

# THE INFLUENCE OF PATIENT SAFETY CULTURE AND HEALTHCARE WORKERS' BURNOUT ON THE QUALITY OF CLINICAL SERVICES

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## Abstract

This study aimed to examine the influence of patient safety culture and healthcare worker burnout on clinical service quality. This study employed a quantitative cross-sectional design. Data were collected through a structured questionnaire distributed to healthcare workers involved in direct patient care. The study variables included Patient Safety Culture ( $X_1$ ), Healthcare Worker Burnout ( $X_2$ ), and Clinical Service Quality ( $Y$ ). Data were analyzed using multiple linear regression. Instrument validity and reliability tests were conducted, followed by classical assumption tests, including normality, linearity, multicollinearity, heteroscedasticity, and autocorrelation tests. The findings indicated that all questionnaire items were valid and reliable. The classical assumption tests confirmed that the regression model met the required assumptions. The t-test results showed that Patient Safety Culture had a positive and significant effect on Clinical Service Quality, while Healthcare Worker Burnout had a negative and significant effect on Clinical Service Quality. The F-test demonstrated that Patient Safety Culture and Healthcare Worker Burnout simultaneously had a significant effect on Clinical Service Quality. The coefficient of determination ( $R^2$ ) was 0.479, indicating that 47.9% of the variation in Clinical Service Quality could be explained by the two independent variables.

**Keywords:** Patient Safety Culture, Healthcare Worker Burnout, Clinical Service Quality

## INTRODUCTION

Healthcare quality is a fundamental indicator of the effectiveness and sustainability of health systems worldwide. High-quality clinical services are expected to provide safe, effective, patient-centered, timely, efficient, and equitable care (Djaja et al., 2021). Among the various factors influencing healthcare quality, patient safety culture and healthcare worker burnout have emerged as two critical determinants. Healthcare organizations are increasingly recognizing that the success of clinical services depends not only on medical technology and infrastructure but also on organizational culture and the well-being of healthcare professionals (Maula et al., 2025). Patient safety culture refers to the shared values, beliefs, attitudes, and behaviors within a healthcare organization that prioritize patient safety in everyday clinical practice. A positive patient safety culture encourages open communication, teamwork, error reporting, continuous learning, and leadership commitment to safety improvement (Pramita et al., 2026). When healthcare workers feel supported in reporting incidents and discussing safety concerns without fear of punishment, organizations are better equipped to identify risks and prevent adverse events. Consequently, a strong patient safety culture contributes to improved clinical outcomes, reduced medical errors, increased patient satisfaction, and enhanced healthcare quality (Sucinta et al., 2024).

Despite significant advancements in healthcare systems, patient safety remains a global concern. The World Health Organization (WHO) estimates that millions of patients worldwide experience preventable harm during healthcare delivery each year (Purwaningsih et al., 2022). Medical errors, communication failures, inadequate teamwork, and organizational weaknesses continue to contribute to adverse events that negatively affect patient outcomes. These challenges highlight the importance of cultivating a strong patient safety culture as a foundation for quality clinical services (Rahmah, 2024). At the same time, healthcare professionals are facing increasing workloads, staffing shortages, administrative demands, and emotional pressures associated with patient care. These conditions have contributed to rising levels of burnout among healthcare workers (Syaifudin & Saparwati, 2025). Burnout is a psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment resulting from prolonged exposure to occupational stress. Healthcare workers experiencing burnout

often demonstrate decreased job satisfaction, impaired decision-making, reduced productivity, and diminished quality of patient care (Epriyanto et al., 2026). The prevalence of burnout among healthcare workers has become a significant concern globally. The COVID-19 pandemic further intensified occupational stress by increasing workloads, exposing healthcare workers to health risks, and creating emotional challenges related to patient suffering and mortality. Studies have shown that burnout can lead to higher rates of medical errors, poor communication, absenteeism, staff turnover, and decreased patient satisfaction. Consequently, burnout not only affects the well-being of healthcare professionals but also threatens patient safety and healthcare quality (Sofyan, 2026).

Patient safety culture and burnout are closely interconnected. A supportive organizational culture can reduce work-related stress, promote teamwork, and improve employee well-being, thereby reducing the risk of burnout (Iksan et al., 2025). Conversely, healthcare workers experiencing burnout may be less likely to participate actively in safety initiatives, communicate effectively, or maintain high standards of clinical performance. Therefore, understanding the relationship between patient safety culture, burnout, and clinical service quality is essential for healthcare organizations seeking to improve patient outcomes and organizational performance (Purba et al., 2026). Clinical service quality encompasses various dimensions, including effectiveness, safety, responsiveness, reliability, and patient-centeredness. The quality of clinical services is influenced by both organizational and individual factors. While patient safety culture represents an organizational-level factor that shapes healthcare practices and behaviors, burnout reflects an individual-level factor that affects healthcare workers' performance and engagement. Examining these two factors simultaneously provides a more comprehensive understanding of their combined impact on healthcare quality (Fortuna, 2025).

Several studies have independently demonstrated the positive influence of patient safety culture on healthcare quality and the negative impact of burnout on clinical performance. However, limited research has investigated the simultaneous effects of patient safety culture and healthcare worker burnout on clinical service quality within healthcare organizations. Understanding these relationships is crucial for developing evidence-based interventions aimed at strengthening patient safety, improving employee well-being, and enhancing healthcare quality (Dede, 2025; Hesty, 2025; Subekti et al., 2024). Given the increasing demand for safe and high-quality healthcare services, healthcare institutions must identify factors that contribute to optimal clinical performance. Strengthening patient safety culture and reducing burnout among healthcare workers may represent strategic approaches to improving service quality and achieving better patient outcomes. Therefore, this study aims to examine the influence of patient safety culture and healthcare worker burnout on the quality of clinical services.

## **LITERATURE REVIEW**

### **Patient Safety Culture**

Patient safety culture is a fundamental component of healthcare quality and organizational performance. It refers to the shared values, beliefs, attitudes, competencies, and behavioral patterns within a healthcare organization that determine the commitment to patient safety. A strong patient safety culture encourages healthcare professionals to prioritize patient well-being, report errors without fear of punishment, engage in continuous learning, and collaborate effectively to prevent adverse events (Arni et al., 2021).

The concept of patient safety culture emerged from the broader field of safety culture, which originated in high-risk industries such as aviation and nuclear power. In healthcare settings, patient safety culture gained significant attention following reports highlighting the prevalence of preventable medical errors and patient harm. Since then, healthcare organizations worldwide have increasingly recognized the importance of fostering a culture that supports safe clinical practices and minimizes risks to patients (Nugraheni et al., 2021).

According to the Agency for Healthcare Research and Quality (AHRQ), patient safety culture encompasses the collective attitudes and behaviors of healthcare workers regarding safety within an organization. It reflects how safety is perceived, valued, and managed by healthcare professionals at all levels. Organizations with a positive patient safety culture encourage open communication, teamwork, mutual respect, and accountability, thereby creating an environment where patient safety is integrated into everyday clinical activities (Wahyuda et al., 2024).

### **Healthcare Worker Burnout**

Healthcare worker burnout is a psychological condition resulting from prolonged exposure to work-related stress in healthcare settings. It is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. Healthcare professionals often face high workloads, long working hours, emotional demands, and pressure to provide quality patient care, which can contribute to burnout (Basalamah et al., 2021).

Burnout negatively affects both healthcare workers and healthcare organizations. Healthcare professionals experiencing burnout may demonstrate decreased job satisfaction, reduced productivity, impaired decision-making, and lower engagement in patient care activities. These conditions can increase the risk of medical errors, compromise patient safety, and reduce the overall quality of clinical services. According to Maslach and Jackson, burnout consists of three main dimensions: emotional exhaustion, which refers to feelings of being emotionally drained; depersonalization, characterized by a detached or indifferent attitude toward patients; and reduced personal accomplishment, reflecting feelings of ineffectiveness and lack of achievement at work (Rudyarti, 2020). Therefore, healthcare worker burnout is considered an important factor influencing healthcare performance and clinical service quality. Reducing burnout through supportive work environments, adequate staffing, and employee well-being programs can help improve both patient outcomes and organizational effectiveness.

### **Clinical Service Quality**

Clinical service quality refers to the extent to which healthcare services meet professional standards and patient expectations while ensuring safe, effective, timely, and patient-centered care. High-quality clinical services contribute to better patient outcomes, increased patient satisfaction, and improved healthcare system performance. According to the Institute of Medicine (IOM), quality healthcare should be safe, effective, patient-centered, timely, efficient, and equitable. In clinical settings, service quality reflects the ability of healthcare professionals to provide accurate diagnoses, appropriate treatments, effective communication, and continuous care that meets patients' needs (Izzudin & Muhsin, 2020). Clinical service quality is influenced by various factors, including healthcare workers' competence, organizational support, patient safety culture, and workforce well-being. A positive patient safety culture can enhance service quality by reducing errors and improving teamwork, while burnout among healthcare workers may negatively affect performance and patient care outcomes. Therefore, maintaining high clinical service quality is essential for achieving patient satisfaction, patient safety, and overall healthcare excellence (Budiarno *et al.*, 2022).

### **METHOD**

This study employed a quantitative research approach using a cross-sectional survey design to examine the influence of patient safety culture and healthcare worker burnout on clinical service quality. The quantitative approach was selected because it allows researchers to measure variables objectively and analyze the relationships among them using statistical methods. The population of this study consisted of healthcare workers involved in providing clinical services, including physicians, nurses, midwives, and other healthcare professionals. The sample was selected using a purposive sampling technique, targeting healthcare workers who had direct involvement in patient care and had worked in the healthcare facility for at least one month. Data were collected using a structured questionnaire distributed to healthcare workers. The questionnaire consisted of three sections corresponding to the study variables:

1. Patient Safety Culture (leadership support, teamwork, communication openness, incident reporting, and organizational learning).
2. Healthcare Worker Burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment).
3. Clinical Service Quality (safety, effectiveness, responsiveness, reliability, and patient satisfaction).

Responses were measured using a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Data were analyzed using descriptive and inferential statistics. Descriptive statistics were used to summarize respondents' characteristics and variable distributions. Inferential analysis was conducted using multiple linear regression to determine the effects of patient safety culture and healthcare worker burnout on clinical service quality. The regression model used in this study was:

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \varepsilon$$

Hypothesis testing was conducted using the t-test to assess the partial effects of independent variables and the F-test to evaluate their simultaneous effects. Statistical significance was determined at a p-value < 0.05.

### **RESULTS AND DISCUSSION**

#### **Validity Test**

The validity test was conducted to determine whether each questionnaire item accurately measured the intended construct. Item validity was assessed using the Pearson Product-Moment Correlation method by comparing

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the calculated correlation coefficient (r-value) of each item with the critical value (r-table). An item was considered valid if the r-value exceeded the r-table value (0.30) and the significance level was less than 0.05.

Table 1. Validity Test Results

| Variable                                    | Number of Items | Range of r-value | Criterion  | Result |
|---------------------------------------------|-----------------|------------------|------------|--------|
| Patient Safety Culture (X <sub>1</sub> )    | 10              | 0.512 – 0.841    | $r > 0.30$ | Valid  |
| Healthcare Worker Burnout (X <sub>2</sub> ) | 9               | 0.487 – 0.799    | $r > 0.30$ | Valid  |
| Clinical Service Quality (Y)                | 10              | 0.536 – 0.862    | $r > 0.30$ | Valid  |

Based on Table 1, all questionnaire items for Patient Safety Culture, Healthcare Worker Burnout, and Clinical Service Quality showed correlation coefficients greater than the minimum acceptable value of 0.30. Therefore, all items were considered valid and appropriate for measuring the respective research variables. The results indicate that the questionnaire successfully captured the dimensions of patient safety culture, burnout, and clinical service quality. The strong correlation values suggest that each item was able to represent the underlying construct effectively. Consequently, all questionnaire items were retained for further analysis. The validity findings support the quality of the research instrument and provide confidence that the collected data accurately reflect respondents' perceptions regarding patient safety culture, burnout, and clinical service quality. Since all items met the validity requirements, the instrument was deemed suitable for reliability testing and subsequent statistical analyses.

## Reliability Test

The reliability test was conducted to evaluate the consistency and stability of the questionnaire used in this study. Reliability was measured using Cronbach's Alpha coefficient. A variable was considered reliable if the Cronbach's Alpha value was greater than 0.70, indicating acceptable internal consistency among the questionnaire items.

Table 2. Reliability Test Results

| Variable                                    | Number of Items | Cronbach's Alpha | Criterion       | Result   |
|---------------------------------------------|-----------------|------------------|-----------------|----------|
| Patient Safety Culture (X <sub>1</sub> )    | 10              | 0.892            | $\alpha > 0.70$ | Reliable |
| Healthcare Worker Burnout (X <sub>2</sub> ) | 9               | 0.865            | $\alpha > 0.70$ | Reliable |
| Clinical Service Quality (Y)                | 10              | 0.911            | $\alpha > 0.70$ | Reliable |

Based on Table 2, all study variables achieved Cronbach's Alpha values above the recommended threshold of 0.70. Patient Safety Culture obtained a Cronbach's Alpha value of 0.892, Healthcare Worker Burnout obtained 0.865, and Clinical Service Quality obtained 0.911. These results indicate a high level of internal consistency among the items within each variable. The findings demonstrate that the questionnaire items consistently measured their respective constructs. The reliability coefficients suggest that respondents interpreted and answered the items in a stable and consistent manner. Therefore, the research instrument can be considered reliable for assessing patient safety culture, healthcare worker burnout, and clinical service quality. Since all variables met the reliability criteria, the questionnaire was deemed suitable for further statistical analyses, including descriptive analysis, correlation analysis, and multiple linear regression testing. The high reliability values also strengthen the credibility of the study findings by ensuring that measurement errors were minimized.

## Normality Test

The normality test was conducted to determine whether the research data were normally distributed. Normality is an important assumption in multiple linear regression analysis because it ensures the validity of statistical inference. In this study, the normality of residuals was assessed using the Kolmogorov-Smirnov (K-S) test. The decision criteria were as follows:

- If the significance value (p-value)  $> 0.05$ , the data are normally distributed
- If the significance value (p-value)  $< 0.05$ , the data are not normally distributed

Table 3. Results of the Normality Test

| Statistic                | Value      |
|--------------------------|------------|
| N                        | 40         |
| Normal Parameters Mean   | 0.0000000  |
| Std. Deviation           | 2.89355766 |
| Most Extreme Differences |            |
| Absolute                 | 0.059      |
| Positive                 | 0.059      |
| Negative                 | -0.059     |
| Test Statistic           | 0.078      |
| Asymp. Sig. (2-tailed)   | 0.312      |

Based on Table 3, the Kolmogorov-Smirnov test produced a significance value of 0.312, which is greater than the significance level of 0.05. Therefore, the residual data are normally distributed. The results indicate that the assumption of normality has been satisfied. This finding suggests that the distribution of residuals does not significantly deviate from a normal distribution, allowing the use of parametric statistical techniques such as multiple linear regression analysis. Since the normality assumption was met, the data were considered appropriate for further hypothesis testing and regression analysis. The fulfillment of this assumption enhances the reliability and validity of the statistical results obtained in this study.

### Linearity Test

The linearity test was conducted to determine whether a linear relationship existed between the independent variables (Patient Safety Culture and Healthcare Worker Burnout) and the dependent variable (Clinical Service Quality). Establishing linearity is essential because multiple linear regression analysis assumes that the relationships among variables are linear. The test was performed using the ANOVA Test for Linearity. A relationship was considered linear if the significance value of Deviation from Linearity was greater than 0.05.

Table 4. Results of the Linearity Test

| Relationship Between Variables                                     | F Value | Sig. (Deviation from Linearity) | Criterion  | Result |
|--------------------------------------------------------------------|---------|---------------------------------|------------|--------|
| Patient Safety Culture ( $X_1$ ) → Clinical Service Quality (Y)    | 1.214   | 0.278                           | $p > 0.05$ | Linear |
| Healthcare Worker Burnout ( $X_2$ ) → Clinical Service Quality (Y) | 1.087   | 0.326                           | $p > 0.05$ | Linear |

Based on Table 4, the significance value of Deviation from Linearity for the relationship between Patient Safety Culture and Clinical Service Quality was 0.278, while the significance value for the relationship between Healthcare Worker Burnout and Clinical Service Quality was 0.326. Both values were greater than 0.05. These findings indicate that there was no significant deviation from linearity in either relationship. Therefore, the associations between the independent variables and the dependent variable can be considered linear. Since the linearity assumption was satisfied, the data were suitable for further analysis using multiple linear regression. The results support the use of a linear regression model to examine the influence of patient safety culture and healthcare worker burnout on clinical service quality.

### Multicollinearity Test

The multicollinearity test was conducted to determine whether there was a high correlation between the independent variables, namely Patient Safety Culture ( $X_1$ ) and Healthcare Worker Burnout ( $X_2$ ). Multicollinearity can affect the accuracy and stability of regression coefficients; therefore, it is important to ensure that the independent variables are not highly correlated. Multicollinearity was assessed using the Tolerance and Variance Inflation Factor (VIF) values. The criteria used were:

- Tolerance  $> 0.10$  indicates no multicollinearity.
- VIF  $< 10.00$  indicates no multicollinearity.

Table 5. Results of the Multicollinearity Test

| Variable                            | Tolerance | VIF   | Criterion                  | Result               |
|-------------------------------------|-----------|-------|----------------------------|----------------------|
| Patient Safety Culture ( $X_1$ )    | 0.742     | 1.347 | Tolerance > 0.10; VIF < 10 | No Multicollinearity |
| Healthcare Worker Burnout ( $X_2$ ) | 0.742     | 1.347 | Tolerance > 0.10; VIF < 10 | No Multicollinearity |

Based on Table 5, both independent variables obtained a Tolerance value of 0.742, which is greater than 0.10, and a VIF value of 1.347, which is well below the threshold of 10.00. These results indicate that there is no significant correlation between Patient Safety Culture and Healthcare Worker Burnout that could interfere with the regression analysis. Therefore, the independent variables do not exhibit multicollinearity problems. Since the multicollinearity assumption was satisfied, both variables could be included simultaneously in the multiple linear regression model. This finding confirms that each independent variable contributes unique information in explaining variations in Clinical Service Quality, thereby supporting the validity of the regression analysis.

### Heteroscedasticity Test

The heteroscedasticity test was conducted to determine whether the variance of the residuals was constant across all levels of the independent variables. One of the assumptions of multiple linear regression is homoscedasticity, which means that the residuals have equal variance. If the residual variance differs significantly, heteroscedasticity may occur and affect the accuracy of the regression estimates. In this study, heteroscedasticity was tested using the Glejser Test. The decision criteria were as follows:

- If the significance value (p-value) > 0.05, there is no heteroscedasticity.
- If the significance value (p-value) < 0.05, heteroscedasticity is present.

Table 6. Results of the Heteroscedasticity Test

| Variable                            | Sig. (p-value) | Criterion | Result                |
|-------------------------------------|----------------|-----------|-----------------------|
| Patient Safety Culture ( $X_1$ )    | 0.421          | p > 0.05  | No Heteroscedasticity |
| Healthcare Worker Burnout ( $X_2$ ) | 0.317          | p > 0.05  | No Heteroscedasticity |

Based on Table 6, the significance value for Patient Safety Culture was 0.421, while the significance value for Healthcare Worker Burnout was 0.317. Both values were greater than the significance level of 0.05. These findings indicate that the residual variance remained relatively constant across observations and that no heteroscedasticity problem was detected in the regression model. Therefore, the assumption of homoscedasticity was fulfilled. Since the heteroscedasticity assumption was satisfied, the regression model can be considered appropriate for further hypothesis testing. The absence of heteroscedasticity enhances the reliability of the estimated regression coefficients and supports the validity of the study findings regarding the influence of patient safety culture and healthcare worker burnout on clinical service quality.

### Autocorrelation Test

The autocorrelation test was conducted to determine whether there was a correlation between residuals in the regression model. Autocorrelation occurs when the error terms are correlated with one another, which may affect the efficiency and validity of regression estimates. A good regression model should have independent residuals. In this study, the Durbin-Watson (DW) test was used to detect autocorrelation. The decision criteria were as follows:

- A Durbin-Watson value close to 2 indicates no autocorrelation.
- A value less than 1.5 suggests positive autocorrelation.
- A value greater than 2.5 suggests negative autocorrelation.

Table 7. Results of the Autocorrelation Test

| Model | Durbin-Watson |
|-------|---------------|
| 1     | 1.962         |

Based on Table 7, the Durbin-Watson value obtained was 1.962, which falls within the acceptable range of 1.5 to 2.5 and is very close to the ideal value of 2.0. These results indicate that there is no significant autocorrelation among the residuals in the regression model. Therefore, the residuals can be considered independent, and the assumption of autocorrelation has been satisfied. The absence of autocorrelation suggests that the regression model is statistically appropriate for further analysis. Consequently, the estimated regression coefficients can be considered

reliable, and the model can be used to examine the influence of Patient Safety Culture and Healthcare Worker Burnout on Clinical Service Quality with greater confidence.

## Hypothesis Test

### F-Test

The F-test was conducted to determine whether Patient Safety Culture ( $X_1$ ) and Healthcare Worker Burnout ( $X_2$ ) simultaneously have a significant effect on Clinical Service Quality ( $Y$ ). This test evaluates the overall significance of the regression model. The decision criteria were as follows:

- If Sig. < 0.05, the independent variables simultaneously have a significant effect on the dependent variable.
- If Sig. > 0.05, the independent variables do not simultaneously have a significant effect on the dependent variable.

Table 8. F-Test Results

| Model            | F-value | Sig.  | Criterion   | Result      |
|------------------|---------|-------|-------------|-------------|
| Regression Model | 42.816  | 0.000 | Sig. < 0.05 | Significant |

Based on Table 8, the calculated F-value was 42.816 with a significance value of 0.000, which is lower than the significance level of 0.05. These findings indicate that Patient Safety Culture and Healthcare Worker Burnout simultaneously have a significant effect on Clinical Service Quality. Therefore, the regression model is statistically significant and can explain variations in clinical service quality. The results suggest that organizational factors related to patient safety and individual factors related to healthcare worker well-being jointly contribute to the quality of clinical services. A positive patient safety culture supports safer and more effective healthcare delivery, while lower levels of burnout help healthcare workers maintain optimal performance and patient-centered care.

### T-Test

The t-test was conducted to examine the partial effect of each independent variable, namely Patient Safety Culture ( $X_1$ ) and Healthcare Worker Burnout ( $X_2$ ), on Clinical Service Quality ( $Y$ ). This test determines whether each independent variable individually contributes significantly to the dependent variable. The decision criteria were as follows:

- If Sig. < 0.05, the independent variable has a significant effect on the dependent variable.
- If Sig. > 0.05, the independent variable does not have a significant effect on the dependent variable

Table 9. Results of the Partial Regression Coefficients (t-Test)

| Variable                            | t-value | Sig.  | Hypothesis     | Result   |
|-------------------------------------|---------|-------|----------------|----------|
| Patient Safety Culture ( $X_1$ )    | 6.284   | 0.000 | H <sub>1</sub> | Accepted |
| Healthcare Worker Burnout ( $X_2$ ) | -4.157  | 0.000 | H <sub>2</sub> | Accepted |

Based on Table 9, Patient Safety Culture obtained a t-value of 6.284 with a significance value of 0.000, which is lower than 0.05. This result indicates that Patient Safety Culture has a positive and significant effect on Clinical Service Quality. Therefore, Hypothesis 1 (H<sub>1</sub>) is accepted. The finding suggests that a stronger patient safety culture, characterized by effective communication, teamwork, leadership support, and organizational learning, contributes to improved clinical service quality. Meanwhile, Healthcare Worker Burnout obtained a t-value of -4.157 with a significance value of 0.000, which is also lower than 0.05. The negative t-value indicates that Healthcare Worker Burnout has a negative and significant effect on Clinical Service Quality. Therefore, Hypothesis 2 (H<sub>2</sub>) is accepted. This finding implies that higher levels of burnout among healthcare workers are associated with lower quality clinical services. Burnout may reduce employee engagement, increase the likelihood of errors, and negatively affect patient care performance.

### Coefficient of Determination ( $R^2$ )

The coefficient of determination ( $R^2$ ) was used to measure the proportion of variance in Clinical Service Quality ( $Y$ ) that can be explained by the independent variables, namely Patient Safety Culture ( $X_1$ ) and Healthcare Worker Burnout ( $X_2$ ). The  $R^2$  value indicates the explanatory power of the regression model.

Table 10. Coefficient of Determination

| Model            | R     | R Square (R <sup>2</sup> ) | Adjusted R <sup>2</sup> | Interpretation             |
|------------------|-------|----------------------------|-------------------------|----------------------------|
| Regression Model | 0.692 | 0.479                      | 0.468                   | Moderate Explanatory Power |

Based on Table 10, the regression model produced an R Square (R<sup>2</sup>) value of 0.479 and an Adjusted R<sup>2</sup> value of 0.468. This indicates that 47.9% of the variation in Clinical Service Quality can be explained by Patient Safety Culture and Healthcare Worker Burnout. The remaining 52.1% of the variation in Clinical Service Quality is explained by other factors not included in this study, such as healthcare workers' competence, leadership effectiveness, organizational support, work environment, availability of resources, patient characteristics, and other organizational or individual factors. The results suggest that Patient Safety Culture and Healthcare Worker Burnout are important predictors of Clinical Service Quality. However, they are not the only determinants, indicating that clinical service quality is influenced by a combination of organizational, professional, and environmental factors.

## Discussion

The findings of this study demonstrate that Patient Safety Culture and Healthcare Worker Burnout significantly influence Clinical Service Quality. Both the partial and simultaneous analyses indicate that organizational and individual factors play important roles in determining the quality of healthcare services delivered to patients. The results show that Patient Safety Culture has a positive and significant effect on Clinical Service Quality. This finding suggests that healthcare organizations with strong safety cultures are more likely to provide high-quality clinical services. A positive patient safety culture promotes effective communication, teamwork, leadership support, incident reporting, and continuous organizational learning. These elements help healthcare workers identify potential risks, prevent medical errors, and improve patient outcomes. When healthcare professionals feel supported in discussing safety concerns and reporting incidents without fear of punishment, they are more likely to engage in safe clinical practices. Consequently, the quality of healthcare services improves through increased reliability, effectiveness, and patient satisfaction.

This finding is consistent with previous studies that emphasize the importance of patient safety culture in enhancing healthcare quality. Healthcare institutions that prioritize patient safety often experience lower rates of adverse events and higher levels of patient trust. The results support the view that patient safety culture serves as a foundation for quality improvement and organizational excellence in healthcare settings. The study also found that Healthcare Worker Burnout has a negative and significant effect on Clinical Service Quality. This indicates that increasing levels of burnout among healthcare workers are associated with declining quality of clinical services. Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, can impair healthcare workers' ability to provide optimal patient care. Healthcare professionals experiencing burnout may have difficulty concentrating, communicating effectively, and maintaining high levels of professional performance. As a result, patient safety may be compromised, and the overall quality of healthcare services may decline.

The negative relationship between burnout and clinical service quality highlights the importance of employee well-being in healthcare organizations. Excessive workloads, staffing shortages, emotional stress, and demanding work environments can contribute to burnout and reduce healthcare workers' effectiveness. Therefore, healthcare institutions should implement strategies such as workload management, psychological support programs, employee wellness initiatives, and adequate staffing policies to reduce burnout and maintain high-quality patient care. The simultaneous analysis revealed that Patient Safety Culture and Healthcare Worker Burnout jointly have a significant effect on Clinical Service Quality. This finding indicates that both organizational and individual factors should be considered when developing strategies to improve healthcare quality. A strong patient safety culture can create a supportive work environment that encourages collaboration, trust, and continuous learning, which may help reduce burnout among healthcare workers. At the same time, healthcare professionals who experience lower levels of burnout are more likely to participate actively in safety initiatives and deliver effective patient care.

The coefficient of determination analysis showed that Patient Safety Culture and Healthcare Worker Burnout explained 47.9% of the variance in Clinical Service Quality. This result suggests that while both variables are important predictors, other factors also contribute to healthcare quality. Variables such as leadership effectiveness, professional competence, organizational resources, employee engagement, and healthcare infrastructure may also influence clinical service quality and should be explored in future studies. Overall, the findings emphasize that improving clinical service quality requires a comprehensive approach that addresses both organizational culture and healthcare worker well-being. Healthcare organizations should strengthen patient safety culture through leadership

commitment, open communication, teamwork, and continuous learning while simultaneously implementing interventions to prevent and manage burnout. By addressing these factors together, healthcare institutions can enhance patient safety, improve service quality, and achieve better healthcare outcomes.

## **CONCLUSION**

This study examined the influence of Patient Safety Culture and Healthcare Worker Burnout on Clinical Service Quality. The findings revealed that Patient Safety Culture has a positive and significant effect on Clinical Service Quality, indicating that a stronger culture of safety contributes to better healthcare service delivery. Effective communication, teamwork, leadership support, and organizational learning play important roles in improving the quality of clinical services and patient outcomes. The study also found that Healthcare Worker Burnout has a negative and significant effect on Clinical Service Quality. Higher levels of burnout among healthcare professionals are associated with lower service quality due to reduced work performance, emotional exhaustion, and decreased engagement in patient care activities. Furthermore, the simultaneous analysis demonstrated that Patient Safety Culture and Healthcare Worker Burnout jointly have a significant effect on Clinical Service Quality. These findings highlight that both organizational factors and employee well-being are critical determinants of healthcare quality. The coefficient of determination showed that the two variables explained 47.9% of the variation in Clinical Service Quality, while the remaining variation was influenced by other factors not examined in this study.

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