AHP method for selecting the best strategy to Enhance Safety Culture A Case study at "*XYZ*" Company in Qatar

ABSTRACT

8 Lack of safety culture awareness in the ambulance services affects not only locally but 9 internationally in different countries, including at "XYZ" a company in Qatar. Many studies mentioned about risks and hazards associated with ambulance services that result 10 from illnesses, accidents, or property damaged because of a lack of safety culture. The 11 results of the safety culture survey were showing less of commitment and involvement of 12 ambulance personnel to safety 52.6% and less motivation 57.9%. It supports by the 13 14 achievement of key performance index of ambulance services that was 85 % - 96 %from the target. This paper discussed a strategy to improve safety culture in ambulance 15 services. The authors conducted a research study utilizing the AHP method to select the 16 best approach by following the real condition. This study compares the essential factors 17 in improving safety culture based on eight criteria and three strategies safety climate 18 19 which the result shows that (a) The commitment of senior management with a value of 0.247 or (247%), and (b) Operational approach strategy with a value of 0.386 or (38.6%), 20 21 with CR of 0.03 are among the top priorities needed in the operational of ambulance 22 services to run optimally.

23

6 7

24 Keywords: Safety Culture, Ambulance Service, AHP

25

26 Introduction

Indicators of a good safety culture in an organization can result from various factors like as good safety commitment from top management and employees, compliance with policies and regulations, quality services and professionalism or the existence of a safety system in the organization. However, most of the people will see from the number of accidents and illnesses that occur in the organization. This perception applies equally to all organizations or agencies, including ambulance services.

Ambulance service is one of the core businesses in health services in the modern era.
 Safety concerns in ambulance services are mandatory while delivering services. Failure
 to provide optimal services and develop an ambulance safety culture, it will lead to risks,
 hazard, and accident to ambulance personnel and patients.

Several factors are causing failure to provide high quality and excellent safety 37 38 performance in ambulance services such as physical and psychological condition, professionalism, motivation and competence, work environment, weather, coworkers, 39 policy and finance problem. Pattersen, Weaver, & Hostler, D., (2015) states, in addition 40 to physical risks, EMS personnel also experience psychological risks. Many EMS 41 personnel violate in written regulations, failed on procedures, stress, felt insomnia and 42 43 exhausted and have no commitment to the profession. Uncontrolled and unpredictable 44 environmental conditions, lack of supervision, limited information and uncertainties that often linked as factors that contribute to increased safety risks for patients in EMS 45 services (Price, Bendall, Patterson, & Middleton. 2013). 46

47 Due to lack of the safety culture in ambulance service, it will leads high risk incident and 48 accident that it will be harmful to ambulance personal and patient. Generally, there are two main risks and hazards of working in an ambulance. There are work-related illnesses 49 and work-related accidents. Based on data from the NHTSA agency period of 1999-50 51 2011, the number of accidents or collisions related to ambulance every year is around 4500 cases. 34% resulted in injuries and 33 people died. From the data that died, 4% 52 53 were ambulance drivers, 21% were ambulance passengers, 63% were passengers from other vehicles and 12% were pedestrians (NHTSA, 2012). 54

55 Researched by Yilmaz, Serinken, Dal, Yaylaci, & Serpil, (2016) in Western Turkey, 56 regarding personnel ambulance accident, described: "The most accident happens in ambulance service was motor vehicle accident (MVA). It is around 31.9% from a total of 57 163 personnel injured, needle-stick injuries (16.0%). Needle-stick injuries usually 58 59 occurred during intravenous line procedures (59.4%) and inside the cruising ambulance 60 (n=20; 62.5%). Working inside the ambulance was the most commonly accused cause of 61 the work-related injury-WRI (41.3%). Lin, (2018) supported it in Taiwan; Among the 1,627,217 traffic accidents during the study period, 715 ATA's caused eight deaths 62 within 24 hours and 1844 injured patients. On average, there was one ambulance traffic 63 accident-ATA for every 8598 ambulance runs. Compared to overall traffic accidents, 64 ATA's were 1.7 times more likely to result in death and 1.9 times more likely to have 65 66 injured patients. Amid 715 ATA's, 8 (1.1%) ATAs were fatal, and 707 (98.9%) were 67 nonfatal".

68

69 Similarly, it also happened in the ambulance service at XYZ Company. In the 2013-2018 70 period, there were 4833 emergency calls. Two thousand six hundred fifty-six calls (55.5%) were related to patient management, and 45 % non-related. One hundred 71 seventeen cases (4.4%) were traffic accidents, 424 (16.0%) cases of trauma or injury, 72 2098 cases (79.0%) were medical, and 17 cases (0.6%) were dead on arrival. Whereas, 73 74 accidents related to ambulances or involving ambulance personnel not appropriately 75 recorded. There were 5 cases of crashes involving ambulances, no casualty but caused 76 ambulance damaged was high costs repaired.

Based on data from occupational health (OH) clinic period of 2016 - 2018, there were 3
cases of ambulance personnel suffered low back pain and spinal cord injury due to faulty
in lifting, 1 case of small head injury and 1 case of heat exhaustion. Number of sick leave
during 2017 was high. OH recorded, 1.55% (544 days) of health workers including
ambulance personnel submitted sick letters.

82

On annual report 2018 of safety performance reported, participate of providing incident or accident says in the health department of XYZ Company, especially ambulance services, was deficient. It was 16 reports during the 2013-2018 period. 90% are related to patient management, and 10% similar to safety events; unexpected events (KTD) and near misses (KNC).

The National Patient Safety Agency, (2011) in Wankhade & Jones, (2015) mentions complex problems in the provision of ambulance services and related processes, as risk factors for quality service failures. The risk and hazard in ambulance service are difficult to avoid because of the environment condition and the nature of work itself, but it can be reduced or minimized as little as possible by efforts to enhance occupational health and safety system with increasing promoting strategy through the development of a safety culture in the work environment.

Based on the description above, the author is interested in researching the strategy toenhance safety culture at the ambulance service of the XYZ Company in Qatar. The

primary purpose of this research is to analyze existing problems, formulate priority
strategies and build up a model for strengthening the safety culture in ambulance services
at XYZ Company. Building a safety culture in ambulance services or organizations is
fundamental. A positive safety culture influenced by organizational performance and
safety management performance.

103 Literature Review

104

102

105 In the United States of America or most Europe countries, ambulance services were called Emergency Medical Services (EMS). EMS is an ambulance service system in 106 107 terms of emergency services integrated in terms of facilities, professional personnel and management systems that are standardized both nationally and internationally (Platt, 108 109 Stoy, & Lejeune, 2011). Principally, EMS practitioners have some responsibility as well as another health practitioner in the hospital to provide established high-quality health 110 111 services to the patient. EMS practitioners more focus on pre-hospital management before the patient sends to the hospital. As per the purposes, EMS practitioners have proper 112 education, high skill, and good mentality when delivery the services and good adapting 113 with situations and conditions in the scene. 114

115

To maintain and improve the care of patients, systematic documentation and periodic 116 audits, or other processes to ensure the quality of care, need to be incorporated. "Quality 117 management systems that are simple, are continuous, and allow for rapid changes in the 118 119 system need to be implemented" (Jones, 2015) in (Wankhade & Jones, 2015). The safety and quality management in the ambulance became a priority and essential because a lack 120 of supervision in safety will be lead to an accident, loss of property damage, social 121 problem and protection for the personnel and patient. The Berwick Report (DH 2013) in 122 Pattersen, Weaver, & Hostler, (2015) explained, what steps to be required to improve 123 124 patient safety: "Identifying that incorrect organizational priority, systems, environmental factors, and culture were contributory factors in failing to learn and in failing to protect 125 patients from harm". It is meaning, and we should eliminate the risk factors and 126 127 enhancing the safety culture in the ambulance to maintain the services and protect all parties involved in ambulance services, including personnel and patient. 128

129

130 What is the safety culture means and how's to enhance safety culture? Confederation of British Industry (CBI, 1991) defines "culture" is the way we do things around here". 131 Stranks, (2007) described as "a state of manners, taste and intellectual development of 132 mind, tastes, etc. by education and training." The Department of Mine, Industry 133 Regulation and Safety of Western Australia defined "the safety and health culture of an 134 135 organization is a reflection of the values, attitudes, perceptions, competencies, and behaviors of the people working there (WHSO, 2013). It reflects the organization's 136 137 commitment to, and prioritization of, safety and health as well as the effectiveness of the organization's safety management system. The elements of a safety and health culture 138 139 organized into three categories: a). Organizational. It includes policies, procedures, and 140 systems that relate to safety and health. b). Psychological, involving individual 141 perceptions, attitudes, and values. c). Behavioral, what people do, health, and safety behaviors. King (2013) Identified two distinct while developing a safety culture within 142 143 the organization: a). A transformation of systems, leadership, and organizational culture. b). The administration created the conditions in which high standards of care are 144 145 delivered consistently, setting clear goals and standards for improving quality and patient safety, and providing the tools for staff to address these goals within available resources. 146 147

148 In building a safety management system in adhering to a high quality in the ambulance 149 service based on the enhancement of safety culture within the organization, there is some 150 indicator that needs to follow. The cultural symbols utilized in many aspects of activities found within the organizations. It is how to measures specific features of a particular 151 152 culture of the people or group of the people when they are doing communication, transaction, or other business. (Stranks, 2007) On human factors and behavior, safety 153 154 said: "cultural indicators linked with Key Performance Indicators (KPI) and Success Criteria (Acceptance Criteria)." Within an organization, cultural indicators include 155 156 a).Degree of loyalty and commitment displayed by all levels of the workforce. b). 157 Presence of shared goals with specific signs. c). Policies and procedures. d). Evidence of 158 fair and effective management systems. e). Investment in people (Training, frequent 159 information) f).Investment in Technology. g). Compliance with a legal requirement. 160 Personal integrity at all levels. h). System for communication both within and in our organization. i). A well-written mission statement. And j). A publicized reward structure 161 162 that rewards high levels of performance. The organization operational and safety performance will influence those indicators. The indicator shows, the critical thing of 163 build up a system and human resources as well to get a positive culture in the workplace. 164 In the meantime, in the context of ambulance operational, the commitment from 165 executive or top management are very significant because it is related to vision and 166 mission, value, financing, and build up a system. Figure 1.1 below is a theoretical 167 framework of the strategy to enhance safety culture at the ambulance service of XYZ 168 169 Company.

- 170
- 171 172
- 173
- 174

175 Methods

176

182 183

184

This type of research is conceptual research, which is research related to an idea or theory that might be applied, with a system approach. The theoretical research that I did was a concept, design, or strategy to improve safety culture at the ambulance service of XYZ Company in Qatar. The study conducted from March 2019- up to July 2019 at XYZ

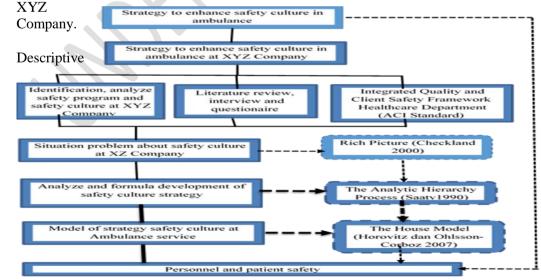


Figure 1.1: Theoretical framework of strategy to enhance safety culture at ambulance service in XYZ Company Qatar

analysis is used to analyze data by describing the data collected without the intention to
create a generally applicable conclusion — the systematical data found by interview
results, observation, documentation, and survey. Descriptive analysis was used to
describe problems, risk factors regarding safety culture at ambulance services of XYZ
Company. After the study results well explained, the problematic situation described
with Rich Picture.

191

201

192 In this research, the author compiles primary and secondary data. Primary data collected 193 with the observation method, in-depth interview with the expert, who directly concerns 194 in enhance of safety culture in the ambulance services. In this research, choosing the 195 experts are used non-probability method and to collect data are used purposive sampling 196 technique. The primary data is used to obtain the information, assessment quality, 197 objective, and measurement of formulation strategies for enhancing safety in the 198 ambulance services of XYZ Company. The rest, secondary data taken from internal data 199 of XYZ Company, statistic, and yearly report, books, relevant websites, thesis, and the related journals. 200

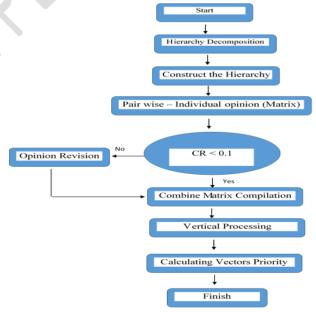
Data analysis methods used in this research are descriptive analysis, utilization of 202 questionnaire safety culture as tools analysis with SPSS25, Soft System Methodology 203 based Rich Picture (Checkland, 1999), AHP (Saaty & Vargas, 2012) in (Kholil, 2018), 204 and The House Model (Horovitz & Ohlson, 2007). By using AHP, the best choice 205 according to the objective condition determined (Kholil, Susanti, & Soechavadi, 2016). 206 207 The judgment from experts will be analyzed and arranged appropriately by Expert Choice 2.0 software (Expert Choice, 2004) and presented with the house model. In this 208 research, five experts are involved. The expert for this research is two ambulance 209 practitioners at XYZ Company, one direct supervisor from management, one from 210 business, health and quality section (BHQ) as an auditor and one academician including 211 212 practicing in occupational and health and safety. The AHP process seen in Figure 1.2.

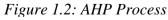
- 213
- 214
- 215 216

217 Results and Discussion

218
219 Brief view of OH&S program
220 and safety culture at ambulance
221 service in XYZ Company Qatar
222

223 The XYZ Company is engaged in 224 oil and gas. As a state-owned with 225 company international 226 tenure, the viability of a safety 227 management system in the 228 company mandates and must be in 229 operation. One standard that must 230 be met by the company is to provide a plan and emergency 231 232 response system to deal with 233 emergency conditions and





situations. Ambulance service is one component in the emergency response system. The
ambulance service at XYZ Company operates 24 hours, 7/28 with a fleet of 4 units with
a total of 39 personnel from several different countries. Operationally, the ambulance

service provides emergency services for all employees in the industrial area, neither forXYZ employees itself nor contractors and subcontractors.

239

Officially, the company have been received ISO 9001-2015 and ACI "Diamond" Level
(Accreditation Canada International) for Quality services, but not yet synchronized with
implementation at ambulance services.

- 243
- 244
- 245

Table 1.1: ACI – Accreditation Canadian International Program.

Category	Goal		
Safety Culture	Building a culture of safety in the company		
Communication	Improve communication and coordination in services and service providers and service recipients		
Medicines Dispensing	Make sure you use drugs at risk		
Work Environment	Establish a safe place and work environment in providing services		
Infection Control	Decreases and minimizes the risk of disease due to service to service personnel		
Risk Analysis	Identify risks to clients and employees		
Source: ACI 1	nanual book 2018 XYZ Company		

246 247

248 Management's commitment to safety seen in the form of the BHQ division (Business, Healthcare, and Quality). "The BHO team is responsible for the direction and 249 implementation of the management functions of compliance with procedures, service 250 quality, health risks in the work environment of the company clinic and ambulance". The 251 252 focus and responsibilities are "on improving quality, effective health risk management and compliance with national health regulations to improve the health values of XYZ 253 companies and employees following health terms and standards, good service and cost-254 255 effectiveness."

256

257 OH&S's Company strategies and objectives are as follows:

- a. Improve the performance of the health system and service delivery (ensuring the reach of health services that are accessible and sustainable according to the needs of XYZ company employees and work partners and other stakeholders).
- b. Safety, quality and client satisfaction (providing integrated, safe, high-quality health services to improve the physical and mental health and well-being of clients).
- 263 c. Occupational health services and collaborative support (providing world-class
 264 occupational health services for XYZ company employees and collaborative support
 265 to internal and external stakeholders.)
- 266 d. Professional development (ensuring and maintaining a competent workforce through the development of sustainable professionalism).
- 268 e. Efficient business processes and financial systems with integrity (ensuring financial integrity through the implementation of efficient business processes).
- 270 271

271 **Data Findings and Analysis**

Analysis or description of the problem situation in the XYZ company ambulance
service.

275

In general, the Safety system and program in the XYZ Company are excellent, but the

implementation in the field still needs to be improved. Based on the result of the safety culture survey, it showed in table 1.2:

- Table 1.2: Descriptive Analysis Result Safety culture at Ambulance Services in XYZ Company Qatar

Criteria	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference	
				Lower	Upper
Management Commitment	9.4474	1.13179	.18360	9.0754	9.8194
Communication	9.0526	1.48774	.24134	8.5636	9.5416
Employee Involvement	8.5000	1.42847	.23173	8.0305	8.9695
Training & Information	9.3947	1.15172	.18683	9.0162	9.7733
Motivation	8.3158	1.71015	.27742	7.7537	8.8779
Comply with Policy & Procedure	8.8947	1.87140	.30358	8.2796	9.5099
Learning Organization	9.2105	1.29777	.21053	8.7840	9.6371

Based on table 1.2 above, the highest value is a management commitment criterion with an average score of 9.44 while the lowest cost is a motivation criterion with an average rating of 8.31.

Table 1.3: Frequency Analysis Result Safety culture at Ambulance Services in XYZ Company Qatar

Criteria	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Management	No	11	28.9	28.9	28.9
Commitment	Yes	27	71.1	71.1	100.0
C C	No	15	39.5	39.5	39.5
Communication	Yes	23	60.5	60.5	100.0
Employee	No	18	47.4	47.4	47.4
Involvement	Yes	20	52.6	52.6	100.0
Training &	No	11	28.9	28.9	28.9
Information	Yes	27	71.1	71.1	100.0
Motivation	No	16	42.1	42.1	42.1
	Yes	22	57.9	57.9	100.0
Comply with Policy & Procedure	No	10	26.3	26.3	26.3
	Yes	28	73.7	73.7	100.0
Learning Organization	No	14	36.8	36.8	36.8
	Yes	24	63.2	63.2	100.0

Resource: Extracted from SPSS25.

Based on the table 1.3 above, comply with policy and procedure have the highest rating
with a value of 73.7%, while employee involvement was the lowest value with a value of
52.6%.

299

305

307

This is supported by internal data which is the key to the work performance of the ambulance unit (KPI). In this case, it can be seen with unsatisfactory achievements from the patient handling report of 94% during 2018.Even though reporting on services to patients is fundamental as the legality of all actions that have been done. Likewise, the value of the reporting index of pain scale and response time were 96%.

306 Rich Picture (RP)

In this stage, identify the problem as a problematic situation known from the culture of the safety of ambulance services at the XYZ Company. Problematic situations aim to explain clearly about issues in the real world. The process at this stage is essential because it is related to the decisions of experts. After the results of the analysis concluded, the next process illustrated by drawing for explaining the situation in the real world. See, Figure 1.3 as below:

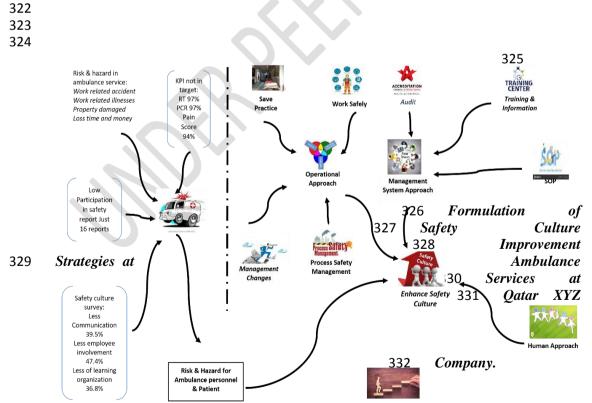


Figure 1.3: Rich Picture of Situation Problem at Ambulance service of XYZ Company

334 According to Expert's judgment towards 8 criteria's and 3 strategies proposed in the 335 effort to enhance safety culture at ambulance service in XYZ company, there were 3 336 main factors that get individual attention, namely: commitment of senior management is the most critical factor with a value of 0.247 (24.7%), followed by employee 337 338 commitment and involvement with a value of 0.181 (18.8%) and compliance with regulations and existing procedures with a value of 0.140 (14%). The Expert's argued: 339 340 "Commitments with a clear vision and mission from management and a good system improvement on OH&S will spur organizations and employees to always comply with 341 342 OH&S." The synthesized result is seen in Figure 1.4.

343

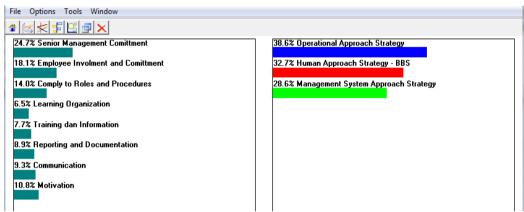


Figure 1.4: Strategy and factors to enhance safety culture at ambulance services at XYZ Company in Qatar. Sources: Extracted from Expert Choice 2000.

344

The result of this research is in line with previous research from Price, 2013; Pattersen, 345 346 Weaver, & Hostler. (2015) & Ernawati, Arini, & Haryono, (2017). They mentioned, 347 "The risk factors that causing various hazards in the ambulance service environment, it 348 came both internally and externally such as destitute of the systems, no organizational 349 commitment, lousy culture, inadequate safety facilities and infrastructure. It is also because of procedures that do not meet standards, stress, lack of knowledge, training and 350 motivation, conditions of work and weather climate". This study supported by Atack & 351 Maher, (2010) on Perception of EMS personnel and health workers on safety issues in 352 the pre-hospital service, they suggested, more active participation of EMS personnel to 353 354 improve skills, clinical decision making and the necessity for changes in the regulations and health systems in the regions and the government, in the effort to enhance the safety 355 356 of the patient.

357

Anyhow, the essential strategy based on the expert's judgment was operational approach strategy with a value of 0.386 (38.6%). The following strategy was the human approach. In this approach strategy, the expert binds the second priority with a value of 0.327 (32.7%). While the latter approach is a management system approach with a value of 0.286 (28.6%). Overall this assessment has a level of inconsistency or CR 0.03 so that the opinions of experts can be accepted. See, Figure 1.5

File Edit Tools A	nde
Sort by <u>Name</u>	Unsort Normalize ← → Combined instance - Synthesis with respect to: eqy to Enhance Safety Culture at Ambulance Service of XY2 Company in Oatar
	Overall Inconsistency = .03
Operational Approach Strategy Human Approach Strategy - BBS Management System Approach Strategy	.386

Figure 1.5: Priority of Safety Culture Improvement strategies in ambulance services at Qatar XYZ Company. Source: Extract from Expert Choice 2000

364

365 Based on the expert's judgment, who was prioritizing operational strategies was the most 366 important with a value of 0.386 (38.6%) is very appropriate. It is because of the XYZ Company already has an excellent safety management system, but the implementation in 367 368 the field still needs to be improved. In this case, it was evident from the KPI index that does not meet the target and safety culture results. The determination of safety values is 369 370 not limited to paper, but it needs explicit work. For this reason, a strategy for improving safety culture with operational approaches can be carried out in the following ways 371 (Ramli, 2013): 372

- a. How to work safely.
- b. Management changes
- 375 c. Safe operation
- 376 d. Process safety management
- 377

The second strategy should be developed is a humans approach strategy with a priority 378 value of 0.327 (32.7%). The approach to insane, or better known as behavior-based 379 safety (BBS), is a fundamental alternative strategy. This strategy requires hard work to 380 run it. Behavior change cannot be done in a short time but requires clear steps and 381 382 programs with the support of top management. They argue that; "Safety culture will run effectively and successfully if there is motivation and have positive attitudes and 383 behaviors, so they will tend to do positive things too." Thus, all existing regulations and 384 385 systems will be easy to run.

386

387 The last strategy is the approach strategy of the system with a value of 0.286 (28.6%). In this approach focuses on building an OH&S management system within the organization 388 to improve the program and safety culture. Reasonable policies and procedures support 389 390 the success of safety in the operation of ambulances or other activities - this approach made by creating a system of documentation, control of documents, and data. At the 391 392 same time, building work plans in ambulances, targets, and excellent communication between personnel. The Expert's mentioned: "A safe way of working by analyzing the 393 394 surrounding risks and following the procedures in the ambulance service, will provide a 395 sense of security in working."

396

Studied by Jones (2005) in Wankhade & Jones, (2015) states, "Quality management systems that are simple, are continuous, and allow for rapid changes in the system need to be implemented". To maintain and improve service, systematic documentation, routine training, and continuous audits need to be promoted. It is also supported by Pirrallo, Khan, & Kuhn, (2005) "The development of policies and protocols related to operational safety directly impacts the safety of the patient". ". Those all the steps will improve the system and quality management in the operation of the ambulance.

According to Wankhade & Jones, (2015) in ethnographic studies in the UK about cultural elements in ambulances, identifying three different occupational subcultures using the Schein (1996) typology: Elements of safety and health culture can be organized into three categories: a). Organization. This includes policies, procedures, and systems related to safety, and health. b). Psychological, which involves individual perceptions, attitudes and values. c). Behavior, people's behavior, health, and safety behavior.

410

416 417

418

411 Meanwhile, in the context of ambulance operations, commitment from executives or top 412 management is very significant because it is related to the vision and mission, values, 413 financing, and system building. If you do not have a clear commitment, the results will 414 not be achieved. So with this, expert judgment can be summed up simply in an AHP 415 hierarchy like figure 1.6 and in house model like figure 1.7.

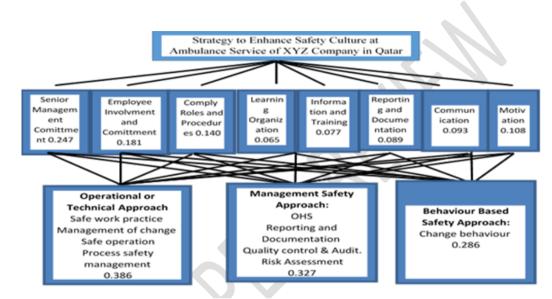


Figure 1.6: AHP Hierarchy Results of Strategy to Enhance Safety Culture at Ambulance Service of XYZ Company in Qatar.

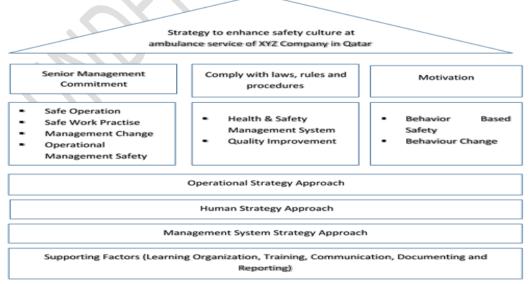


Figure 1.7: The House Model of Strategy to Enhance Safety Culture at Ambulance Service of XYZ Company in Qatar

419 Conclusion

420 Provide a high quality of ambulance services with the medical organization, and the 421 safety aspect is one most crucial component while delivering care. Enhancing safety 422 culture within an organization is one program to improve safety performance. According to the expert's judgement and AHP Synthesized, Commitment from senior management 423 424 was the vital thing factor with a value of 0.247 (24.7%), following by employee commitment and involvement with a value of 0.181 (18.8%), compliance with existing 425 regulations and procedures with a value of 0.140 (14%) and motivation 0.108 (10.8%). 426 427 Those are essential factors in efforts to improve safety culture in ambulance services. 428 The operational approach is an alternative development strategy with an analysis of the 429 value of 0.386 (38.6%). These factors and strategies will have an impact on the development and improvement of safety culture in ambulance services at the XYZ 430 431 Company with the ultimate goal of fulfilling safety protection for personnel and patient.

432 The House Model method is a model or presentation of a strategy to improve safety 433 culture in the ambulance service with a mission on the safety of ambulance personnel 434 and patient. The three main factors become pillars in building a strategy to improve 435 safety culture in ambulance services, namely commitment from management and employees, compliance with regulations and motivation. These pillars upheld through 436 operational approach safety programs through safe work, changes to management by 437 making regulations and work standards, synergized with approaches to employees by 438 439 changing behavior and perceptions and providing motivation with the support of a sound 440 system approach about safety through a safety management system that continues to 441 develop with the ongoing audit.

442

443 **COMPETING INTERESTS DISCLAIMER:**

444 Authors have declared that no competing interests exist. The products

445 used for this research are commonly and predominantly use products in

446 our area of research and country. There is absolutely no conflict of interest

447 between the authors and producers of the products because we do not

448 intend to use these products as an avenue for any litigation but for the

449 advancement of knowledge. Also, the research was not funded by the

450 producing company rather it was funded by personal efforts of the

- 451 authors.
- 452

453

455

454 **Recommendation**

Further research needs to be done in an effort to develop a safety culture in ambulance services and the development of safety programs that are directly related to the safety of ambulance personnel and patients in particular. The development of safety culture in ambulance services will improve the quality of services that prioritizes the safety of personnel and patients.

461

462

463 464	References
465	Atack, L., & Maher, J. (2010). Persepsi personel EMS dan tenaga kesehatan tentang
466	masalah-masalah keselamatan pasen di pelayanan prehospital. <i>Prehospital</i>
467	<i>Emergency</i> $Care,$ $14(1),$ 95-102.
468	doi:https://doi.org/10.3109/10903120903349887
469	CBI. (1991). Developing a Safety Culture. London. Retrieved 7 3, 2018
470	Checkland, P. (1999). Systems Thinking, Systems Practice. Wiley. doi:1. ISBN 0-471-
471	98606-2
472	Ernawati, D., Arini, D., & Haryono, H. M. (2017). Analisis faktor yang berhubungan
473	dengan insiden keselamatan pasen(di unit ambulans gawat darurat rumah sakit
474	umum Haji Surabaya. Surabaya: Sekola Tinggi Ilmu Kesehatan Hang Tuah
475	Surabaya.
476	Expert Choice. (2004). Quick Start Guide and Tutorials Copyright 2000-2004 .
477	Arlington, VA, USA: Expert Choice, Inc.
478	Horovitz, J., & Ohlson, C. A. (2007). A Dream With Deadline: Turning Strategy Into
479	Action. : . Great Britain (GB): Pearson Education.
480	Kholil. (2018). Pendekatan Holistik dan Model Dinamik: Untuk Masalah yang Komplek.
481	(1st ed.). Jakarta, Yayasan Komunikasi Pasca Tiga belas Sahid Sudirman Center
482	11th Floor Suite A. Jl. Jenderal Sudirman Kav.86. Jakarta., INA: Indigo Media.
483	doi:ISBN 978 602 52218 1 1.
484	Kholil, Susanti, S. L., & Soecahyadi. (2016). Potential leading resource in Padang
485	Panjang city. The development of regional economic based on Soft System
486	Methodology(SSM). Journal of Scientific research and reports, 9(7), 1-8.
487	King, F. (2013). Patient-centred leadership: Rediscovering our purpose. London: The
488	King's Fund. Retrieved 08 17, 2018
489	Lin, C. e. (2018). Ambulance Traffic Accident in Taiwan. Journal of the Formosan
490	Medical Association, 117,283-29. Retrieved 03 30, 2018, from www.jfma-
491	online.com
492	NHTSA. (2012). When Ambulance Crash"EMS Provider anad Patient Safety".
493	Department of Transportation, National Highway Traffic Safety Administration.
494	Washington DC: US Department of Transportation. Retrieved 03 28, 2018, from
495	National Highway Traffic Safety Administration:
496	https://www.ems.gov/pdf/NHTSAOEMSAmbulanceInfographic/
497	Pattersen, D. P., Weaver, M. D., & Hostler, D. (2015). Occupational injury prevention
498	and management. Emergency Medical Services, 217-221. Retrieved 08 28, 2018
499	Pirrallo, C. A., Khan, C. A., Evelyn, & Kuhn, R. (2005). Characteristics of fatal
500	ambulance crashes in the united state. Pre Hospital Emergency Care, 5(3), 261-
501	269. Retrieved 7 10, 2018
502	Platt, E. T., Stoy, W. A., & Lejeune, D. A. (2011). Mosby's EMT-B Textbook (2nd
503	Edition ed.). 11830 West line Industrial City Drive St. Louis, Missoury. St:
504	Elsevier Mosby.
505	Price, R., Bendall, JC, Patterson, JA, & Middleton, P.M, (2013). Treating the clock and
506	not the patient: Ambulance response times and risk. Quality and Safety Health
507	<i>Care</i> , 15,27-30.
508	Ramli, S. (2013) Smart Safety: Panduan Penerapan K3 yang Efektif. Jl. Rawagirang
509	No.8 Kawasan Industri Pulogadung. Jakarta.: PT Dian Rakyat. doi:ISBN 978
510	979 078 403 1.
511	Saaty, T., & Vargas, L. (2012). Model, Methods, Concepts & Applications of the AHP.
512	International Series in Operations Research & Management Science. New York:
513	Springer:Science & Busines Media.

- Stranks, J. (2007). *Human Factors and Behavioral Safety. Health and Safety Culture* (1st
 Edition ed.). Burlington, Linacre House, Jordan Hill, Oxford OX2 8DP 30
 Corporate Drive, Suite 400, UK: Elsevier.
- 517 Wankhade, P., & Jones, K. M. (2015). Ambulance Services :Leadership and
 518 Management Perspective (1st Edition ed.). Bolton: Springer International
 519 Publishing AG Switzerland. doi:DOI 10.1007/978-3-319-18642-9
- WHSQ. (2013). Understanding safety culture: A Practical Guide to Safety Leadership:
 Implementing A Construction Safety. Quensland: The State of Queensland
 (Department of Justice and Attorney-General).
- Yilmaz, A., Serinken, M., Dal, O., & Yaylaci, S. (2016). Work-related Injuries Among
 Emergency Medical Technicians in Western Turkey. *Prehospital and Disaster Medicine*, 31(5), 505-508. doi:https://doi.org/10.1017/S1049023X16000741
- 526
- 527