

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Patient Safety Culture and its Determinant among Healthcare Professionals at a Cluster Hospital in Malaysia: a cross-sectional study
<b>AUTHORS</b>	Ismail, Aniza; Khalid, Siti Norhani Mazrah

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Wang, Pa-Chun Quality Management Center , Cathay General Hospital
<b>REVIEW RETURNED</b>	20-Feb-2022

<b>GENERAL COMMENTS</b>	<p>The study survey safety culture from some 1814 employees in a Malaysian hospital system. Overall, the methodology is fine, the article is well written, some points can be improved:</p> <ol style="list-style-type: none"><li>1.Can refer and compare to more updated SAQ data from countries of that region</li><li>2.Take impact of Covid-19 pandemic into consideration, discuss in the DISCUSSION section</li></ol>
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<b>REVIEWER</b>	Carvalho, Rhanna Ceara State University
<b>REVIEW RETURNED</b>	08-Mar-2022

<b>GENERAL COMMENTS</b>	<p>The keywords on page 2 are different from the keywords in the text.</p> <p>Replace the terms medical errors due to the connotation that this term has by attributing the error to a single professional in the team.</p> <p>Bring the definition of the term Safety Culture and Safety Climate work in the study.</p> <p>The introduction needs to better describe the justification for the study. Why is safety culture assessment important, especially in Malaysia?</p> <p>The objective presented at the end of the introduction differs from the objective of the abstract.</p> <p>The objective of the study was to evaluate the patient safety culture in a hospital enema. - Develop a model of predictive factors of patient safety culture.</p> <p>Methods</p> <p>How many professionals do hospitals have in total? Also make clear</p>
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	<p>the number of professionals per hospital. To better describe each hospital, number of professionals, number of beds, work schedule.</p> <p>How were the instruments offered to professionals? Paper or Online? at what point? Do the researchers have any links with hospitals? Were other instruments or questions asked in addition to the SAQ? Describe them</p> <p>Results</p> <p>Show the standard deviation for each mean.</p> <p>Table 1: remove the word “frequency” and “percent” leave the symbols and describe them at the bottom of the table.</p> <p>Review the title of the table, because the data contained in it are not only data on demographic characteristics, there are data about work and event notification.</p> <p>Table2 - review the terms level, for the SAQ we use domains. Describe the acronyms LH, NHL. remove the word “frequency” and “percent” leave the symbols and describe them at the bottom of the table. Because ethical reasons do not identify the hospital with the name, it could be a number or other identifier.</p> <p>Review the paragraph of lines 12 to 14.</p> <p>The variables that are described in the topic “Bivariate Analysis” were not described in the method. I suggest replacing the word level with score, for example: “There was also a significant association between patient safety culture level and patient safety-related questions.”</p>
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### VERSION 1 – AUTHOR RESPONSE

	COMMENTS	REVISION
2.	Reviewer 1 - Dr. Pa-Chun Wang, Quality Management Center, Cathay General Hospital	Thank you very much for the comments. We appreciate your response and positive initial feedback and we have made modifications to improve the manuscript according to your constructive suggestions.
	<ul style="list-style-type: none"> <li>• Can refer and compare to more updated SAQ data from countries of that region</li> </ul>	We have included and compare our data with the most recent studies conducted in our region. The additional references were number 27 and 31.
	<ul style="list-style-type: none"> <li>• Take impact of Covid-19 pandemic into consideration, discuss in the DISCUSSION section</li> </ul>	The impact of covid-19 pandemic has been added in the Discussion section.
3.	Reviewer 2 - Dr. Rhanna Carvalho, Ceara State University	Thank you very much for the comments. We appreciate your response and positive initial feedback and we have made modifications to improve the

	manuscript according to your constructive suggestions.
<ul style="list-style-type: none"> <li>The keywords on page 2 are different from the keywords in the text.</li> </ul>	The keywords have been revised accordingly.
<ul style="list-style-type: none"> <li>Replace the terms medical errors due to the connotation that this term has by attributing the error to a single professional in the team.</li> </ul>	After discussion, we agreed to change the term to medical malpractices.
<ul style="list-style-type: none"> <li>Bring the definition of the term Safety Culture and Safety Climate work in the study.</li> </ul>	The definition of safety culture/ climate has been added in the Background section
<ul style="list-style-type: none"> <li>The introduction needs to better describe the justification for the study. Why is safety culture assessment important, especially in Malaysia?</li> </ul>	The justification for the study has been elaborated more in the introduction section.
<ul style="list-style-type: none"> <li>The objective presented at the end of the introduction differs from the objective of the abstract.</li> </ul>	The objective in the abstract has been revised accordingly.
<ul style="list-style-type: none"> <li>The objective of the study was to evaluate the patient safety culture in a hospital enema.</li> <li>- Develop a model of predictive factors of patient safety culture.</li> </ul>	The objective has been revised accordingly. Obj: Thus, this study's main objective was to assess the baseline level and mean score of every domain of patient-safety culture among healthcare professionals at a cluster hospital and identify the determinants associated with patient-safety culture.
<ul style="list-style-type: none"> <li>Methods:</li> <li>How many professionals do hospitals have in total? Also make clear the number of professionals per hospital. To better describe each hospital, number of professionals, number of beds, work schedule.</li> </ul>	The details of each hospital have been added in methods section.
<ul style="list-style-type: none"> <li>Methods</li> <li>How were the instruments offered to professionals? Paper or Online? at what point? Do the researchers have any links with hospitals?</li> </ul>	The questionnaire was distributed physically to the respondents during their continues medical education (CME) slot. One of the researchers worked in one of the hospitals and was in charge of the other two hospitals.
<ul style="list-style-type: none"> <li>Methods</li> <li>Were other instruments or questions asked in addition to the SAQ? Describe them</li> </ul>	Yes. The respondents' demographic information such as age, gender, race, profession, education level, current working hospital and unit, length of service, and working hours per week were obtained as well. Information on patient safety training and the incident reporting system in the organization was also added to the questionnaire to assess the factors affecting patient-safety culture levels among healthcare

	professionals. These were explained in the Method section.
<ul style="list-style-type: none"> <li>• Results</li> <li>• Show the standard deviation for each mean.</li> </ul>	We believed we have included the standard deviation for each mean in the study.
<ul style="list-style-type: none"> <li>• Table 1:</li> <li>• remove the word “frequency” and “percent” leave the symbols and describe them at the bottom of the table.</li> </ul>	The table has been amended accordingly.
<ul style="list-style-type: none"> <li>• Table 1:</li> <li>• Review the title of the table, because the data contained in it are not only data on demographic characteristics, there are data about work and event notification.</li> </ul>	The title of the table has been amended accordingly. Table 1: Respondents’ characteristics and patient safety activities
<ul style="list-style-type: none"> <li>• Table2</li> <li>• review the terms level, for the SAQ we use domains.</li> </ul>	The term level has been changed to score. Please note that the table number has been adjusted. Table 2 is now labelled as table 3.
<ul style="list-style-type: none"> <li>• Table 2:</li> <li>• Describe the acronyms LH, NHL.</li> </ul>	LH is the Lead Hospital. NLH is the Non-Lead Hospital. The definition of the terms was described in Background section (track changes)
<ul style="list-style-type: none"> <li>• Table 2:</li> <li>• remove the word “frequency” and “percent” leave the symbols and describe them at the bottom of the table.</li> </ul>	The table has been amended accordingly.
<ul style="list-style-type: none"> <li>• Table 2:</li> <li>• Because ethical reasons do not identify the hospital with the name, it could be a number or other identifier.</li> </ul>	The name of the hospitals was not mentioned in the study. They were identified using acronym LH and NLH accordingly.
<ul style="list-style-type: none"> <li>• Review the paragraph of lines 12 to 14.</li> </ul>	We have reviewed the paragraph accordingly.
<ul style="list-style-type: none"> <li>• The variables that are described in the topic “Bivariate Analysis” were not described in the method.</li> </ul>	Bivariate analysis was mentioned in the Method section. “The differences between two independent groups of normally distributed numerical data were analyzed using an independent t-test; the association between two sets of categorical data was examined using Pearson’s chi-square test for independence.”
<ul style="list-style-type: none"> <li>• I suggest replacing the word level with score, for example: “There was also a significant association between patient safety culture level and patient safety-related questions.”</li> </ul>	Thank you for you suggestion. The word has been changed accordingly.

