



Professional Practice Environment and Patient Safety Attitudes Among Inpatient Nurses: A Cross-Sectional Study in an Indonesian District Hospital

Salsabila Nur Aulia¹, Ike Nesdia Rahmawati^{1*},
Kuswantoro Rusca Putra¹

¹Department of Nursing, Faculty of Health Sciences, Universitas Brawijaya, Malang, Indonesia

nesdia@ub.ac.id

Abstract. Patient safety remains a critical global healthcare priority, particularly in district hospitals where resource constraints, high workloads, and organizational challenges can compromise care quality. A positive professional practice environment is essential for fostering safety-oriented nursing behaviors, yet empirical evidence regarding its direct relationship with nurses' patient safety attitudes in Indonesian regional hospital settings remains limited. This study examined the relationship between the professional practice environment and patient safety attitudes among inpatient nurses. A cross-sectional study was conducted among 85 inpatient nurses at Wawa Husada Hospital, Malang, Indonesia, between November and December 2025. Participants were recruited using purposive sampling. Data were collected using the Revised Professional Practice Environment Scale (RPPE-Scale) and the Safety Attitudes Questionnaire–Short Form (SAQ-SF). Both instruments demonstrated excellent reliability (Cronbach's $\alpha = 0.951$ and 0.958). Data were analyzed using descriptive statistics and Spearman's rank correlation. Nurses reported a favorable professional practice environment (mean = 3.13 ± 0.38), whereas the overall patient safety attitude score (71.36 ± 11.64) remained below the recommended benchmark of 75. Cultural sensitivity and job satisfaction were the highest-scoring dimensions, while teamwork, conflict management, and stress recognition scored the lowest. A strong positive correlation was found between the professional practice environment and patient safety attitudes ($\rho = 0.745$, $p < 0.001$). A supportive professional practice environment was significantly associated with more positive patient safety attitudes. Strengthening leadership, teamwork, communication, and organizational support may enhance patient safety culture and improve the quality and safety of nursing care.

Keywords: Professional Practice Environment, Patient Safety Attitudes, Nurses, Patient Safety.

1 Introduction

Nurses constitute the largest professional workforce in hospitals and play a central role in ensuring patient safety through continuous patient monitoring, direct care, interdisciplinary communication, and early recognition of clinical deterioration [1]. Despite continuous efforts to improve healthcare quality, preventable harm remains a major global concern, with approximately one in ten patients experiencing harm during healthcare and more than three million deaths occurring annually due to unsafe care [2].

Patient safety is influenced not only by individual competence but also by organizational factors that support safe clinical practice [3]. Among these factors, the professional practice environment has been recognized as a key determinant of nursing performance and patient outcomes [3],[4]. A supportive practice environment, characterized by effective leadership, professional autonomy, interprofessional collaboration, teamwork, and open communication, enables nurses to provide high-quality care while fostering safe clinical practice [4],[5].

Patient safety attitudes reflect healthcare professionals' commitment, perceptions, and beliefs regarding safe clinical practice and are considered an important component of patient safety culture [6]. Positive safety attitudes encourage teamwork, open communication, organizational learning, and incident reporting, all of which contribute to reducing preventable adverse events and improving healthcare quality [7].

Previous studies have consistently demonstrated that the professional practice environment is positively associated with patient safety attitudes. Nurses who perceive their work environment more positively tend to report stronger patient safety attitudes and a more favorable safety culture [8]. Similar findings have been reported among emergency nurses, where supportive organizational environments were significantly associated with better patient safety attitudes [9]. More recent evidence further suggests that favorable practice environments enhance patient safety attitudes both directly and indirectly through reduced job stress and improved organizational support [10].

Although this relationship has been widely investigated, important knowledge gaps remain. Most studies have been conducted in high-income countries or specialized clinical settings, limiting the generalizability of their findings to general inpatient wards in low- and middle-income countries [8],[10]. Furthermore, evidence from Indonesia remains scarce despite ongoing national efforts to strengthen patient safety and improve healthcare quality. Understanding this relationship within Indonesian district hospitals is therefore essential to identify organizational factors that can strengthen patient safety culture and support evidence-based nursing management. Accordingly, this study aimed to examine the relationship between the professional practice environment and patient safety attitudes among nurses working in inpatient wards of an Indonesian district hospital.

2 Methods

2.1 Study Design and Setting

This study employed a quantitative cross-sectional design to examine the relationship between the professional practice environment and patient safety attitudes among nurses. The study was conducted between November and December 2025 in the inpatient wards of Wawa Husada Hospital, a district hospital located in Kepanjen, Malang Regency, East Java, Indonesia.

2.2 Participants

The study population consisted of 183 registered nurses working in the inpatient wards. Participants were recruited using a non-probability purposive sampling technique. The minimum sample size was calculated using Fisher's Z transformation for correlation analysis assuming a moderate effect size, resulting in a required sample of 85 participants. A total of 85 eligible nurses completed the study.

Eligible participants were registered nurses who provided direct patient care, had worked in the hospital for at least one year, were employed as permanent or contract staff, and voluntarily agreed to participate. Nurses undergoing internship or probation, those on leave, or those unable to participate because of illness or other reasons were excluded from the study.

2.3 Instruments

The professional practice environment was assessed using the Revised Professional Practice Environment Scale (RPPE-Scale) developed by Erickson et al. [11]. The instrument consists of 39 items covering eight dimensions: leadership and autonomy in clinical practice, control over practice, communication about patients, teamwork, handling disagreement and conflict, nurse–physician relationships, internal work motivation, and cultural sensitivity. Responses were rated on a four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). Negatively worded items were reverse-scored, and higher scores indicated a more favorable professional practice environment. Patient safety attitudes were measured using the Safety Attitudes Questionnaire–Short Form (SAQ-SF) developed by Sexton et al. [12]. The questionnaire contains 31 items across six dimensions: teamwork climate, safety climate, job satisfaction, stress recognition, perceptions of management, and working conditions. Items were scored using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Responses were converted to a standardized 0–100 scale according to the original scoring guidelines, with scores ≥ 75 indicating positive patient safety attitudes [12].

Both questionnaires were translated into Indonesian using a forward–backward translation process and culturally adapted to the Indonesian nursing context before data collection. Prior to the main study, the Indonesian versions were pilot-tested among 30 nurses who were not included in the final sample. Construct validity of the RPPE-Scale and SAQ-SF has previously been established by Erickson et al. [11] and Malinowska-

Lipień et al. [13], respectively. In the present study, all questionnaire items demonstrated acceptable validity in the pilot testing. Internal consistency was excellent, with Cronbach's alpha coefficients of 0.951 for the RPPE-Scale and 0.958 for the SAQ-SF.

2.4 Data Collection

After obtaining ethical approval and institutional permission, eligible nurses were invited to participate in the study. Participants received an explanation of the study objectives and procedures before providing written informed consent. The self-administered questionnaires were distributed during working hours and completed anonymously to ensure confidentiality.

2.5 Data Analysis

Data were analyzed using IBM SPSS Statistics version 27. Descriptive statistics, including frequencies, percentages, means, standard deviations, medians, and ranges, were used to summarize participants' characteristics and study variables. Data normality was assessed using the Kolmogorov–Smirnov test. Because the professional practice environment scores were not normally distributed ($p = 0.008$), whereas patient safety attitude scores were normally distributed ($p = 0.200$), the relationship between the professional practice environment and patient safety attitudes was examined using Spearman's rank correlation coefficient. Statistical significance was set at $p < 0.05$.

2.6 Ethical Considerations

This study was approved by the Health Research Ethics Committee of the Faculty of Health Sciences, Universitas Brawijaya (Approval No. 330/UN10.F17.10.4/TU/2025). Written informed consent was obtained from all participants before data collection, and participation was voluntary. Participant anonymity and data confidentiality were maintained throughout the study.

3 Results

3.1 Participant Characteristics

A total of 85 nurses participated in this study. As shown in Table 1, most participants were female (72.9%), whereas males accounted for 27.1% of the sample. More than half of the participants were aged between 20 and 30 years (57.6%), while 42.4% were aged 31–40 years. None of the participants were older than 40 years. Most nurses held a Bachelor of Nursing/Ners degree (64.7%), whereas 35.3% had a diploma qualification. Regarding professional experience, over half of the participants had worked as nurses for 1–5 years (52.9%), followed by 6–10 years (32.9%) and more than 10 years (14.1%).

Table 1. Respondent characteristics (n = 85)

Characteristics	n (%)
Gender	
Male	23 (27.1)
Female	62 (72.9)
Age (years)	
20–30	49 (57.6)
31–40	36 (42.4)
Educational level	
Diploma (DIII/DIV)	30 (35.3)
Bachelor of Nursing/Ners	55 (64.7)
Years of nursing experience	
1–5	45 (52.9)
6–10	28 (32.9)
>10	12 (14.1)

3.2 Professional Practice Environment and Patient Safety Attitudes

The overall mean score for the professional practice environment was 3.13 ± 0.38 , indicating that participants generally perceived their practice environment favorably. Among the eight dimensions, cultural sensitivity recorded the highest mean score (3.39 ± 0.48), followed by internal work motivation (3.38 ± 0.41) and nurse–physician relationship (3.38 ± 0.53). In contrast, teamwork (2.60 ± 0.61) and handling disagreement and conflict (2.77 ± 0.49) demonstrated the lowest mean scores.

Table 2. Distribution and descriptive statistics of the Professional Practice Environment (N = 85)

Variable	Mean $\pm$ SD	Median	Min–Max
Overall professional practice environment	3.13 ± 0.38	3.15	2.26–3.92
Leadership and autonomy in clinical practice	3.35 ± 0.49	3.40	2.00–4.00
Control over practice	3.13 ± 0.53	3.00	1.60–4.00
Communication about patients	3.05 ± 0.47	3.00	2.00–4.00
Teamwork	2.60 ± 0.61	2.50	1.50–4.00
Handling disagreement and conflict	2.77 ± 0.49	2.77	1.44–4.00
Nurse–physician relationship	3.38 ± 0.53	3.00	2.00–4.00
Internal work motivation	3.38 ± 0.41	3.37	2.00–4.00
Cultural sensitivity	3.39 ± 0.48	3.00	2.00–4.00

Overall, 52 nurses (61.2%) demonstrated positive patient safety attitudes, whereas 33 nurses (38.8%) exhibited suboptimal attitudes. The overall mean patient safety attitude score was 71.36 ± 11.64 . Among the six dimensions, job satisfaction demonstrated the highest mean score (80.41 ± 17.39), followed by perceptions of management (76.88 ± 16.51). Conversely, stress recognition had the lowest mean score (47.86 ± 29.05), while safety climate also scored below the recommended benchmark (71.09 ± 14.27).

Table 3. Distribution and descriptive statistics of Patient Safety Attitudes (N = 85)

Variable	Positive n (%)	Suboptimal n (%)	Mean $\pm$ SD
----------	-------------------	---------------------	---------------

Overall patient safety attitudes	52 (61.2)	33 (38.8)	71.36 ± 11.64
Teamwork climate	42 (49.4)	43 (50.6)	73.28 ± 13.12
Safety climate	0 (0.0)	85 (100.0)	71.09 ± 14.27
Job satisfaction	76 (89.4)	9 (10.6)	80.41 ± 17.39
Stress recognition	0 (0.0)	85 (100.0)	47.86 ± 29.05
Perceptions of management	36 (42.4)	49 (57.6)	76.88 ± 16.51
Working conditions	2 (2.4)	83 (97.6)	74.19 ± 17.67

3.3 Relationship between Professional Practice Environment and Patient Safety Attitudes

A Spearman's rank correlation test was conducted to evaluate the relationship between the professional practice environment and patient safety attitudes among inpatient nurses. The correlation analysis is presented in Table 4 below.

Table 4. Correlation between the professional practice environment and patient safety attitudes (N = 85)

Variables	Spearman's ρ	p -value
Professional practice environment and patient safety attitudes	0.745	<0.001

A statistically significant, strong positive correlation was observed between the professional practice environment and patient safety attitudes ($\rho = 0.745$, $p < 0.001$). The magnitude of the correlation indicates that nurses working in more favorable professional practice environments tended to report higher levels of patient safety attitudes.

4 Discussion

4.1 Professional Practice Environment

The present study showed that nurses generally perceived their professional practice environment as favorable, with an overall mean score of 3.13 ± 0.38 . This finding indicates that the organizational environment adequately supports professional nursing practice through effective leadership, professional autonomy, communication, and collaborative working relationships. A supportive practice environment has consistently been associated with higher nursing performance, better quality of care, greater job satisfaction, and improved patient outcomes [10], [14]. These findings suggest that creating favorable organizational conditions is essential for enabling nurses to deliver safe and high-quality care.

Among the eight RPPE dimensions, cultural sensitivity received the highest mean score, suggesting that nurses regarded culturally responsive care as an essential component of professional nursing practice. This finding is particularly relevant in Indone-

sia, a culturally diverse country where delivering culturally competent care is fundamental to respecting patients' values, beliefs, and preferences and promoting person-centred healthcare [15]. Previous studies have similarly reported that culturally competent nursing practice promotes patient-centered care, strengthens therapeutic relationships, and improves healthcare quality in multicultural settings [16].

Conversely, teamwork and handling disagreement and conflict received the lowest scores. Similar patterns have been observed in previous studies, where teamwork was consistently identified as one of the weakest dimensions of the professional practice environment [5]. These relatively lower scores may reflect organizational challenges such as workforce shortages, high workloads, rotating shifts, and suboptimal interprofessional communication, all of which can hinder effective collaboration and conflict management [17]. Although the overall practice environment was perceived positively, these findings highlight the need for hospital management to strengthen teamwork, communication, and collaborative problem-solving to further improve nursing practice and patient safety.

4.2 Patient Safety Attitudes

The overall mean patient safety attitude score was 71.36 ± 11.64 , indicating that nurses demonstrated moderately positive patient safety attitudes but had not yet reached the benchmark score of 75 recommended for the Safety Attitudes Questionnaire [12]. Although more than half of the participants reported positive patient safety attitudes, the overall mean score remained below the recommended benchmark of 75, indicating that several dimensions of patient safety attitudes still require improvement [18]. Similar findings have been reported in hospital-based studies, where nurses generally demonstrated moderate patient safety attitudes despite continuous efforts to strengthen patient safety culture [6].

Among the six dimensions, job satisfaction achieved the highest mean score. This finding suggests that nurses were generally satisfied with their work, which may encourage greater engagement in safe clinical practice and quality improvement activities [19]. Previous studies have consistently shown that higher job satisfaction is associated with stronger patient safety attitudes, increased work engagement, lower burnout, and improved quality of care [4].

In contrast, stress recognition received the lowest mean score, while safety climate also remained below the recommended benchmark. Similar findings have been reported in previous studies, where stress recognition was consistently identified as the lowest-scoring dimension of the Safety Attitudes Questionnaire [20]. Low stress recognition may indicate limited awareness of the impact of fatigue, psychological stress, and excessive workload on clinical performance, potentially increasing the risk of preventable errors. Likewise, lower safety climate scores may reflect insufficient organizational support, limited feedback mechanisms, and inadequate learning from patient safety incidents [21]. These findings highlight the need for organizational strategies that strengthen stress management, promote psychological safety, and foster a more supportive patient safety culture.

4.3 Relationship Between the Professional Practice Environment and Patient Safety Attitudes

This study identified a strong positive correlation between the professional practice environment and patient safety attitudes ($\rho = 0.745$, $p < 0.001$), indicating that nurses working in more supportive professional practice environments tended to report more positive attitudes toward patient safety. This finding is consistent with previous studies demonstrating that supportive professional practice environments are associated with stronger patient safety attitudes, improved nursing outcomes, and safer care delivery [5],[9].

These findings align with organizational behavior theory, demonstrating that supportive work environments foster positive patient safety attitudes [22]. At Wava Husada Hospital, favorable environment scores reflect management initiatives driven by national accreditation standards, including routine clinical huddles, structured nursing governance, and approachable unit leadership. This evaluation is also deeply shaped by Indonesian socio-cultural dynamics. Cultural values of mutual cooperation and familial atmosphere enhance peer support and job satisfaction [23]. Conversely, a high power-distance culture creates reluctance to confront interpersonal conflicts or challenge authority figures, explaining lower scores in conflict management and teamwork [24]. Improvements in the professional practice environment are likely to foster more positive patient safety attitudes and strengthen organizational safety culture.

Despite the overall patient safety attitude score remaining below the recommended benchmark, the strong correlation identified in this study highlights the professional practice environment as a potentially modifiable organizational factor for improving patient safety [5],[9]. Hospital managers should therefore prioritize interventions that strengthen clinical leadership, enhance teamwork, improve communication, and establish psychologically safe working environments [14],[21]. Such organizational strategies may strengthen nurses' patient safety attitudes while simultaneously improving care quality, reducing safety risks, and fostering a sustainable patient safety culture.

This study provides evidence on the relationship between the professional practice environment and patient safety attitudes among inpatient nurses in an Indonesian district hospital using validated instruments. However, its cross-sectional design limits causal inference, the single-hospital setting may reduce generalizability, and the use of self-reported questionnaires may introduce response bias. Future multicenter longitudinal studies are recommended to validate and extend these findings.

The findings suggest that improving the professional practice environment, particularly teamwork, communication, and leadership, may strengthen nurses' patient safety attitudes. Hospital managers should prioritize organizational strategies that promote collaborative practice, supportive leadership, and continuous patient safety education to enhance patient safety culture and nursing care quality.

5 Conclusion

This study found that a more favorable professional practice environment was significantly associated with more positive patient safety attitudes among inpatient nurses.

Although nurses generally perceived their practice environment positively, patient safety attitudes remained below the recommended benchmark, indicating opportunities for further improvement. Strengthening leadership, teamwork, communication, and interprofessional collaboration may enhance patient safety attitudes and support a stronger patient safety culture. Future multicenter studies are recommended to confirm these findings and improve their generalizability.

Acknowledgments. The authors sincerely thank Wawa Husada Hospital, Malang, all participating nurses, and the Faculty of Health Sciences, Universitas Brawijaya, for their support in conducting this study. The authors also acknowledge all parties who contributed to the completion of this research.

Disclosure of Interests. The authors have no competing interests to declare that are relevant to the content of this article.

References

1. J. G. Rainbow, D. A. Drake, and L. M. Steege, "Nurse Health, Work Environment, Presenteeism and Patient Safety," *West. J. Nurs. Res.*, vol. 42, no. 5, pp. 332–339, 2019, doi: 10.1177/0193945919863409.
2. W. H. O, *Global patient safety report 2024*. Geneva: World Health Organization, 2025. doi: 10.2471/b09204.
3. E. T. Lake, J. Sanders, R. Duan, K. A. Riman, K. M. Schoenauer, and Y. Chen, "A Meta-Analysis of the Associations Between the Nurse Work Environment in Hospitals and 4 Sets of Outcomes," *Med. Care*, vol. 57, no. 5, pp. 353–361, 2019, doi: 10.1097/mlr.0000000000001109.
4. X. Liu, Y. Guo, Y. Zhou, and Y. Zhou, "The present situation of the nursing practice environment and its influence on nursing quality in a post-epidemic era: a cross-sectional study," *BMC Nurs.*, vol. 23, no. 1, 2024, doi: 10.1186/s12912-024-02202-6.
5. R. Zeleníková, D. Jarošová, I. Plevová, and E. Janíková, "Nurses' Perceptions of Professional Practice Environment and Its Relation to Missed Nursing Care and Nurse Satisfaction," *Int. J. Environ. Res. Public Health*, vol. 17, no. 11, p. 3805, 2020, doi: 10.3390/ijerph17113805.
6. R. Almanhali, S. D. Al Sabei, and G. Matua Amandu, "Nurses' attitudes towards patient safety and their relationship to adverse patient events in Oman," *Journal of Research in Nursing*, vol. 29, no. 8, pp. 653–663, 2024, doi: 10.1177/17449871241278860.
7. D. Edgar, R. Middleton, S. Kalchbauer, V. Wilson, and C. Hinder, "Safety attitudes build safety culture: Nurse/midwife leaders improving health care using quantitative data," *J. Nurs. Manag.*, vol. 29, no. 8, pp. 2433–2443, 2021, doi: 10.1111/jonm.13444.
8. P. Lambrou, E. Papastavrou, A. Merkouris, and N. Middleton, "Professional environment and patient safety in emergency departments," *Int. Emerg. Nurs.*, vol. 23, no. 2, pp. 150–155, 2015, doi: 10.1016/j.ienj.2014.07.009.
9. X. Wang, M. Liu, T. Xu, K. Wang, L. Huang, and X. Zhang, "New nurses' practice environment, job stress, and patient safety attitudes: a cross-sectional study based on the job demands-resources model," *BMC Nurs.*, vol. 23, no. 1, 2024, doi: 10.1186/s12912-024-02135-0.
10. E. T. Lake *et al.*, "International Benchmarks for the Practice Environment Scale of the Nursing Work Index: A Meta-Analysis," *Nursing & Health Sciences*, vol. 26, no. 4, 2024, doi: 10.1111/nhs.70013.

11. J. I. Erickson, M. E. Duffy, M. Ditomassi, and D. Jones, "Psychometric Evaluation of the Revised Professional Practice Environment (RPPE) Scale," *JONA: The Journal of Nursing Administration*, vol. 39, no. 5, pp. 236–243, 2009, doi: 10.1097/nnn.0b013e3181a23d14.
12. J. B. Sexton *et al.*, "The Safety Attitudes Questionnaire: psychometric properties, benchmarking data, and emerging research," *BMC Health Serv. Res.*, vol. 6, no. 1, 2006, doi: 10.1186/1472-6963-6-44.
13. I. Malinowska-Lipień *et al.*, "Cultural adaptation of the Safety Attitudes Questionnaire – Short Form (SAQ-SF) in Poland," *PLoS One*, vol. 16, no. 2, pp. e0246340–e0246340, 2021, doi: 10.1371/journal.pone.0246340.
14. S. M. Salem, H. M. Bakeer, and H. A. El Shrief, "Nurses' perception of the professional practice environment and its relation to organizational dehumanization and work passion," *BMC Nurs.*, vol. 24, no. 1, 2025, doi: 10.1186/s12912-025-03241-3.
15. A.-M. Kaihlanen, L. Hietapakka, and T. Heponiemi, "Increasing cultural awareness: qualitative study of nurses' perceptions about cultural competence training," *BMC Nurs.*, vol. 18, no. 1, 2019, doi: 10.1186/s12912-019-0363-x.
16. L. Theodosopoulos, E. C. Fradelos, A. Panagiotou, and F. Tzavella, "Cultural Competence and Ethics Among Nurses in Primary Healthcare: Exploring Their Interrelationship and Implications for Care Delivery," *Healthcare*, vol. 13, no. 17, p. 2117, 2025, doi: 10.3390/healthcare13172117.
17. E. Papastavrou, P. Andreou, H. Tsangari, and A. Merkouris, "Linking patient satisfaction with nursing care: the case of care rationing - a correlational study," *BMC Nurs.*, vol. 13, no. 1, 2014, doi: 10.1186/1472-6955-13-26.
18. F. K. Alanazi, L. Molloy, S. Lapkin, and J. Sim, "Nurses' attitudes towards safety and their association with nurses' perceptions of adverse events and quality of care: a cross-sectional study," *Journal of Research in Nursing*, vol. 29, no. 8, pp. 681–695, 2024, doi: 10.1177/17449871241291518.
19. N. Serra *et al.*, "Workload, Job Satisfaction and Quality of Nursing Care in Italy: A Systematic Review of Native Language Articles," *Healthcare*, vol. 11, no. 18, p. 2573, 2023, doi: 10.3390/healthcare11182573.
20. C. Zhao *et al.*, "Evaluation of safety attitudes of hospitals and the effects of demographic factors on safety attitudes: a psychometric validation of the safety attitudes and safety climate questionnaire," *BMC Health Serv. Res.*, vol. 19, no. 1, 2019, doi: 10.1186/s12913-019-4682-0.
21. M. Finn *et al.*, "Effect of interventions to improve safety culture on healthcare workers in hospital settings: a systematic review of the international literature," *BMJ Open Qual.*, vol. 13, no. 2, pp. e002506–e002506, 2024, doi: 10.1136/bmjopen-2023-002506.
22. D. M. Julyta, D. Liana, and N. Nofierni, "Safety Leadership and Work Environment Management in Building Patient Safety Culture through Work Motivation," *Green Inflation: International Journal of Management and Strategic Business Leadership*, vol. 3, no. 1, pp. 94–107, 2026, doi: 10.61132/greeninflation.v3i1.678.
23. A. Kholiq, N. L. Khafidhoh, and E. Melzak, "Peer Support Amplifies the Benefits of Psychological Help-Seeking on Adolescent Well-Being in Indonesia's Collectivist Culture," *Pamomong: Journal of Islamic Educational Counseling*, vol. 6, no. 2, pp. 252–280, 2025, doi: 10.18326/pamomong.v6i2.5646.
24. N. Chen, M. C. Chao, H. Xie, and D. Tjosvold, "Transforming cross-cultural conflict into collaboration," *Cross Cultural & Strategic Management*, vol. 25, no. 1, pp. 70–95, 2017, doi: 10.1108/ccsm-10-2016-0187.

Open Access This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

