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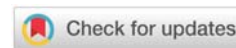
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Review Article

Strengthening Patient Safety Culture in Public Healthcare: Nurses' Perceptions and Their Implications for Achieving Good Health

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Abstract

A patient safety culture is critical to providing high-quality healthcare. The purpose of this study was to assess nurses' perceptions of patient safety culture at Ibri Hospital in Oman, as well as to identify key factors influencing their perceptions. The study also evaluated the efficacy of patient safety management practices, with an emphasis on improving safety outcomes and cultivating a culture of non-punitive error reporting. A cross-sectional, quantitative study was carried out using the Hospital Survey on Patient Safety Culture (HSOPSC), a validated tool for assessing PSC in healthcare settings. A stratified random sample of 100 registered nurses across various departments at Ibri Hospital participated in the study. The findings revealed a generally positive perception of patient safety culture, with high scores for teamwork within units ($M = 4.10$) and communication practices ($M = 4.22$). However, areas for improvement were identified, particularly in terms of workload management ($M = 3.03$) and the promotion of a non-punitive reporting culture ($M = 3.61$). The questionnaire's overall reliability was high (Cronbach's $\alpha = 0.975$), indicating that the tool was internally consistent.

Introduction

Healthcare quality and safety depend much on patient safety culture (PSC). It is defined as the shared values, opinions, and actions that affect staff attitudes and practices concerning patient safety. Good PSC ensures that patient care satisfies the highest safety criteria, that mistakes are reported without regard to consequences, and that continuous improvement is given top priority [1]. Healthcare systems all around are realising more and more how crucial it is to create a strong safety culture to lower negative events and improve patient outcomes. The World Health Organisation [2] estimates that 134 million adverse events annually from unsafe hospital treatment result in almost 2.6 million deaths, mostly in low- and middle-income countries. With over 250,000 deaths annually, medical errors rank third among all causes of death

in industrialised nations such as the United States [3]. These numbers show the great need for efficient PSC systems in worldwide healthcare environments.

The primary objectives of Oman Vision 2040, which prioritises the development of high-quality, safe, and accessible healthcare services as part of the nation's strategic development, are congruent with the focus on enhancing healthcare quality and safety in Oman [4]. As part of its dedication to these goals, Oman's Ministry of Health has made notable advancements in PSC. Recent studies [5] show that although organisational learning and teamwork have improved, problems still exist, especially regarding staffing, task management, and error reporting. Attaching Oman Vision 2040's goals and guaranteeing that every patient receives safe, high-quality treatment depends on overcoming these

difficulties. This study project intends to evaluate nurses' opinions of PSC at Ibri Hospital, find the elements influencing these opinions, and offer suggestions for development in line with Oman's general healthcare goals.

Background of study

It is consistent with Oman Vision 2040, which aims to provide high-quality, safe healthcare as part of the country's long-term strategy [4]. It focuses on raising the bar and increasing the effectiveness of healthcare throughout Oman. Oman's Ministry of Health has made significant efforts to help PSC achieve these goals. According to recent research, organisational learning and cooperation are on the rise, but challenges persist, particularly with staffing, workload, and error reporting [5]. To meet Oman Vision 2040's objectives and give every patient the best possible treatment that is safe and of high quality, it is essential to mitigate these difficulties.

Culture plays a very vital role in the quality of a healthcare organisation, particularly in the protection of a patient's safety. Nevertheless, despite knowing that security for patients seems a top concern everywhere, little is known regarding the way medical professionals—especially those in developing nations—view it. The assessment of the scientific literature indicated that there has been a dearth of studies on Oman's patient safety culture for patients' cultural backgrounds, particularly at emerging institutions such as Ibri Hospital. Research on Oman's patient safety culture is lacking, especially at smaller hospitals like Ibri Hospital. Although studies on patient safety in Omani healthcare facilities have been conducted, very few thorough evaluations of nurses' perspectives on safety culture have been conducted [6]. The views of nurses, who deliver healthcare on the front lines, have a big influence on how well patients do and how well safety procedures work [7].

Literature review

This section provides a comprehensive overview of the body of research on the safety of patients' cultures, focusing on assessing hospital nurses' perspectives, particularly those from Oman. An extensive search was carried out using online databases including Google Scholar, CINAHL, PubMed, and Scopus. The details of the search were the following: papers published only in January 2010 were selected. For the research, MeSH terms like "Patient Safety Culture," "Nurses," "Hospital Safety," "Healthcare Quality," and "Oman" were used for general searches, while more specific searches were conducted using "AND" and "OR" operators.

Numerous studies have been conducted, particularly with a focus on hospitals, to evaluate the patient safety culture throughout the healthcare environment.

Research on nurses' attitudes regarding patient safety cultures in various contexts and nations has been conducted, emphasising the significance of the functional structures, along with the roles that cultures play when establishing these views. Research has also shown that there is a positive

correlation between nursing outcomes and patient safety culture, including job satisfaction, stress, and burnout. This implies that the promotion of a high safety culture enhances working conditions and decreases burnout rates among the nurses. Organisational culture, particularly in the aspect of safety, has been assessed using safety culture questionnaires, including the Hospital Survey on Patient Safety Culture (HSOPSC), which offers means of standardised assessment to support change.

Islam et al. [8] investigated how hospital accreditation influenced Jordanian nurses' perceptions of PSC. According to the study, 71.9% of nurses believe they understand the patient safety culture. It was surprising to discover that there were no statistically significant differences between nurses working in accredited and non-accredited facilities. This study implies that although certification is a crucial component of quality assurance, it might not have a direct impact on nurses' views of patient safety culture. Instead, the study highlights how crucial management support, teamwork, and organisational learning are in forming these viewpoints. These results stand in contrast to other research that highlights the value of supervisor expectations and efficient communication in enhancing nurse safety cultures. Therefore, even while accreditation contributes to overall quality improvement, ongoing assessment and advancement of hospital procedures are essential for building a solid safety culture among nursing staff.

Similarly, Hawazen et al.'s [9] research at King Abdulaziz Medical City within Jeddah, Saudi Arabia, examined the expectations as well as findings of PSC from the nursing viewpoint. The survey found that although general observed protection of patients was assigned a rating of 59.0%, "working together within divisions" obtained the most favourable score, at 82.95%. PSC indicators had a favourable reply rate of 63.46%. These findings are in line with prior studies that established that good PSCs require organisational learning and error reporting. The study did, however, draw attention to persistent problems, such as a lack of managerial support that impedes the development of a robust safety culture by upholding a blame culture. The study highlights the value of continuous training and development, noting that while collaboration and communication are assets, there are still critical areas that need focused interventions to enhance patient safety results in Saudi healthcare settings.

In a cross-sectional study conducted in 2022, S. Abdelaliem and Samira Alsenany examined the relationship between knowledge, attitude, and practice environment of the nurses and patient safety. Their study revealed that age, education, and training carried out after registration influence the safety knowledge and attitudes of the nurses dramatically. They did, though, identify challenges to successful implementation of the patient safety measures, like lack of compliance with the safety rules and regulations and inefficiency in the communication systems. The study also found that the practice environment has a great effect on the perception that the nurses have of patient safety and the quality of care given to the patients; thus, environments that are less supportive lead to low perceptions

of patient safety and care. Moreover, nursing students showed poor understanding of patient safety competencies; thus, there is a gap in educational interventions. Thus, the results of the study show that the creation of educational programs and the support of a positive safety culture are essential for the improvement of long-term and patient-oriented nursing practice.

Emphasising the vital role that patients may play in enhancing safety, Sarkhosh et al.'s [10] study examines doctors' and healthcare administrators' opinions on patient involvement in safety procedures in a related but separate line of research. Three main themes emerged from the research on patient participation, underscoring the fact that although doctors understand the possible advantages of patient involvement, there are major obstacles to effective patient, provider, and systemic engagement. Additional studies show that patient safety education is crucial for healthcare professionals since many students are not aware of medical errors before official training. Moreover, challenges including patients' lack of knowledge and readiness complicate the process of involving them in safety protocols. Multimodal approaches must be applied to remove systematic obstacles to participation and educational gaps among healthcare professionals, raising patient involvement in safety.

Organisational commitment and patient safety culture (PSC) are two interconnected variables in healthcare organisations because they are both required for providing quality patient care. According to the study of Zülfiye Tosun Öztürkcü and Emel Filiz [11], there is a positive correlation between organisational commitment levels of the nurses and their personal social responsibility perspectives, which is also statistically significant ($r = 0.41$, $p \leq 0.01$). The median favourable response rate for PSC was 54%, indicating that there remained room for improvement. The mean organisational dedication of nurses was 4.09, which represents a substantial level. This is consistent with other studies that show a variety of factors, such as training, job experience, and organisational support, influence nurses' attitudes and perceptions of safety.

Acknowledging the need to build a strong patient safety culture (PSC) in healthcare environments, many nations and healthcare systems have to improve PSC in Austria. Draganović et al. advised evidence-based strategies including experience feedback committees (EFCs), morbidity and death conferences (MMCs), and continuous quality improvement programs (QIPs). Establishing organisational learning and encouraging non-punitive responses to mistakes, both of which are essential for creating a safety culture, are the primary objectives of these projects. The connection between PSC and the professional commitment of nurses highlights the need for healthcare managers to use policies that raise worker participation and job satisfaction. Furthermore, specific strategies shown to be beneficial for PSC and self-efficacy are specific strategies including technology integration and organised training programs like SBAR and FMEA. These results imply that constant efforts are required to improve patient safety outcomes.

Basil et al. [12] underlined, in line with the cooperation theme, the value of nurse-physician cooperation in building a strong PSC, especially in high-risk environments like operating rooms. Good cooperation among healthcare professionals is defined by open communication and friendly contacts; this improves patient outcomes and PSC impression. Still, obstacles like poor group cooperation could lower the effectiveness of safety programs. To sustain group efforts and enhance safety culture, the paper stresses the need for organised programs that enable multidisciplinary teamwork and communication as well as continuous education and leadership support.

Building on earlier studies, Adel et al.'s [13] scoping study offers more exact insights on the relationship between PSC and patient experience in healthcare settings. Encouragement of the cooperation and interaction needed for high-quality treatment helped PSC be applied to raise patient satisfaction. The paper claims that two essential elements of quality improvement initiatives meant to enhance PSC and patient experiences in particular healthcare institutions are QIP implementation and continuous leadership involvement.

With an eye toward the effects these interactions have on staff well-being and the quality of treatment, many healthcare environments have looked closely at the interaction between patient safety culture (PSC), work conditions, and communication in many different contexts. Roth et al. 2021 examined the opinions of globally educated nurses and their host colleagues in German hospitals on safety culture, work-life balance, burnout, and job demands. Though both groups had high degrees of burnout, their findings revealed that globally educated nurses reported less burnout than host nurses. Burnout rates among host nurses were higher because of their heavier workload and worse work-life balance. Moreover, the study revealed that differences in expectations for working conditions and professional development hinder the integration of migrant nurses. These findings align with earlier studies demonstrating how perceptions of safety cultures and workplace stress significantly impact burnout, particularly in high-stress events like the COVID-19 pandemic. By tackling these problems, companies might be able to better integrate and keep nurses with foreign training, thus producing a healthier workplace.

The relationship between physicians and nurses is a very important component in the delivery of quality health care to the patients. The study conducted by Akram et al. in [14] aimed to establish the correlation between PSC, communication between nurses and physicians, and quality of the health services, insisting on the fact that lack of proper communication can lead to adverse effects. To ensure that health care workers do not use verbal abuse when communicating, measures like the SBAR (Situation, Background, Assessment, Recommendation) tool need to be put in place. It has been recognised that lack of communication leads to many avoidable mistakes. The research found that organisational learning and teamwork were perceived as very important, but that more attention should be paid to staffing and how the organisation deals with errors. The strong PSC also supports the readiness of employees to

report errors and concerns regularly, which is important for constant learning in healthcare quality improvement.

Data and methodology

This study employs a quantitative research design to examine nurses' perceptions of the patient safety situation at Ibri Hospital. Questionnaire layout is an investigative technique that uses structured questions or surveys to get data on a particular population [15]. Surveys are commonly utilized in medical studies to collect insights into views, opinions, along with opinions since they are an effective way to obtain details from an extensive sample of people who participate [16].

Surveys are particularly ideal for this kind of research for several reasons. They first enable the collection of standardised information that is easy to measure and evaluate, giving nurses a comprehensive view of the status of patient security culture. If you'd like to learn whatever you need to learn regarding the variables impacting nurses' opinions, surveys are a fantastic approach for reaching a big as well as diverse population of nurses [17]. Finally, surveys' confidentiality encourages honest and unbiased responses, which is critical for skillfully evaluating sensitive topics including patient safety [18]. With these advantages, a survey design provides the most practical choice for accomplishing the study's goals, which are listed below. This will make it possible to gather information about nurses' comprehensive views of patient safety, identify the variables influencing their opinions, and develop specific suggestions that can assist in altering the patient safety environment at Ibri Hospital.

Location of study

Ibri Hospital is a secondary care specialised hospital situated in the region of Al Dhahira in Oman and has 240 beds. It was established in 1995 with serving as the governor of Al Dhahira's primary tertiary care facility. It has an emergency unit, inpatient facilities, and many outpatient services, open 24 hours a day. Ibri Hospital, which is the biggest hospital in the developed region, offers the Al Dhahira residents other important medical requirements and capacities that are not restricted to first-level care. Ibri Hospital has many nurses who treat patients in different areas, such as emergencies, wards, and clinics. Ibri Hospital is a great place to research nurses' opinions on patient safety and hospital culture because of its big nursing staff and variety of departments.

Population and sampling technique

The target population will consist of all the currently registered nurses working at Ibri Hospital. About 450 nurses operate in different fields such as pediatric, surgical, emergency, ICU, and outpatient departments. The research aims to get a comprehensive and diverse depiction of every nursing team member's practices along with worries. Every one of the hospital's practising nurses gets knowledge in this manner, resulting in a thorough awareness of the variables influencing their working surroundings, career fulfilment, and patient care.

This study will involve 100 registered nurses in Ibri Hospital, and to achieve this, a stratified random sample will be adopted to obtain a cross-sectional sample of the nursing staff. This system of staffing divided the nurses into groups depending on their departments of speciality, emergency, critical care, surgical, pediatric and outpatient services, and the level of experience. For the sample to reflect the features of the total population, nurses within each stratum are going to be chosen at random. This methodology will further ensure the comprehensive documentation of diverse perspectives and experiences within the medical facility, hence augmenting the validity and dependability of the research findings. Acquiring a thorough grasp of nursing issues and procedures across the hospital serves as the aim.

Sampling technique

Using established standards (e.g., division or years of expertise), random sampling with stratification separates the general population into divisions (also referred to as strata), from which random samples are taken [17]. By guaranteeing that the sample accurately represents the whole nurse population, this technique lessens the chance of bias.

Since stratified random selection guarantees sufficient coverage of different subgroups throughout the nursing community, it serves as an appropriate methodology for thoroughly exploring nurses' perspectives on safeguarding patients' culture [15].

Process of obtaining the sample

The study employed a stratified random sampling technique to ensure that the sample adequately represented the diverse nursing workforce at Ibri Hospital. Initially, the nursing personnel were stratified according to their years of professional experience into three groups: less than five years, five to ten years, and more than ten years. In addition, nurses were categorised based on their clinical departments, including the emergency department, critical care units, and general wards, to capture perspectives across different healthcare settings. Following the stratification process, participants were randomly selected from each stratum using a random number generator, thereby minimising selection bias and ensuring objectivity in the sampling process. The final sample consisted of 100 registered nurses, with the number of participants proportionally determined according to the population size of each stratum to ensure fair representation. Selected nurses were approached and provided with detailed information about the purpose, procedures, and ethical considerations of the study. Only those who voluntarily agreed to participate and provided informed consent were included in the final sample, ensuring compliance with ethical research standards and protecting participants' rights.

Research tool and pilot study

To meet the study's objectives, data were collected using an online questionnaire that participants self-administered. The

rationale behind the selection of this strategy was its ability to achieve a substantial sample size as well as standardise data collection. Additionally, because internet-based polls are completed at the participants' convenience rather than at a set time like in-person interviews, the number of responses is higher (Dillman, Smyth, & Christian, 2014).

It is possible to identify numerous advantages of using an online questionnaire. First, it reduces cost and time since one does not have to use physical materials and the paperwork involved in distributing and collecting paper-based questionnaires. Second, it provides the researcher with wider geographical coverage since location barriers are eliminated from the data collection process across different populations. Thirdly, uniformity of the questions ensures that the answers are comparable, reduces interference from the interviewers' bias and increases the reliability of the information.

Also, there are several ways of asking questions in an online survey, and they include the following: Likert scales and multiple-choice questions. Since the responses in the digital format are automatically recorded and ready for statistical analysis, it is easier in this regard as well.

Therefore, the application of a self-administered online questionnaire is justified because of its efficiency, coverage, standardisation, convenience to the respondents and the quality of data that it provides. These qualities make the data collection process sound and reliable since they are in accordance with the study goals and objectives.

Description of the questionnaire tool: The questionnaire was further segmented into four parts, where each part was focused on tackling different research issues and objectives.

In this section, Basic demographic data, including age, gender, department, years of experience, and educational background, were requested from respondents. This information is required to comprehend respondents' backgrounds and to link data to different characteristics that define people.

This section's primary goal is to assess nurses' overall viewpoints on patient safety culture. The questions on the survey come from the Hospital Survey on Patient Safety Culture (HSOPSC), which was developed by the Agency for Healthcare Research and Quality (AHRQ). Nurses were asked to rate items pertaining to patient safety in hospital settings using a Likert scale with options ranging from "strongly disagree" to "strongly agree (Table 1)."

Table 1: 5-Point Likert Scale Analysis and Interpretation.

Rating Scale	Range	Description	Interpretation
5	4.21 – 5.00	Strongly Agree	Very High
4	3.41 – 4.20	Agree	High
3	2.61 – 3.40	Neither	Moderate
2	1.81 – 2.60	Disagree	Low
1	1.00 – 1.80	Strongly Disagree	Very Low

*Note: Avila, E. and Gatpolintan, J. (2019).

Pilot study

A pilot study involving five to ten registered nurses from Ibri Hospital was conducted to evaluate the clarity, reliability, and validity of the research questionnaire before the main data collection. The primary purpose of the pilot study was to identify any ambiguities, unclear wording, or issues in the questionnaire that could affect participants' understanding and responses. It also assessed the practicality and feasibility of administering the questionnaire, including the time required for completion and the ease of responding to the survey items.

Furthermore, the pilot study was used to examine the reliability of the instrument by determining the consistency of the responses, while its validity was evaluated to ensure that the questionnaire accurately measured the intended constructs. Based on the feedback obtained from the pilot participants, necessary revisions were made to improve the wording, structure, and overall design of the questionnaire. This refinement process enhanced the quality of the research instrument and increased confidence in its suitability for the main study, thereby contributing to the collection of accurate, reliable, and valid data.

Data collection process: The University of Nizwa's Study and Human Ethics Review Committee for the College of Health Sciences and the Graduation Project Assessment Committee (UoNGPAC) for the School of Nursing evaluated and authorised the study project. Data were gathered using a Google Forms-formatted survey questionnaire after receiving ethical permission from the College Research and Human Ethics Review Committee and no-objection approval from Ibri Hospital.

The head of the nursing department at Ibri Hospital received the survey link over WhatsApp. She forwarded it to the unit/ward in-charges of the various departments, who shared it with all staff nurses in their respective departments. The link was made to be easily usable and available on many kinds of devices, such as smartphones and tablets. Two weeks were given to collect data to provide sufficient response time. Responses are automatically recorded during the data collection and forwarded to Google Sheets for additional examination. This approach allowed respondents to complete the survey whenever it was convenient for them, while also ensuring quick and accurate data collection.

Data analysis and presentation: The Statistical Package for Social Sciences (SPSS), Version 27, was used to analyse all of the data that had been gathered. The findings of the analysis could be downloaded to Google Spreadsheets. The results were reported and analysed using the following two types of statistical analyses and dimensions. The study collected data using these statistical tools, and a descriptive analysis of the data allowed researchers to clearly understand how nurses at Ibri Hospital perceive the patient safety culture, as well as the factors that influence these perceptions. To facilitate efficient and understandable communication, the results were presented as tables.

Ethical consideration

The research was acknowledged when the dean of the University of Nizwa School of Nursing sent a letter confirming the student's status. Additionally, letters of direct approval were sent to the Ibri Hospital Director to carry out the study. During in-person interviews, potential study participants were given thorough explanations about the nature and methods of the research, guaranteeing the confidentiality and anonymity of the data obtained. Participants were needed to give their informed permission prior to the experiment starting. The study adhered to the guidelines set forth by the American Psychological Association, ensuring proper referencing of all sourced information.

Results and discussion

To correctly comprehend the opinions of the research participants, the reliability of the questionnaire used for data collection is properly utilised. To give effective information that is critical for society's advancement, the questionnaire employed must be reliable. Cronbach's Alpha will very certainly be the first analysis you run to see if the scale items in your questionnaire are associated. Cronbach's alpha is a metric for internal consistency, or how closely a set of items is connected. It is regarded as a measure of a scale's dependability. The Cronbach's alpha value is shown in Table 1. The table "Reliability Statistics" shows Cronbach's Alpha values for three survey sections, indicating high internal consistency across all items. The "Perceptions of Patient Safety Culture" section, with 15 items, has a Cronbach's Alpha of 0.940, demonstrating strong reliability. The "Factors Influencing Patient Safety Culture" section, comprising 12 items, has an Alpha of 0.924, also indicating high reliability. The "Insight into Patient Safety and Management Practices" section, with 15 items, has the highest Alpha of 0.961, signifying very strong internal consistency. Overall, the entire questionnaire, consisting of 42 items, has an exceptional Cronbach's Alpha of 0.975, reflecting the tool's high reliability in measuring patient safety culture and management practices (Table 2).

The table "Descriptive Statistics for the Sample of Patient Safety Culture (N = 100)" summarises the demographic information and professional characteristics of the respondents. The age distribution shows that the majority are aged 31-40 years (48%), followed by 20-30 years (37%), with smaller proportions aged 41-50 years (12%) and over 51 years (3%). The sample is predominantly female (93%), with only 7% male. Regarding years of nursing experience, 36% have 1-5 years of experience, 17% have 6-10 years, 28% have 11-15 years, and 19% have more than 15 years. In terms of department affiliation, 55% work in General and Critical Units, 21% in Specialised care, and 24% in Mother and Child Health. For education, 41% hold a Diploma in Nursing, while 59% have a Bachelor of Science in Nursing (BSN) (Table 3).

The study's findings provide a comprehensive overview of the patient safety culture (PSC) at Ibri Hospital, emphasising both its strengths and weaknesses. The results will be compared to those from other studies in this section.

Table 2: Reliability Statistics.

Sections	Cronbach's Alpha	N of Items
Perceptions of Patient Safety Culture	0.94	15
Factors Influencing Patient Safety Culture	0.924	12
Insight into patient safety and management practices	0.961	15
Total	0.975	42

Table 3: Descriptive Statistics for the Sample of Patient Safety Culture (N = 100).

Variables	Categories	N	%
Age	20-30 yrs	37	37.0%
	31yrs – 40yrs	48	48.0%
	41yrs – 50yrs	12	12.0%
	>51	3	3.0%
Gender	Female	93	93.0%
	Male	7	7.0%
Years of Nursing Experience	1-5 years	36	36.0%
	6-10 years	17	17.0%
	11-15 years	28	28.0%
	More than 15 years	19	19.0%
Department Affiliation	General and Critical Unit	55	55.0%
	Specialized care	21	21.0%
	Mother and child health	24	24.0%
Highest Level of Education	Diploma in Nursing	41	41.0%
	Bachelor of Science in Nursing (BSN)	59	59.0%

Staff at Ibri Hospital have a positive attitude regarding safety culture, as evidenced by the relatively high overall score of 3.84 for patient safety culture. Teamwork within the unit was rated highly ($M = 4.10$), which is consistent with previous research showing that strong intra-unit collaboration correlates with better patient outcomes [19]. Similar to the findings of Sosa-Palanca et al. [20], teamwork and mutual respect within units appear to be essential components of a strong safety culture.

However, the study did uncover some concerning findings, particularly regarding supervisor/manager actions. For example, the mean score of 3.46 for "encouragement to cut corners" suggests a tolerance for compromising safety under pressure, which is consistent with concerns raised in Zhang [21], where pressure to prioritise speed over safety was a major issue. This identifies a potential gap in management practices that must be addressed to avoid undermining the current safety culture.

With a mean score of 3.87, the results regarding patient safety and management practices at Ibri Hospital were largely favourable. High ratings for patient fall prevention ($M = 4.06$) and infection control ($M = 3.85$) suggest that the hospital has efficient protocols in place to stop frequent safety incidents. The results align with the findings of Noha et al. [22], who highlighted the significance of continuous training and strict adherence to hygiene protocols, particularly considering the COVID-19 pandemic.

However, the study found that there was room for improvement, especially in incident reporting procedures, where a culture that does not penalise reporting incidents received a score of 3.61. According to Hunt et al. [23], this implies that even though employees are urged to report

incidents, blame-related worries might still exist. Improving the process of learning from mistakes and fortifying the safety culture require the establishment of a more transparent and blame-free reporting environment [24–52].

Recommendations

Hospital administration should improve care management procedures by giving supervisors thorough training and ongoing professional development, with a focus on promoting a culture that prioritises patient safety. While maintaining adherence to established clinical protocols and safety standards, supervisors should be urged to put the quality and safety of patient care ahead of production and speed. Supervisors will be able to promote safe clinical practices, reduce avoidable errors, and improve the overall quality of healthcare delivery by strengthening leadership responsibility, effective communication, and supportive supervision. It is anticipated that this strategy will enhance patient outcomes, boost employee trust, and foster a long-lasting patient safety culture across the entire company.

Conclusion

The study found that, while Ibri Hospital's patient safety culture is strong in many areas, there are significant opportunities for improvement, particularly in workload management and safety incident reporting. Addressing these issues through targeted interventions, such as improved management practices and Continuous Quality Improvement Programs (QIPs), could result in a stronger and more sustainable safety culture.

In conclusion, the study questions aim to offer the readers a clear picture of the patient safety culture in the Hospital of Ibri, Oman, from the perspective of the nurses. The purpose of the study is to determine important insights that can motivate efforts to enhance patient safety by examining nurses' perspectives, identifying critical factors, evaluating their comprehension of management practices, and considering their recommendations for enhancement. Apart from assessing the contemporary patient safety culture, these enquiries aim to find out practical measures of creating a safer environment in the clinical context based on the perceptions of those staff members who are directly involved in patient care.

Limitation

The study has limitations; it only assesses the patient safety culture of Ibri Hospital. First, employing a self-completed online survey may lead to response bias where the participants give only the politically correct responses without offering their actual opinions. Second, the study's design is cross-sectional; therefore, it is not possible to infer the causality of factors that were identified and the participants' perceptions of patient safety culture. Thirdly, all the participants in the study are females, and this limits the generalisation of the findings regarding the male nurses in the hospital. In addition, the research was done only in one hospital; therefore, the generalisation of the results to other healthcare facilities in Oman and other countries may not be precise.

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