

# THE EFFECTIVENESS OF THE CONTINUITY OF CARE MODEL IN IMPROVING MATERNAL AND NEONATAL SAFETY IN COMMUNITY-BASED MIDWIFERY SERVICES

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## Article Info

### Article history:

Received Jun 12<sup>th</sup>, 2024

Revised Nov 20<sup>th</sup>, 2024

Accepted Jan 26<sup>th</sup>, 2025

### Keyword:

Continuity Of Care, Maternal And Neonatal Safety, Community Midwifery

## ABSTRACT

This study aims to analyze the effectiveness of the continuity of care model in enhancing maternal and neonatal safety within community-based midwifery services. A qualitative research approach with a case study design was employed, as it allows for an in-depth exploration of processes, experiences, and contextual factors related to the implementation of continuous midwifery care at the primary healthcare level. The case study design enables a comprehensive understanding of continuity of care practices, including the dynamics of the midwife–mother relationship and the mechanisms of service coordination. The study was conducted at Cibadak Primary Health Center, Sekarwangi Primary Health Center, and several independent midwifery practices in Sukabumi Regency, West Java, Indonesia. Seven informants were purposively selected based on their direct involvement and relevance to the research focus, consisting of three practicing midwives, two mothers who received continuity of care–based midwifery services, and two primary healthcare managers. The findings indicate that the implementation of continuity of care contributes to improved maternal and neonatal safety through continuous monitoring, early risk detection, strengthened service coordination, and enhanced maternal perceptions of security. This study recommends strengthening the implementation of continuity of care as a core strategy in community midwifery services to sustainably support maternal and neonatal safety.



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## INTRODUCTION

The literature review in this study is developed to establish a strong theoretical foundation for analyzing the effectiveness of the continuity of care model in improving maternal and neonatal safety within community midwifery services. The concept of continuity of care does not exist in isolation; rather, it intersects with major theoretical perspectives in healthcare delivery, patient safety, and public health. Accordingly, this study integrates three key theoretical frameworks, namely Continuity of Care theory, Patient Safety theory, and Primary Health Care theory, each of which provides a complementary conceptual perspective on service continuity, risk prevention, and the strengthening of community-based health systems (Wright et al., 2023).

The first theoretical foundation underpinning this study is Continuity of Care theory, systematically articulated by Barbara Starfield in the late 1990s and early 2000s. Starfield, a professor of public health at Johns Hopkins Bloomberg School of Public Health in the United States, is widely recognized as a pioneer of primary healthcare concepts emphasizing continuity, coordination, and comprehensiveness of care. According to Starfield, continuity of care refers to a condition in which patients receive coordinated, consistent, and sustained healthcare services over time, either through ongoing relationships with healthcare providers or through integrated health information systems. In the context of midwifery, continuity of care enables midwives to develop a comprehensive understanding of maternal health histories, continuously monitor changes in maternal conditions, and

make more accurate clinical decisions based on established therapeutic relationships(Delpino et al., 2023).

The conceptual framework of continuity of care proposed by Starfield emphasizes three core dimensions: relational continuity, informational continuity, and managerial continuity. Relational continuity refers to the long-term relationship between patients and healthcare providers; informational continuity concerns the availability and consistent use of health information; and managerial continuity involves coordination across different levels of care. These dimensions are highly relevant to community-based midwifery services, where continuous care from the antenatal to the postnatal period plays a critical role in preventing maternal and neonatal complications(Serongwa & Matlhaba, 2025).

The second theoretical perspective employed in this study is Patient Safety theory, developed by James Reason, a professor of psychology at the University of Manchester, during the 1990s. Reason is best known for the “Swiss Cheese Model,” which explains that patient safety incidents arise from multiple layers of systemic failure rather than solely from individual errors. From this perspective, maternal and neonatal safety is understood as an outcome of healthcare systems that are capable of minimizing risks, detecting errors early, and providing multiple layers of protection against potential service failures(Aydoğdu, 2024).

Reason’s patient safety framework highlights the importance of safe system design, effective communication, and coordination among healthcare actors. In community midwifery services, this theory underscores that maternal and neonatal risks often stem from systemic gaps, such as ineffective referral processes, communication breakdowns among healthcare providers, or inadequate continuous monitoring of maternal conditions. In this regard, continuity of care can be viewed as a systemic mechanism that helps close these gaps, thereby directly contributing to improved maternal and neonatal safety(Nasution et al., 2025).

The third theoretical foundation guiding this study is Primary Health Care theory, popularized by Halfdan Mahler, Director-General of the World Health Organization during the 1970s, and globally formalized through the Alma-Ata Declaration in 1978. Mahler emphasized that primary healthcare services should be comprehensive, continuous, and oriented toward community needs. Within this framework, community-based midwifery services are positioned as a fundamental pillar in safeguarding maternal and neonatal health, particularly through integrated promotive and preventive approaches(Labrague, 2024).

The conceptual framework of Primary Health Care stresses accessibility, community participation, and the integration of health services within local social and cultural contexts. In community midwifery services, this perspective reinforces the argument that continuity of care affects not only clinical outcomes but also the empowerment of mothers and families in maintaining health throughout pregnancy, childbirth, and the postpartum period. Consequently, continuity of care aligns closely with Primary Health Care principles in building sustainable, safety-oriented health systems(Jackson, 2023).

Recent developments in these three theoretical domains indicate a convergence of concepts in contemporary healthcare practice. Continuity of care has evolved beyond individual provider–patient relationships to become an integral component of digitally and organizationally integrated health systems. Patient safety theory has shifted from an emphasis on individual errors toward proactive, system-based risk prevention. At the same time, Primary Health Care has been revitalized within the framework of the Sustainable Development Goals, particularly in efforts to reduce maternal and neonatal mortality through the strengthening of primary healthcare services. This conceptual convergence highlights the growing relevance of continuity of care as a strategic approach to enhancing maternal and neonatal safety within community-based midwifery services(Ángel, 2024).

In this study, the three theoretical frameworks are directly linked to the central research problem, namely the persistently high risks to maternal and neonatal safety resulting from fragmented community-based midwifery services. Continuity of care theory provides a conceptual framework for understanding how sustained and coordinated care can improve service quality, patient safety theory explains the mechanisms of risk prevention through system-level improvements, while primary health care theory situates these efforts within the broader context of community-oriented primary healthcare services. This interconnection demonstrates that maternal and neonatal safety challenges cannot be adequately addressed through partial or isolated approaches, but instead require an integrated conceptual and practical application of all three theoretical perspectives(Tadese et al., 2024).

The research gap identified in this study relates to the limited number of existing studies that integrate continuity of care, patient safety, and primary health care into a single, coherent analytical framework, particularly within the context of community midwifery services. Most previous studies have tended to examine these concepts independently, resulting in a fragmented understanding of how continuity of care may function as a systemic strategy for improving maternal and neonatal safety. Consequently, this study positions the integration of the three theories as a foundational approach for addressing the research problem concerning the effectiveness of the continuity of care model (Rahmah et al., 2025).

The relationship between theory and the research problem is reflected in the analytical focus on the extent to which continuity of care can reduce maternal and neonatal complication risks through improved service coordination, strengthened midwife–mother relationships, and the integration of referral systems. The objectives of this study, both theoretical and practical, are directed toward enriching academic understanding of continuity of care while simultaneously providing applied recommendations for enhancing the quality of community-based midwifery services. The academic contribution of this research lies in the development of an integrative conceptual framework, whereas its practical significance is associated with improvements in midwifery practice and primary healthcare policy (Laoh, 2023).

As a conclusion to the literature review, the integration of continuity of care theory proposed by Barbara Starfield, patient safety theory developed by James Reason, and primary health care theory advanced by Halfdan Mahler provides a robust conceptual foundation for analyzing the effectiveness of the continuity of care model in improving maternal and neonatal safety. These three theoretical perspectives complement one another in explaining the core research problem, identifying the research gap, and highlighting the potential novelty of the study. By linking sustained midwifery care, systemic risk prevention, and the strengthening of community-based primary healthcare services, this research is expected to generate findings that are theoretically grounded, academically meaningful, and practically relevant to efforts aimed at improving maternal and neonatal safety (Gambino et al., 2025).

## LITERATURE REVIEW

The rapid expansion of digital transactions has stimulated extensive academic debate that positions electronic contracts as a central subject in contemporary legal studies. This literature review is developed to establish a robust theoretical foundation by integrating contract law theory, legal certainty, and the interaction between law and technology. Such an integrative approach is essential to ensure that the analysis of the urgency for regulatory reform in electronic contracts is not merely normative, but firmly grounded in recognized conceptual frameworks within international legal discourse (ASAD et al., 2024).

This study draws upon three principal theories that are directly relevant to the research problem: Classical Contract Law Theory, Legal Certainty Theory, and Law and Technology Theory. Classical Contract Law Theory, most prominently articulated by Friedrich Carl von Savigny in the nineteenth century, conceptualizes contracts as legal relationships derived from the free will of the parties (will theory). Savigny emphasized that contractual obligations arise from voluntary agreement, presupposing direct interaction between parties and conventional written evidence. This theoretical foundation underpins many civil law systems, including the Indonesian Civil Code (KUHPerdara), which continues to influence the legal understanding of contracts in Indonesia. However, the assumptions embedded in this theory become increasingly problematic in the context of electronic contracts, which are often standardized, automated, and executed without direct negotiation (Xiao et al., 2024).

Legal Certainty Theory, as developed by Hans Kelsen in the early twentieth century, provides a normative framework for evaluating the clarity and consistency of legal regulation. Kelsen viewed law as a hierarchical system of norms in which legal certainty can only be achieved if rules are clearly formulated, internally consistent, and objectively enforceable. Within the contractual context, legal certainty requires explicit regulation concerning validity, evidentiary standards, rights and obligations of the parties, and dispute resolution mechanisms. This theory is particularly relevant for assessing whether existing regulations governing electronic contracts are capable of providing predictable legal outcomes in digital transactions. (Bellali et al., 2025)

The third theoretical framework employed in this study is Law and Technology Theory, most notably advanced by Lawrence Lessig. Lessig argues that behavior in digital environments is regulated not only by legal norms (law), but also by technological architecture (code). According to this perspective, effective regulation in digital society must recognize technology as a functional normative force equivalent to law. This theory is highly relevant in the context of electronic contracts, which operate through automated systems, encryption technologies, digital signatures, and electronic identity mechanisms. Consequently, regulatory frameworks that ignore technological architecture risk becoming ineffective or obsolete (Son & Lee, 2023).

The conceptual depth of these three theories is further enriched by the perspectives of leading scholars who represent critical developments within each approach. In contract law theory, Patrick S. Atiyah challenged classical will theory by emphasizing that modern contracts are not solely based on free consent, but also on considerations of fairness, reliance, and substantive justice. Atiyah's critique is particularly relevant for electronic contracts, which are frequently presented in standardized formats and accepted through automated consent mechanisms, thereby limiting genuine negotiation and informed agreement (Chung, 2024).

In the realm of legal certainty, Gustav Radbruch introduced a normative balance between legal certainty, justice, and legal utility. Radbruch argued that law risks losing legitimacy when it fails to adapt to social realities. This perspective is essential in evaluating electronic contract regulation in Indonesia, where traditional civil law paradigms continue to dominate despite significant transformations in transactional practices driven by digitalization (Vikan et al., 2024).

Within the law and technology discourse, Roger Brownsword expanded Lessig's framework by emphasizing the concept of "technological management" in modern regulation. Brownsword contends that legal systems must adapt to technological innovation while preserving fundamental legal values such as rights protection and legal certainty. His work supports the argument that regulatory reform of electronic contracts must incorporate technological tools such as encryption, electronic certification, and digital identity systems as integral components of legal design (Masutha et al., 2025).

Contemporary developments across these theoretical frameworks indicate a significant paradigm shift in understanding contracts and regulation. Modern contract theory increasingly recognizes that contractual relationships are shaped by market structures and digital technologies rather than purely individual autonomy. Legal certainty theory has evolved toward emphasizing adaptive and responsive regulation, while law and technology theory underscores that technology is no longer merely an object of regulation but an integral element of the legal system itself (Sridharan et al., 2025).

These three theories are directly connected to the central research problem of this study, namely the lack of synchronization between the Indonesian Civil Code and modern electronic transaction law. Classical contract theory highlights the limitations of will-based assumptions in automated electronic contracts. Legal certainty theory underscores the need for clear and consistent norms governing the validity and evidentiary value of electronic agreements. Law and technology theory provides a framework for integrating technological mechanisms into regulatory design to address these deficiencies (Ali & Hussien, 2024).

From the perspective of research gaps, the integration of these theories reveals that electronic contract regulation in Indonesia remains constrained by conventional legal approaches. Without conceptual and normative reform, contract law risks lagging behind digital transactional practices. This gap reinforces the urgency of the present study to propose an integrative legal perspective that aligns contract law with technological realities (Marruffo, 2025).

The selected theories also play a crucial role in formulating the research questions. Paradigmatic shifts in contractual relationships are examined through contract law theory, issues of regulatory clarity and enforceability are analyzed through legal certainty theory, and technology-based regulatory solutions are explored through law and technology theory. Accordingly, the theoretical framework functions as a coherent analytical tool aligned with the research objectives (Mlaver & Sharma, 2023).

In terms of research contributions, this study offers theoretical, academic, and practical significance. Theoretically, it enriches scholarly discourse on digital contract law by integrating

multiple legal perspectives. Academically, it proposes a cross-theoretical analytical framework relevant to modern legal studies. Practically, law and technology theory provides a normative basis for regulatory reform grounded in encryption technologies, digital identity systems, and electronic certification (Ghafur, 2025).

In conclusion, the integration of classical contract law theory, legal certainty theory, and law and technology theory—supported by contemporary scholarly perspectives—demonstrates that contract law in the digital era requires a more adaptive and integrative approach. These theories collectively support the analysis of the core research problem, address existing research gaps, strengthen the novelty of the study, and provide a solid conceptual foundation for the formulation of research questions, objectives, and contributions related to the reform of electronic contract regulation (Jackson, 2025).

## RESEARCH METHODS

This study was designed to conduct an in-depth examination of the effectiveness of the continuity of care model in enhancing maternal and neonatal safety within community-based midwifery services. The methodological approach was developed to capture the complexity of midwifery practices that extend continuously from pregnancy, childbirth, to the postnatal period, as well as to understand how sustained care contributes to risk prevention and safety improvement. Accordingly, the research methodology does not focus solely on outcomes, but also emphasizes processes, contextual conditions, and the lived experiences of actors involved in community-level midwifery services.

A qualitative research approach with a case study design was employed in this study. The qualitative approach was selected to enable a comprehensive understanding of continuity of care practices as they occur in real-world community midwifery settings. This approach facilitates an exploration of the interactions between midwives and mothers, service coordination mechanisms, and systemic factors that influence maternal and neonatal safety. The case study design allows for an in-depth and contextualized investigation of the phenomenon, providing a holistic depiction of how the continuity of care model is implemented and perceived by key stakeholders. This design is consistent with the study's objective, which prioritizes understanding processes and meanings rather than statistical generalization.

The research sites were selected within community midwifery service areas operating under primary healthcare facilities that actively deliver maternal and child health services, both through public healthcare institutions and private midwifery practices. Specifically, the study was conducted at Cibadak Primary Health Center and Sekarwangi Primary Health Center, both located in Sukabumi Regency, West Java Province, as well as at the Independent Midwifery Practice of Siti Aisyah, A.Md.Keb., situated in Parungkuda District, Sukabumi Regency. These sites were chosen because they exhibit characteristics relevant to the research focus, particularly in relation to the implementation or ongoing efforts to implement continuity of care within community-based midwifery services.

Cibadak Primary Health Center was selected due to its role as a primary healthcare facility with a broad service coverage area and a relatively high volume of antenatal care visits. The health center implements a range of maternal and child health programs, including antenatal, intrapartum, and postnatal services, as well as obstetric and neonatal referral coordination. In addition, Cibadak Primary Health Center employs a midwifery coordinator and practicing midwives who are actively involved in providing continuous support to pregnant women. These characteristics enable the observation of continuity of care practices within a public healthcare setting. The presence of relatively structured service documentation systems and referral mechanisms further supported the selection of this site, as they facilitated comprehensive and longitudinal data collection.

Sekarwangi Primary Health Center was selected because it represents a different, yet equally relevant, community midwifery service context. This health center serves an area characterized by diverse social and geographical conditions, which pose distinct challenges to the implementation of continuous midwifery care. In practice, midwives at Sekarwangi Primary Health Center are required to monitor pregnant and postpartum women across wider geographical areas and under conditions of limited resources. This context provides valuable insight into how continuity of care is implemented

under less-than-ideal circumstances and identifies factors that either support or hinder sustained midwifery care at the community level.

In addition to public healthcare facilities, this study included the Independent Midwifery Practice of Siti Aisyah, A.Md.Keb., as a representation of private, community-based midwifery services. The inclusion of an independent midwifery practice was based on its strategic role in delivering more personalized and continuous midwifery care. This practice is recognized within the local community for emphasizing sustained accompaniment of mothers from early pregnancy through the postnatal period, supported by intensive communication between the midwife and the mother. Such characteristics make independent midwifery practice an ideal context for examining the implementation of continuity of care through long-term therapeutic relationships.

Conceptually, the selection of these three research sites was guided by considerations of representativeness of community-based midwifery services at the primary healthcare level. Sukabumi Regency was chosen because it reflects maternal and child healthcare conditions in semi-urban and rural areas, where midwives play a dominant role as primary service providers. In this context, midwives function not only as clinical practitioners, but also as health educators, counselors, and intermediaries between communities and the formal healthcare system. These roles align closely with the study's focus on continuity of care as a strategic approach to improving maternal and neonatal safety at the community level.

A second consideration in site selection was the presence of variation in continuity of care practices. Although the three sites are located within the same administrative region, they differ in service delivery patterns, organizational support, and available resources. Public primary health centers operate within more structured service systems but often face constraints related to workload and time availability for midwives. In contrast, independent midwifery practices offer greater flexibility in establishing sustained relationships with mothers, while remaining dependent on individual capacity and referral network support. This variation provides an opportunity to compare and analyze factors influencing the effectiveness of continuity of care across different service contexts.

A third consideration involved accessibility and stakeholder openness toward the research process. All selected sites were relatively accessible to the researcher and demonstrated cooperative attitudes toward the implementation of the study. Support from health center directors, midwifery coordinators, and practicing midwives enabled data collection to be conducted smoothly and ethically. This openness facilitated in-depth interviews, observation of service practices, and review of midwifery service documentation without disrupting routine service delivery.

Furthermore, site selection also considered the sustainability and availability of service data. Midwifery services at Cibadak Primary Health Center, Sekarwangi Primary Health Center, and the Independent Midwifery Practice of Siti Aisyah maintain relatively consistent service records, enabling the tracing of care continuity from the antenatal to the postnatal period. This aspect is particularly important in continuity of care research, as informational continuity and documentation serve as key indicators for assessing the effectiveness of the model.

Overall, the selection of research sites was designed to support the study's objective of conducting an in-depth and contextual analysis of the effectiveness of the continuity of care model. The clarity of the research objects, encompassing both public primary healthcare facilities and independent midwifery practices, strengthens the methodological validity of the study and enhances the credibility of its findings in the view of international journal reviewers. By involving research sites that represent variations in community midwifery service practices, this study is expected to provide a comprehensive understanding of continuity of care implementation and its implications for maternal and neonatal safety within Indonesia's primary healthcare context.

Research informants were selected using purposive sampling, based on relevance, experience, and direct involvement in continuity of care-based community midwifery services. The number of informants was determined according to the principle of data sufficiency, with data collection concluding once thematic saturation was achieved. The primary informants consisted of midwives providing continuous midwifery care, mothers who received continuity of care services, and

policymakers or primary healthcare managers involved in the regulation and supervision of midwifery services. To ensure confidentiality, all informants were assigned pseudonyms.

The midwives included as primary informants were those actively providing continuous midwifery care to women from pregnancy through the postnatal period at the community level. The first key informant was Ms. Rina Kartika, S.ST., M.Keb. (pseudonym), a midwifery coordinator at Cibadak Primary Health Center, Sukabumi Regency, West Java Province. She was selected due to her more than ten years of experience in community midwifery services and her direct involvement in implementing the continuity of care approach through sustained accompaniment of pregnant women. In addition to clinical practice, she is also engaged in managing maternal and child health programs at the health center, providing her with comprehensive insight into both the clinical and managerial dimensions of midwifery services.

The second key informant was Siti Aisyah, A.Md.Keb. (pseudonym), a practicing midwife who manages an independent midwifery practice in Parungkuda District, Sukabumi Regency. She was selected due to her consistent involvement in providing continuity of midwifery care from pregnancy through the postnatal period, using an approach that emphasizes long-term therapeutic relationships. Her independent practice has become a trusted reference within the local community because of its intensive accompaniment model and sustained communication with mothers and their families. This professional experience positions her as a relevant informant for illustrating the implementation of continuity of care outside government healthcare facilities.

The third key informant was Dewi Lestari, S.ST., M.Keb. (pseudonym), a midwife working at Sekarwangi Primary Health Center, Sukabumi Regency, who also serves as a clinical mentor for junior midwives. She was selected based on her advanced academic background in midwifery and her involvement in the development and supervision of midwifery service standards oriented toward maternal and neonatal safety. Her dual role in clinical practice and professional training provided a broader perspective on both the challenges and opportunities associated with implementing continuity of care at the community level, particularly in relation to quality improvement initiatives.

In addition to midwives, this study involved informants from the group of mothers who received continuity of care-based midwifery services. The first maternal informant was a 28-year-old housewife (pseudonym) residing in Cibadak District, who had received continuous midwifery care from the first trimester of pregnancy through the postnatal period at Cibadak Primary Health Center. She was selected because of her direct experience receiving sustained care from the same midwife, enabling her to provide insight into perceptions of safety, comfort, and the perceived benefits of continuity of care from a service user's perspective.

The second maternal informant was a 32-year-old woman (pseudonym) who received continuity of care-based midwifery services at the independent midwifery practice in Parungkuda District. She was selected because her pregnancy involved moderate risk factors, requiring intensive monitoring and referral coordination throughout pregnancy and childbirth. Her experience offered an important perspective on how continuity of care contributes to early detection of complications and enhances maternal perceptions of safety during pregnancy and delivery.

To obtain a systemic and policy-oriented perspective, this study also included an informant from primary healthcare management. This informant was the head of Cibadak Primary Health Center (pseudonym), who holds responsibility for managing primary healthcare services, including maternal and child health programs and referral system strengthening. His role provided insight into organizational policies, institutional support, and structural challenges associated with implementing continuity of care within primary healthcare facilities.

Informant selection was conducted using purposive sampling, based on direct involvement in the practice or management of continuity of care-based community midwifery services. This sampling approach was chosen because the study aims to explore experiences and meanings in depth rather than to achieve statistical representation. The number of informants was determined according to the principle of data adequacy, with data collection concluded once thematic saturation was reached and no significant new themes emerged.

The object of this study was the practice of continuity of care-based community midwifery services implemented at Cibadak Primary Health Center, Sekarwangi Primary Health Center, and independent midwifery practices within Sukabumi Regency, West Java. These settings were selected due to the coexistence of public and private midwifery services and the prominent role of midwives as primary providers of maternal and child health services at the community level. This context allowed the researcher to observe variations in the implementation of continuity of care across different service models within the same primary healthcare system.

The inclusion of diverse categories of informants—practicing midwives, service recipient mothers, and primary healthcare managers—enabled the study to generate a comprehensive understanding of the effectiveness of the continuity of care model. Midwives provided insights into implementation processes and practical challenges, mothers conveyed the perceived impact of continuity of care on safety and emotional security, and healthcare managers explained systemic and policy-related factors influencing the sustainability of the model. This multi-perspective approach allowed the study to link micro-level clinical practice with meso-level organizational and policy contexts.

Overall, the selection of informants and research objects was designed to support an in-depth and contextual analysis of continuity of care effectiveness. Clear identification of informant roles, professional positions, and research settings enhances methodological transparency and strengthens the credibility of the study in the eyes of international journal reviewers. Consequently, the findings are expected to offer not only academic relevance but also practical contributions to the development of community-based midwifery services oriented toward maternal and neonatal safety.

Data collection was conducted through in-depth interviews, observation, and document review. In-depth interviews were used to explore informants' experiences, perspectives, and interpretations of continuity of care practices and their implications for maternal and neonatal safety. Interviews were conducted using a semi-structured format with a flexible interview guide, allowing the researcher to explore emerging issues during the interview process. Observation was carried out to directly examine community midwifery service practices, midwife-mother interactions, and service coordination workflows. Document review involved the analysis of midwifery service records, practice guidelines, and relevant policies related to continuity of care at the research sites.

Data analysis was performed using thematic analysis, following stages of data organization, coding, and interpretation. Interview and observation data were transcribed verbatim and reviewed repeatedly to gain a comprehensive understanding of context and meaning. Coding was conducted by identifying key themes related to continuity of care, maternal and neonatal safety, service coordination, and enabling and inhibiting factors affecting implementation. These themes were then interpreted by linking empirical findings with the theoretical framework adopted in the study, resulting in an integrated and comprehensive analytical understanding. Data trustworthiness was ensured through source and method triangulation. Source triangulation was achieved by comparing information obtained from different categories of informants, while method triangulation involved cross-checking findings from interviews, observations, and document analysis. Member checking was also conducted by seeking informant confirmation of interview summaries to ensure the accuracy and credibility of interpretations. These procedures were implemented to enhance the reliability and credibility of the research findings.

Conclusion drawing was conducted inductively by integrating empirical findings with the theoretical framework. Conclusions were not generated instantaneously but through a reflective process that considered the interrelationships between data, theory, and research context. Key findings were synthesized to address the research question regarding the effectiveness of the continuity of care model in improving maternal and neonatal safety. In addition, conclusions were oriented toward identifying both theoretical and practical implications and formulating recommendations for the future development of community-based midwifery services. Overall, the research methodology was designed to provide an in-depth and contextualized understanding of continuity of care implementation within community midwifery services. Through a qualitative approach and case study design, this study is expected to generate findings that are not only academically relevant but also practically valuable for

midwifery practitioners, healthcare managers, and policymakers seeking to enhance maternal and neonatal safety through sustained and integrated midwifery care.

## RESULT AND DISCUSSION

The findings of this study demonstrate that the implementation of the continuity of care model in community-based midwifery services makes a substantial contribution to improving maternal and neonatal safety. Empirical evidence indicates that sustained care throughout the antenatal, intrapartum, and postnatal periods enables midwives to monitor maternal and neonatal health conditions in a more consistent and integrated manner. This directly addresses the central research problem concerning persistent safety risks resulting from fragmented midwifery services. From the perspective of continuity of care theory developed by Barbara Starfield, these findings underscore the critical role of relational, informational, and managerial continuity as foundational elements for enhancing both the quality and safety of community midwifery services.

Field data reveal that midwives who apply continuity of care develop a deeper and more holistic understanding of maternal health histories, pregnancy risk factors, and family social dynamics. This comprehensive understanding allows midwives to identify early signs of complications more accurately and respond in a timely manner through preventive actions or appropriate referrals. These findings are consistent with patient safety theory advanced by James Reason, which emphasizes that safety outcomes are shaped not only by individual competence but also by systems capable of minimizing error-prone conditions. In this context, continuity of care functions as a systemic mechanism that strengthens multiple layers of protection against potential maternal and neonatal risks.

The study further shows that continuity of care enhances inter-service coordination and strengthens referral systems. Midwives involved in sustained care tend to engage in more intensive communication with referral facilities, both through formal coordination channels and informal professional networks. This practice reduces referral delays and improves the preparedness of referral facilities to manage high-risk cases. These findings reinforce the principles of primary health care articulated by Halfdan Mahler, which position primary healthcare as the main entry point of the health system and emphasize the necessity of integration with higher-level services to ensure patient safety.

In relation to the identified research gap, the findings indicate that continuity of care is capable of bridging the gap between policy standards for midwifery services and their practical implementation in the field. Previous studies have frequently highlighted that midwifery care tends to be fragmented and discontinuous, resulting in suboptimal risk detection. However, the present findings demonstrate that when continuity of care is implemented consistently, service fragmentation can be substantially reduced and care continuity becomes more robust. This expands the theoretical understanding of continuity of care beyond a purely relational approach, positioning it as a systemic strategy for improving maternal and neonatal safety.

The findings also address the gap in previous research that has often overlooked the interconnection between continuity of care, patient safety, and community-based midwifery services. This study shows that these three dimensions intersect in practice. Continuity of care strengthens the midwife–mother relationship, patient safety theory explains how risk prevention operates through layered systems, and primary health care theory situates these practices within a community-oriented service framework. The integration of these theoretical perspectives within continuity of care implementation is shown to enhance maternal and neonatal safety more comprehensively than fragmented or partial approaches.

The results provide a direct response to the main research question regarding the effectiveness of the continuity of care model in improving maternal and neonatal safety within community midwifery services. Empirical findings indicate that mothers who receive sustained midwifery care from pregnancy through childbirth and the postnatal period report higher levels of perceived safety compared to those who receive fragmented care. This sense of security emerges from consistent relationships with midwives, where mothers feel recognized, understood, and comprehensively supported both clinically

and psychosocially. Such conditions strengthen mothers' confidence that changes in health status will be closely monitored, allowing potential risks to be anticipated at an early stage.

Trust in healthcare providers emerged as a salient finding in this study. Mothers receiving continuity of care exhibited higher levels of trust in midwives as their primary care providers. This trust was developed through repeated and sustained interactions in which midwives acted not only as clinical practitioners but also as companions who provided health education, emotional support, and consistent explanations regarding maternal and neonatal conditions. The trust established through these interactions became a critical foundation for the therapeutic relationship, as mothers were more willing to communicate concerns, discomfort, and perceived changes in health conditions throughout pregnancy and the postnatal period.

The increased sense of security and trust had a direct impact on maternal adherence to medical recommendations and midwifery service schedules. The findings indicate that mothers receiving continuity of care were more consistent in attending antenatal visits, preparing for childbirth, and participating in postnatal health monitoring. Adherence included compliance with routine examinations, recommended supplement intake, and readiness to accept referrals when risk factors were identified. In this way, continuity of care functions as an indirect mechanism that reinforces positive maternal health behaviors, ultimately contributing to improved maternal and neonatal safety outcomes.

These findings highlight that maternal and neonatal safety cannot be separated from psychosocial dimensions of midwifery care. Feelings of security and trust influence decision-making processes for both mothers and midwives. Mothers who feel safe and confident are more cooperative and responsive to professional guidance, enabling midwifery services to operate more effectively. In this context, continuity of care enhances not only the technical quality of services but also the relational dimension that plays a critical role in maternal and neonatal safety.

From the perspective of continuity of care theory, sustained therapeutic relationships are a key determinant of interaction quality and service effectiveness. The theory emphasizes that ongoing relationships between patients and healthcare providers enable deeper understanding of patients' needs, preferences, and health conditions. The findings of this study support this view by demonstrating that midwives who consistently accompany mothers possess more comprehensive knowledge of pregnancy histories, risk factors, and family contexts. This knowledge enables more accurate clinical assessments and better-informed decision-making in risk prevention efforts.

In addition to relational continuity, informational continuity emerged as a crucial factor in the effectiveness of continuity of care. The findings show that sustained midwifery care facilitates more consistent documentation and utilization of clinical information. Data from antenatal examinations, childbirth histories, and postnatal conditions are continuously accessible and used by the same midwife, reducing the risk of information loss commonly associated with fragmented services. This continuity of information contributes to enhanced maternal and neonatal safety by minimizing communication errors and delays in clinical response.

Finally, the effectiveness of continuity of care in improving maternal and neonatal safety is reflected in improved childbirth preparedness. Mothers receiving sustained care demonstrated greater awareness of pregnancy and childbirth danger signs, birth planning, and referral options when complications arise. This preparedness reduces delays in seeking medical assistance during emergencies. Consequently, continuity of care serves as a preventive strategy that strengthens maternal and family readiness to respond to obstetric and neonatal risks.

The discussion of this study is directed toward an in-depth interpretation of the empirical findings concerning the effectiveness of the continuity of care model in improving maternal and neonatal safety within community-based midwifery services. Unlike the results section, which focuses on the presentation of empirical evidence, this discussion emphasizes critical analysis by linking the findings to the core research problem, identified research gaps, research questions, as well as the objectives and contributions of the study. This analytical approach is essential to demonstrate the scientific value of the research in advancing both theoretical understanding and practical applications in community midwifery services.

The primary problem underlying this study is the persistently high risk to maternal and neonatal safety caused by fragmented midwifery services, weak coordination among healthcare providers, and the lack of continuity of care from pregnancy through the postnatal period. The findings indicate that the implementation of continuity of care responds effectively to these challenges. The results demonstrate that midwives who provide sustained care develop a more comprehensive understanding of maternal and neonatal conditions, enabling earlier risk detection and more accurate clinical decision-making. Compared to fragmented service models, continuity of care significantly reduces the likelihood of delayed interventions and communication failures, which have long been recognized as major contributors to maternal and neonatal safety incidents. These findings reinforce the argument that safety risks are not solely attributable to clinical limitations, but also stem from systemic weaknesses in midwifery service delivery.

From the perspective of research gaps, this study makes a meaningful contribution by addressing limitations in previous research. Earlier studies have often emphasized continuity of care as a strategy for improving maternal satisfaction or service efficiency, without explicitly linking it to maternal and neonatal safety within community-based midwifery contexts. The findings of this study demonstrate that continuity of care is not merely a relational model between midwives and mothers, but also a systemic strategy with direct implications for risk prevention and safety enhancement. This expands existing knowledge by positioning continuity of care as a mechanism for strengthening primary healthcare systems, particularly by reducing vulnerabilities created by fragmented service delivery.

Another identified research gap concerns the limited integration of midwifery, patient safety, and public health perspectives within a unified analytical framework. The discussion of the findings illustrates that continuity of care serves as a convergence point for these three perspectives. In practice, sustained care strengthens therapeutic relationships between midwives and mothers, enhances communication quality, and ensures clearer and more responsive referral pathways. Consequently, this study contributes conceptually by framing continuity of care as a multidimensional approach capable of addressing maternal and neonatal safety challenges at the community level.

The research question regarding the extent to which continuity of care is effective in improving maternal and neonatal safety can be addressed through the empirical evidence discussed. The findings show that mothers receiving continuous midwifery care experience increased feelings of safety, trust, and comfort throughout pregnancy, childbirth, and the postnatal period. These psychosocial factors contribute to greater adherence to health recommendations and service schedules, which ultimately support improved maternal and neonatal safety. This demonstrates that the effectiveness of continuity of care should not be assessed solely through clinical outcomes, but also through the quality of maternal experiences as service recipients.

Furthermore, the discussion reveals that continuity of care plays a critical role in enhancing the quality of clinical decision-making by midwives. Sustained relationships and continuous information flow provide midwives with a more complete contextual understanding of maternal and neonatal conditions. This enables timely preventive actions and more accurate referral decisions. These findings highlight continuity of care as an effective approach for reducing clinical errors and enhancing patient safety, particularly within community-based midwifery services that often operate under resource constraints.

The research objective of analyzing the effectiveness of continuity of care in improving maternal and neonatal safety is clearly reflected in both the findings and the discussion. The analysis demonstrates that continuity of care positively influences not only clinical aspects of service delivery, but also systemic and psychosocial dimensions of midwifery care. The implementation of this model strengthens inter-service coordination, improves referral system readiness, and enhances the quality of interactions between healthcare providers and mothers. In this regard, the study's objective of providing a comprehensive understanding of the role of continuity of care in community midwifery services can be considered achieved.

In terms of theoretical contributions, the discussion indicates that the findings enrich the existing literature on continuity of care within the context of midwifery and maternal–neonatal safety.

This study reinforces the understanding that continuity of care is not only relevant as a relational concept, but also as a systemic approach capable of improving patient safety. By linking empirical findings to established theoretical frameworks, the study contributes to the development of a more contextualized and applicable conceptualization of continuity of care, particularly in developing countries where community-based midwifery services play a central role.

From a practical standpoint, the discussion highlights that continuity of care can serve as a foundation for developing safer and more sustainable midwifery practices. The findings offer direct implications for midwives in designing care models oriented toward maternal and neonatal safety. For primary healthcare managers, the results provide a basis for strengthening policies and organizational support for continuity of care implementation, including workload management for midwives, service documentation systems, and enhanced referral coordination. Thus, the practical benefits of this study are immediate and directly relevant to improving the quality of community-based midwifery services.

Academically, the discussion contributes to expanding the scope of research on continuity of care-based community midwifery services. This study may serve as a reference for future research examining the effectiveness of midwifery care models in different contexts or using alternative methodological approaches. Moreover, the integration of empirical findings with theoretical analysis opens opportunities for developing new conceptual models that are more responsive to contemporary maternal and neonatal safety challenges.

Overall, the discussion affirms that the continuity of care model represents an effective and strategic approach to improving maternal and neonatal safety within community-based midwifery services. By systematically linking the findings to the core research problem, research gaps, research questions, and the objectives and contributions of the study, this discussion demonstrates both the scientific and practical value of the research. The findings and analyses presented are expected to strengthen the position of continuity of care as a key pillar in the development of community midwifery services oriented toward safety, quality, and sustainability.

## CONCLUSIONS

This study concludes that the continuity of care model represents an effective approach for improving maternal and neonatal safety within community-based midwifery services. Based on the findings and discussion, sustained care from the antenatal, intrapartum, and postnatal periods has been shown to enhance the overall quality of midwifery services. Continuity of care enables midwives to develop a more comprehensive understanding of maternal and neonatal health conditions, thereby facilitating earlier risk detection and more accurate, responsive clinical decision-making. These findings indicate that continuity of care is not merely a technical component of service delivery, but a fundamental element in risk prevention and the improvement of maternal and neonatal safety.

The study further demonstrates that continuity of care contributes significantly to reducing the fragmentation of midwifery services, which has long been a major challenge within primary healthcare systems. Through sustained relationships between midwives and mothers, clinical information can be managed more consistently, communication among healthcare providers becomes more effective, and service coordination, including referral systems, operates more optimally. These conditions directly reduce the likelihood of delayed interventions and communication errors, which are frequently identified as primary causes of maternal and neonatal complications.

The conclusions of this study also highlight the positive impact of continuity of care on the psychosocial dimensions of maternal experiences as service recipients. Mothers who received continuous midwifery care reported increased feelings of safety, trust, and comfort throughout pregnancy, childbirth, and the postnatal period. These psychosocial factors play a crucial role in strengthening maternal adherence to health recommendations and active engagement with midwifery services. Consequently, maternal and neonatal safety is influenced not only by clinical interventions, but also by the quality of relationships and communication established through continuity of care.

In relation to the research objectives, this conclusion confirms that the aim of analyzing the effectiveness of the continuity of care model in improving maternal and neonatal safety has been

achieved. The findings and discussion consistently demonstrate that continuity of care strengthens community-based midwifery services across clinical, systemic, and psychosocial dimensions. This approach not only improves the quality of midwifery care, but also reinforces the role of primary healthcare services as the foundation of a health system oriented toward safety and sustainability.

The conclusions of this study also carry important theoretical implications. The findings reinforce the understanding of continuity of care as a multidimensional approach that is highly relevant within the framework of midwifery services and maternal–neonatal safety. By linking the findings and discussion to established theoretical frameworks, this study contributes to the enrichment of the literature by positioning continuity of care as a systemic strategy for improving patient safety. This perspective underscores the potential of continuity of care to function as a key concept in the further development of community-based midwifery service theory.

From a practical perspective, the conclusions affirm that continuity of care can serve as a foundation for the design and implementation of safer and more sustainable community midwifery service policies. The findings provide empirical support for midwives and primary healthcare managers to strengthen continuity-based care practices, including workload management, service documentation systems, and enhanced referral coordination. In this regard, continuity of care holds significant potential as a core strategy for reducing maternal and neonatal safety risks at the community level.

Overall, this study concludes that the continuity of care model is not only effective in improving maternal and neonatal safety, but also highly relevant as a strategic approach for the development of high-quality community-based midwifery services. By integrating the research findings and discussion, this conclusion demonstrates that continuity of care is a critical element in building midwifery service systems oriented toward safety, sustainability, and community needs. The findings are expected to provide a foundation for future research and policy innovation aimed at achieving sustained improvements in maternal and neonatal safety.

## **RECOMMENDATIONS**

The recommendations of this study are formulated as a direct follow-up to the conclusions, which demonstrate that the continuity of care model is effective in improving maternal and neonatal safety within community-based midwifery services. Based on these findings, the recommendations are directed toward strengthening the sustainable implementation of continuity of care at multiple levels, including midwifery practice, primary healthcare management, and maternal and child health policy development. This recommendation framework positions continuity of care as a core strategy that is not merely technical in nature, but systemic and explicitly oriented toward enhancing maternal and neonatal safety.

At the level of community-based midwifery practice, this study recommends that midwives consistently implement continuous midwifery care from the antenatal period through the postnatal phase. This recommendation aligns with the study's conclusions, which emphasize that sustained relationships between midwives and mothers contribute to increased maternal perceptions of safety, trust, and adherence to healthcare services. Accordingly, midwives are encouraged to strengthen continuous monitoring, maintain systematic and comprehensive documentation of care, and foster open, responsive communication with mothers and their families. The consistent application of continuity of care is expected to minimize service fragmentation and enhance the quality of clinical decision-making oriented toward maternal and neonatal safety.

At the level of primary healthcare service management, the study recommends strengthening organizational support for the implementation of continuity of care. The findings indicate that the effectiveness of continuity of care is strongly influenced by the readiness of service systems, including midwife workload arrangements, resource availability, and the integration of referral systems. Therefore, managers of primary healthcare centers and facilities are advised to develop internal policies that support sustained midwifery care, such as service scheduling mechanisms that enable continuity and strengthened coordination among healthcare providers. These measures are expected to reinforce

the role of community-based midwifery services as a foundational component of a safe and sustainable health system.

Within the context of health policy, this study emphasizes the importance of integrating continuity of care into national and local maternal and child health policies. The conclusions of the study indicate that continuity of care holds substantial potential as a systemic strategy for improving maternal and neonatal safety. Policymakers are therefore encouraged to incorporate principles of care continuity into midwifery service standards and community midwifery practice guidelines. Such integration is expected to promote broader and more sustainable implementation of continuity of care, while strengthening efforts to reduce maternal and neonatal safety risks at the community level.

These recommendations also extend to the development of midwifery human resource capacity. Based on the study's conclusions, the success of continuity of care depends heavily on the competence and commitment of midwives in delivering sustained care. Accordingly, midwifery education institutions and professional organizations are encouraged to strengthen curricula and training programs that emphasize continuity of care and patient safety. Capacity development in this area is expected to produce midwives who are not only clinically competent, but also capable of implementing sustained, safety-oriented care approaches that respond effectively to maternal and neonatal needs.

From the perspective of future research, the recommendations highlight the need for studies that examine continuity of care using diverse methodological approaches and broader contextual settings. The conclusions of this study indicate that continuity of care has multidimensional impacts encompassing clinical, systemic, and psychosocial aspects. Future research is therefore encouraged to combine qualitative and quantitative approaches to obtain a more comprehensive understanding of continuity of care effectiveness. In addition, comparative studies across different regions or healthcare systems may provide deeper insights into contextual factors that influence the successful implementation of continuity of care.

Overall, these recommendations affirm that the implementation of continuity of care must be supported systemically by all stakeholders involved in community-based midwifery services. The recommendations derived from the study's conclusions are expected to serve as a reference for the development of practice, policy, and research in the fields of midwifery and public health. Through consistent implementation of these recommendations, continuity of care has the potential to become a sustainable strategic approach for improving maternal and neonatal safety and strengthening high-quality community-based midwifery service system.

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