical testing is no different. It was concluded that psychological capital, organizational citizenship behavior, and work engagement simultaneously (together) had an effect on patient safety culture.

Partial Hypothesis

Testing this hypothesis is by analyzing the Critical Ratio (CR) value and Probability (P) value resulting from data processing, compared with the required statistical limits, namely above 1.96 for the CR value and below 0.05 for the P value.

**Tabel 3. Regression Weights Analisis Result
Structural Equation Model**

Estimate	S.E.	C.R.	P	PSC	□	PC	0,243	0,109
				2,224	0,026			
PSC □ OCB		0,038	0,117	0,321		0,748		
PSC □ WE		0,916	0,139	6,590	0,000			
WE □ PC		0,258	0,078	3,306	0,000			
WE □ OCB		0,712	0,048	14,983	0,000			

Source: Hasil AMOS versi 20 (2023)

Based on the results of testing the second hypothesis in table 3, it shows:

1. That the influence of psychological capital on patient safety culture produces a CR value of 2.224 > 1.96 and P 0.000 < 0.05. This means that H2 is accepted. Thus, it is concluded that psychological capital influences patient safety culture at RS X Jakarta.
2. That the influence of organizational citizenship behavior on patient safety culture produces a CR value of 0.321 < 1.96 and P 0.748 > 0.05. This means that H3 is rejected. Thus, it is concluded that organizational citizenship behavior has no effect on patient safety culture at RS X Jakarta.
3. That the influence of work engagement on patient safety culture produces a CR value of 6.590 > 1.96 and P 0.000 < 0.05. This means H4
4. accepted. Thus, it is concluded that work engagement has a significant effect on patient safety culture at RS X Jakarta.
5. That the influence of psychological capital on work engagement produces a CR value of 3.306 > 1.96 and P 0.000 < 0.05. This is meaningful
6. H5 is accepted. Thus, it is concluded that psychological capital has a significant effect on work engagement at XJakarta Hospital.
7. That the influence of organizational citizenship behavior on work engagement produces a CR value of 14.983 > 1.96 and P 0.000 < 0.05. This means that H6 is accepted. Thus, it is concluded that organizational citizenship behavior has a significant effect on work engagement at RS X Jakarta

The influence of the mediating variables between psychological capital and organizational citizenship behavior on patient safety culture, with work engagement as an intervening variable can be seen in the table as follows:

Tabel 4. Standardized Direct Effects

OCB	PC	WE	WE	,797	,176	,000
		PSC	,035	,138	,763	

Source: Hasil AMOS versi 20 (2023)

Tabel 5. Standardized Indirect Effects

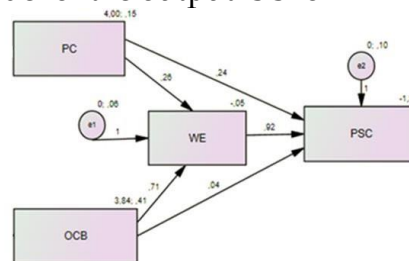
OCB	PC	WE	WE	,000	,000	,000
		PSC	,608	,134	,000	

Source: Hasil AMOS versi 20 (2023)

On the mediating effect of work engagement between the influence of organizational citizenship behavior on patient safety culture, the value in the standardized direct effects table is 0.035 and the standardized indirect effect value is 0.608. So it can be concluded that the standardized indirect effect value is greater than the standardized direct effect value, so it can be concluded that work engagement can mediate the influence of organizational citizenship behavior on patient safety culture.

Furthermore, for the mediating effect of work engagement between the influence of psychological capital on patient safety culture, the value in the standardized direct effects table is 0.138 and the standardized indirect effects value is 0.134. So it can be concluded that the standardized indirect effect value is smaller than the standardized direct effect value, so it can be concluded that work engagement cannot mediate the influence of psychological capital on patient safety culture. In accordance with the theory of Kittisak and Kumsuprom (2021), optimism is the dimension of psychological capital that has the most influence on safety behavior, especially in terms of safety compliance. However, research by Kittisak and Kumsuprom (2021) shows that hope, resilience, self-efficacy and optimism have become literature to explore individuals in the work environment and the success of an industry.

The hypothetical model of the output is shown in the following figure:



Source: Hasil AMOS versi 20 (2023)

Figure 2. Research Model

Measurement Model Analysis

Measurement model analysis with determination is used to determine the magnitude of the variable contribution. For this reason, square multiple correlation is used. Squared multiple correlations (SMC) is a measure of how much an observed (endogenous) variable is influenced by other variables in the SEM model. SMC shows how much the observed variables can be explained by latent (exogenous) variables in the SEM model. The results of the Squared multiple correlations (SMC) test can be seen in the table below.

Tabel 6. Hasil Uji Squared Multiple Correlations	
	Estimate
Work Engagement	0,827
Patient Safety Culture	0,789
Source: Hasil AMOS versi 20 (2023)	

Based on the table above, it is known that the results of the Square Multiple Correlation work engagement aim to see how much the psychological capital variable, and organizational citizenship behavior, results show a Square Multiple Correlation value of 0.827 or 82.7%. It can be interpreted that the existence of the work engagement variable can be influenced by the psychological capital variable and organizational citizenship behavior by 82.7% while the remaining 17.3% is influenced by other factors outside this research. Furthermore, the Square Multiple Correlation results for the patient safety culture variable aim to see how much the psychological capital, organizational citizenship behavior, and work engagement variables contribute. These results show a Square Multiple Correlation value of 0.789 or 78.9%. It can be interpreted that the existence of the patient safety culture variable can be influenced by the variables psychological capital, organizational citizenship behavior, and work engagement by 78.9%, while the remaining 21.1% is influenced by other factors outside this research.

DISCUSSION

The Joint Influence of Psychological Capital, Organizational Citizenship Behavior and Work Engagement on Patient Safety Culture

Based on the results of testing the first hypothesis, it shows that psychological capital, organizational citizenship behavior, and work engagement simultaneously (together) influence patient safety culture. The results of this research show that by increasing psychological capital, organizational citizenship behavior and work engagement together in health workers, it will have an impact on increasing patient safety culture at Hospital X Jakarta

These results reveal the suitability of the three box method analysis where psychological capital which includes hope, optimism, resilience and self-confidence can play a key role in shaping individual attitudes and behavior towards patient safety. Additionally, OCB, which involves voluntary actions to support the organization beyond primary tasks, can make a significant contribution to improving safety culture. Meanwhile, a high level of work engagement can also positively influence attitudes towards patient safety. The results of this research support Qin's (2021) research that psychological capital not only has a direct impact on safety citizenship behavior, but also has an indirect impact on the safety citizenship behavior of mine workers through work engagement..

The Influence of Psychological Capital on Patient Safety Culture

Based on the results of testing the second hypothesis, it shows that psychological capital influences patient safety culture at Hospital X Jakarta. This shows that the better the psychological capital, the higher the patient safety culture at Hospital X Jakarta. In this case, psychological capital plays an important role in forming a culture of patient safety at Hospital X Jakarta. Psychological capital includes elements such as hope (optimism), endurance

(resilience), self-confidence (self-efficacy), and perseverance (hope). The presence and strengthening of psychological capital among staff and medical personnel can have a positive impact on patient safety practices. These findings also show that psychological capital has value and benefits in the context of various aspects of life, and can be the main determining factor in forming a patient safety culture at Hospital X Jakarta. The results of this research are in line with research conducted by Elliot and Margaret (2020) who found that psychological capital has a positive effect on patient safety culture. Furthermore, Aula (2020) stated that optimism is the dimension of psychological capital that has the most influence on safety behavior, especially in terms of safety compliance.

The Influence of Organizational Citizenship Behavior on Patient Safety Culture

The results of testing the third hypothesis show that organizational citizenship behavior has no effect on patient safety culture at Hospital X Jakarta. This indicates that organizational citizenship behavior does not have a special role in creating a supportive environment for patient safety. In this context, organizational members who are actively involved in OCB do not guarantee that someone cares more about patient safety and prioritizes practices that support overall safety. Therefore, organizational citizenship behavior does not have a direct correlation with the level of patient safety culture. The results of this research are not in line with research by Jafarpanah & Rezaei (2020) which also provides significant empirical support. The findings confirm that organizational citizenship behavior (OCB) has a significant impact on patient safety culture.

The Influence of Work Engagement on Patient Safety Culture

The results of testing the fourth hypothesis show that work engagement has a significant effect on patient safety culture at Hospital X Jakarta. This shows that the level of involvement or work engagement of medical personnel has a strong and significant impact on the patient safety culture at Hospital X Jakarta. In other words, when healthcare professionals feel wholeheartedly engaged in their work, they are more likely to prioritize practices that support overall patient safety. It is important to note that work engagement includes the level of emotional, cognitive, and behavioral involvement of individuals in their work. If this level of involvement is high, then individuals tend to be more committed to patient safety and will work more thoroughly and carefully.

The results of this research are in line with research conducted by Amalia, Indrawati R, and Ruswanti (2021) which states that employee engagement significantly influences staff performance, in this case performance related to patient safety. Also in line with research conducted by Scott et al. (2022) who found that work engagement has a positive effect on patient safety culture.

The Influence of Psychological Capital on Work Engagement

The results of testing the fifth hypothesis show that psychological capital has a significant effect on work engagement at Hospital X Jakarta. This shows that the higher the psychological capital, the more work engagement at Hospital X Jakarta will increase. Therefore, by having high expectations regarding achieving goals, strong optimism in facing challenges, resilience in facing pressure, and confidence in their own abilities, employees tend to be more involved and dedicated to their tasks. The results of this research are in line with research conducted by Saleem et al. (2022) found that self-efficacy and optimism have a positive impact on work engagement. These results are in line with research conducted by Sihag and Sarikwal (2014) explaining that employees with higher levels of psychological capital (in terms of hope, level of self-confidence, ability to bounce back, and optimistic outlook) show a higher level of work engagement. high at work.

The Influence of Organizational Citizenship Behavior on Work Engagement

The results of testing the sixth hypothesis show that organizational citizenship behavior has a significant effect on work engagement at Hospital X Jakarta. It can be interpreted that the better the organizational citizenship behavior, the higher the work engagement at Hospital X Jakarta. In other words, the level of work engagement at Hospital X Jakarta is greatly influenced by the extent to which organizational citizenship behavior is implemented well. According to Newman et al. (2017) in their research stated that when employees have voluntary behavior and a sense of responsibility towards the organization this ultimately leads to organizational commitment. Furthermore, organizational commitment influences OCB in the research of Arrozi et al. (2022). In other words, OCB can be considered as an employee's behavioral commitment to the organization.

CONCLUSION AND SUGGESTION

Based on the results of research that has been conducted, psychological capital, organizational citizenship behavior, and work engagement simultaneously (together) influence patient safety culture. Furthermore, the direct influence of psychological capital, work engagement, psychological capital, organizational citizenship behavior is proven to have a significant influence on work engagement at Hospital X Jakarta. However, organizational citizenship behavior has no effect on patient safety culture at Hospital X Jakarta.

Based on the conclusions obtained, there are several implications of managerial suggestions for RS The second implication is the implication of interprofessional collaboration where to achieve a good patient safety culture requires teamwork; and the third implication is the implication of good hospital governance where all provisions related to patient safety must be included in the hospital governance documents, so that they can always be used as a reference and included for monitoring and evaluation. The explanation regarding managerial implications is explained as follows::

Managerial implications for every individual who works at RS X Jakarta

- 1) 1) Sharing experiences of experts/seniors or fellow colleagues to achieve performance, used as input, both regarding success and failure, including in handling an incident, which ultimately creates a policy so that the same incident does not happen again. Sharing experiences can also increase self-confidence. This is in line with research by Nadhifah A, Kusumapradja R, Nofierni (2022) which states that there is a positive influence on the role of the unit head on patient safety culture through the implementation of nurse-pharmacy handovers.
- 2) 2) Providing physical and psychological motivational stimulation, if necessary inviting motivators who can increase self-confidence every few periods.
- 3) 3) Providing training and certification to improve the skills and values of each worker. Lack of knowledge makes someone not dare to report an incident. The existence of training and certification makes health workers more confident.
- 4) 4) The key factor in work engagement is if there is a feeling of being valued and involved, for this reason employees must be involved in every hospital activity.
- 5) 5) For hospital leaders to be able to set a good example as leaders by being sportsmanlike, fair and impartial, especially towards all those who work in the hospital environment and getting used to hearing from all sides before drawing conclusions. Developing a culture of being fair and not blaming can ultimately achieve a good patient safety culture.

Implications of Interprofessional Collaboration

Health team collaboration is an activity that aims to strengthen relationships between different health professions. The concept of team collaboration or teamwork is in line with research by Febriansyah, Kusumapradja R, Ahmad H (2020) which states that teamwork has the most dominant influence in improving patient safety culture in hospitals.

Interprofessional collaboration can be built by having more or less the same level of knowledge between professionals regarding something, in this case about patient safety, by means of:

1. Ensure that all health workers have a level of understanding of patient safety, including relevant health protocols, procedures and guidelines in treating patients, by holding regular training.
2. Facilitate effective, open and clear communication between health workers, if necessary, coaching between more experienced health workers and less experienced health workers
3. Teach all health workers to be able to identify potential risks that can affect patient safety.
4. Ensure that patient safety policies are easy to understand and implement,
5. Use incidents as opportunities
6. For learning, learn not to blame but to improve the system.
7. Use data and feedback to make continuous improvements in the service

system.

Implikasi Good Hospital Governance

The hospital organization is structured with the aim of achieving the hospital's vision and mission. Good hospital organizational governance can make all hospital stakeholders feel fairness, transparency, independence, accountability and responsibility so that every organ of the hospital from the bottom to the top level can went well, by the way:

1. Leadership that provides an example of good leadership, does not blame, is fair and impartial
2. There is an organizational structure that runs in accordance with its main tasks and functions, including the smallest structure within a unit.
3. There is an internal supervisor who is running well.
4. Regular two-way discussions are held both between units and between departments, to find solutions, without blaming each other,
5. There is openness of information, there is no mutual suspicion between health workers.
6. The Patient Safety Culture improvement program is included in the Hospital Governance document.

Suggestions for the Management of RS X Jakarta

1. 1. In relation to the psychological capital variable, it is recommended that Hospital X Jakarta better appreciate and encourage the development of self-confidence as an integral part of work culture.
2. 2. In relation to the organizational citizenship behavior variable, it is recommended that Hospital X Jakarta focus attention on a positive teamwork culture and healthy competitive ethics. Regular training programs for medical staff can be an effective means of strengthening teamwork, increasing appreciation of each member's contributions, and promoting conflict resolution with sportsmanship.
3. 3. Regarding the work engagement variable, it is recommended that Hospital X Jakarta rotate tasks or take part in challenging projects, which can maintain their interest and motivation in the long term. In addition, it is important to ensure that staff feel involved and receive the support needed to overcome challenges and maintain energy levels during continuous work. By understanding and responding to individual employee needs, Hospital X Jakarta can create a work environment that supports higher work engagement and ensures that health workers can provide the best service for patients.
4. 4. In relation to the patient safety culture variable, it is recommended that Hospital X Jakarta improve the process of reporting errors that do not have the potential to harm patients at Hospital In addition, motivating staff with recognition and appreciation (rewards) for their participation in error reporting, without blame and helps strengthen a culture of learning and continuous improvement in the hospital.

FURTHER STUDY

Future research can carry out research by adding several other independent variables such as knowledge, leadership, and training and education, where these variables can also add broader results regarding the factors that determine patient safety culture. In addition, it is hoped that future research can expand the number of samples used, so as to provide more representative research. The author also hopes that research on patient safety culture can be developed with different objects because this research can develop over time.

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