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Perceived Leadership and Safety Culture of Health Care Professionals in a Government Hospital in Cebu City, Philippines

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PERCEIVED LEADERSHIP AND SAFETY CULTURE OF HEALTHCARE PROFESSIONALS IN A GOVERNMENT HOSPITAL IN CEBU CITY, PHILIPPINES

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Acceptance Page

This thesis of **KRISTINE GRACE B. PADROGANE** titled "**PERCEIVED LEADERSHIP AND SAFETY CULTURE OF HEALTH CARE PROFESSIONALS IN A GOVERNMENT HOSPITAL IN CEBU CITY, PHILIPPINES"** is hereby accepted by the Faculty of Management and Development Studies, U.P. Open University, in partial fulfillment of the requirements for the degree **Master of Arts in Nursing.**

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Biographical Sketch

I was born in Mapawa Maragusan Compostela Valley Davao de- Oro Philippines, and my name is Kristine Grace B. Padrogane-Armentia. I currently live in Summerville, South Carolina in the United States, and I am a registered nurse. Here in the United States, I work as a relief supervisor in addition to being a certified registered rehabilitation nurse.

I earned a Bachelor of Science in Nursing from Brokenshire College of Davao and a Master of Arts in Nursing with a major in nursing management from the University of the Philippines-Open University.

I received a SNAP (Staff Nurse Appreciation Program) award from Trident Technical College in South Carolina, USA, for sharing my knowledge and coaching aspiring nurses and colleagues. I was also named Employee of the Quarter 2025 for demonstrating Comfort, Professionalism and Respect and for setting an example for the hospital’s value.

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Dedication

I dedicate this research to Vicente Sotto Medical Center for granting me permission to do so, as well as to all medical professional who kindly donated their time, energy and assistance. Future health care professionals and research assistants may find this study to be a source of motivation and an example to keep aiming for service and excellence.

More than everything may this work serve as a remember to always give our all wherever God has sent us to serve. Without your assistance this achievement would not have been possible.

Abstract

Introduction: Effective leadership is a cornerstone in cultivating a patient safety culture, particularly in acute care hospital particularly where communication, teamwork, proactive problem solving can prevent hazards such as falls, medication errors, staffing issues. When health care leaders, managers foster a supportive and optimistic environment, they enhance collaboration, boost morale and strengthen the quality of care.

Materials and Methods: A descriptive correlational quantitative design was used in the study. A total of 353 healthcare workers were selected using stratified random sampling.

The perceived level leadership of management was measured using the Leadership Assessment Tool, while perceived level of patient safety culture of healthcare workers was assessed using Manchester Patient Safety Culture Assessment Tool (MaPSCAT). Participants were healthcare workers assigned to the hospital in the Philippines. The participants were asked using a paper-to-pen test.

Results: In this study, all indicators under level leadership of management scored ranging from 16-20 stating that healthcare workers have stronger authentic leadership. On the other hand, among all factors of on the perceived level of patient safety culture, teamwork has the greatest score of maturity level of proactive to generative level (proactive n=132: generative n=127) which means that healthcare workers-imposed collaboration and cooperation to each other to have safety culture in their working environment. Furthermore, Leadership and Patient Safety Culture under pearson’s r correlation test showed significant relationship ($p<.05$) to each other with a resulting r-value of .329. This result showed weak positive correlation. Moreover,

among all profile variables, only job position showed significant relationship towards safety and culture of healthcare workers (p<.05, X^2=253.135a).

Conclusion/Implications: The study found that while authentic leadership is conspicuous in the organization, with an emphasis on integrity, transparency, and moral courage, the impact of this style on patient safety culture is statistically significant but only marginal. Thus, leadership, while an important aspect, does not solely influence safety outcomes. The existing proactive safety climate, mainly in teamwork and training, manifests a commendable commitment to quality care, but one-on-one improvement in communication is warranted. Notably, job position was the only significant demographic factor noted about safety perception, which reflects the need for safety interventions tailored to different job categories. These results suggest that healthcare organizations should place priority within their strategic plan for leadership development and interventions for safety which are position-specific, thereby creating a culture of safety to enhance organizational performance.

Keywords: Authentic Leadership, Patient Safety Culture, Healthcare Workers, Teamwork, Job Position, Hospital Management, Leadership Assessment Tool, MaPSCAT, Safety Interventions, Descriptive Correlational Design, Philippines

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CHAPTER I

THE RESEARCH PROBLEM

Background of the Study

Effective leadership is a cornerstone in cultivating a patient safety culture, particularly in acute care hospitals, where communication, teamwork, and proactive problem-solving can prevent hazards such as falls, medication errors, and staffing issues. When healthcare leaders and managers foster a supportive and optimistic environment, they enhance collaboration, boost morale, and strengthen the quality of care.

Certain institutions may only begin to recognize burnout when it starts to impact productivity negatively. Healthcare professionals are essential within the healthcare sector, providing patient care and assuming leadership roles across hospitals, hospital networks, and various organizations.

Moreover, healthcare workers are the cornerstone of any health sector. Many feel exhausted and mentally drained as they take on more work to fill in for fewer colleagues. It is essential to remember that if this situation persists, it could compromise patient safety. In a hospital setting, where incidents are common, patients and staff can be affected. Incidents such as medication errors, miscommunication, or falls can occur in any department, making it essential to support our healthcare workers in maintaining safe and effective care.

Around the globe, patients in health care facilities who encountered unnecessary harm and even unexpected death may suffer from injuries that could be preventable, such as infections, medication errors, or procedural errors. Patients might fall, misdiagnose, or improperly manage their acute illness (Yuan-Sheng Ryan Poon 2022).

Other risks include pressure ulcers, malfunctioning or misused equipment, and unskilled staff. These are some familiar sources of preventable harm, although the frequency of each varies. Despite increased focus on patient safety over the past decade, the overall burden of these incidents has not significantly decreased. Many of these events could have been prevented, and the human toll on patients and families is deeply concerning.

In the article cited by Asis et al. (2025), which addresses healthcare satisfaction and retention in Philippine primary care, the Philippines is the world's leading exporter of healthcare workers. Consequently, hospitals in the Philippines are experiencing a shortage of the healthcare workforce, which impacts the quality and safety of patient care. Based on the research study conducted among health care workers, job satisfaction is the leading cause that health care workers tend to seek greener pastures. The following reasons include a lack of benefits and compensation, poor infrastructure and supply chain accessibility, administrative challenges and disparities, and high turnover rates.

Improving safety culture within the healthcare system is vital for minimizing and controlling errors. According to The Joint Commission, safety culture is the combination of beliefs, values, attitudes, insights, skills, and conduct that guide the organization's commitment to upholding quality standards and ensuring patient safety.

According to the Joint Commission (2009), the severe reportable event alert emphasizes the significance of management engagement in enhancing patient safety. The alert calls for organizational leaders to undertake specific actions within their institutions, including fostering a safety-oriented culture and establishing a just culture for addressing errors.

This study is grounded in the notion that healthcare workers' perceptions of leadership influence their engagement and input into the hospital's safety culture. Many studies worldwide have documented this, but there is a lack of empirical evidence from the Philippines, particularly within hospital settings. Furthermore, identifying how demographic variables such as job position, years of experience, or department assignment influence perceptions of safety culture can serve as a basis for developing more targeted approaches to leadership and safety.

This study thus fills the aforementioned gap by examining the perceived levels of leadership and safety culture among healthcare workers in a selected hospital in the Philippines. Insights generated by the study will further inform hospital administrators, policymakers, and academic institutions in shaping leadership frameworks more effectively and building a safety culture within their organizations. Ultimately, the research aims to empower healthcare workers to enhance healthcare outcomes through evidence-based leadership and safety practices.

Statement of the Problem

This study aimed to assess the level of perceived leadership associated with patient safety culture among health care workers in a hospital in the Philippines.

The study evaluated healthcare professionals' perspectives on leadership styles and behaviors that support the promotion and fostering of a patient safety culture in their work environment. As leaders are the role models for organizational mandates, they are responsible for ensuring employee compliance with policies, procedures, and protocols. It also sought to study how they perceive safety culture across the demographic profile of healthcare professionals. This demographic profile includes job position, marital status, age, area of assignment, and years of experience in the hospital. Thus, correlating these factors revealed patterns in safety culture participation and assimilation among individuals across different departments. This study was conducted at a government hospital in the Philippines. It will be beneficial to policymakers, helping them develop a robust safety culture and become effective leaders within the institution. This research will be a valuable contribution to healthcare professionals and future researchers in enhancing patient safety culture, healthcare interventions, and a safe clinical environment.

Objectives of the Study

The general objective of this study was to evaluate whether there is a significant relationship between leadership and the patient safety culture of healthcare workers.

Particularly, this study aims to address the following queries:

What is the demographic profile of the respondents in terms of

1.1 age

1.2 marital status

1.3 length of work experience

1.4 position

1.5 work assignment?

2. What is the perceived level of leadership management of healthcare workers according to

2.1 self-awareness

2.2 internal moral perspective

2.3 balance processing

2.4 relational transparency?

3. What is the perceived level of patient safety culture of healthcare workers according to

3.1 communication

3.2 continuous improvement

3.3 priority given to safety

3.4 system error and individual responsibility

3.5 recording incidents

3.6 Learning and effecting change

3.7 personnel management

3.8. staff training and education

3.9 teamwork

3.10 evaluating incidents and best practice?

4. Is there a significant relationship between leadership and patient safety culture?

5. Is there a significant relationship between perceived safety culture and demographic profiles of the respondents?

Significance of The Study

This study aimed to assess whether there is a significant relationship between the leadership and safety culture of healthcare workers. It benefits all stakeholders by fostering an environment that prioritizes patient well-being, supports healthcare workers, enhances organizational performance, and contributes to the overall effectiveness and sustainability of the healthcare system. The findings of this study would be valuable to the following:

Healthcare Organizations, based on the study's findings, will benefit from the reduced costs associated with errors, additional treatments, and extended hospital stays. Additionally, they have a strong commitment to patient safety, which attracts more patients and healthcare workers, enhancing their reputation and competitive edge.

Hospital leaders, based on the study's findings, will provide analysis to inform the development of strategies. Hospital management and decision-makers can focus on areas that positively impact healthcare quality by fostering a culture of safety and recognizing the critical role of leadership.

Healthcare workers in different areas, based on the study's findings, will provide insights into leadership and safety culture. Additionally, the findings will inform the development of policies that enhance competence in addressing patient safety and the well-being of healthcare workers.

Healthcare workers, as the findings will help ensure they receive optimal results in dealing with patients' organizational safety culture and experience a workplace committed to safety, will have a strong commitment to the organization.

Patients are the beneficiaries of quality care through better policies, procedures, and a reduced likelihood of errors, resulting in improved patient outcomes. They receive care in a safer environment where risks are minimized, and prevention of harm is prioritized.

Future Researchers, as revealed by the study, will enhance their understanding of the organizational safety culture and quality of care for healthcare workers.

Scope and Limitation

Participants in this study included healthcare workers, such as doctors, nurses, pharmacists, administrative staff, and auxiliary personnel, as well as those who interact with healthcare systems.

The scope of this research encompassed the perceived leadership and patient safety culture of healthcare workers, as well as patient safety outcomes, and this was substantially conducted through a self-administered survey. The research setting was conducted in a Government Hospital in the Philippines, a tertiary medical center, and a teaching and training facility for medical professionals. Approximately 300 or more participants would be the subject of the study.

CHAPTER II

REVIEW OF LITERATURE

This chapter reflects a review of the literature and studies conducted. A conceptual framework was formulated to illustrate the relationship between leadership, patient safety culture, and the quality of care provided by healthcare workers, which led the researcher to formulate the hypothesis. Online resources and databases were utilized, such as OVID Journal online, ProQuest, and ScienceDirect.

The keywords used were perceived leadership and patient safety culture among healthcare workers.

Profile

According to the investigation conducted by Bernal et al. (2023), emergency room nurses in the Philippines, as part of their ongoing study, have converging demographic age brackets that address transformational leadership and patient safety. This highlights the importance of younger health workers in embracing and responding to the culture of safety and leadership within hospitals. Moreover, Puteh et al. (2022) added that in Malaysia, safety leadership had a clear impact on motivation and safety performance among nurses, for the most part ranging in age from 26 to 35.

Similarly, Muftawu and Aldogan (2020) discovered that unmarried employees would tend to report moderate levels of safety culture due to reduced family obligations and better levels of commitment to their work. The only exclusion from the present study was 0.63% of widowed individuals, complying with global findings that older or retired health workers are less active in hospital settings (Gamo Zone Study, 2022).

Al-Tannir et al. (2021), through their cross-sectional survey of hospital pharmacists in Saudi Arabia, further amplify the findings that patient safety culture was rated higher by pharmacists, particularly in terms of teamwork and organizational learning. They also cited the staffing and workload as not-so-favorable indicators. These findings, related to the present study, which comprised the majority of the pharmacists, actually underscored the strong role that perceptions of safety culture can play in shaping the hospital environment.

In addition to the study of Daganan et al (2019), a descriptive correlational study of the quality of work life of pharmacists in the Philippines, the results show that respondent pharmacists were not too stressed in the work environment, they had moderate control, which revealed positive responses in job satisfaction, professional, and organizational commitment.

The role of transformational leadership style has been dramatically influenced by the role of healthcare in promoting a patient safety culture. This study was conducted in elderly care wards of Norwegian nursing homes, where 47.2% of the observed variance was attributed to perceived patient safety culture. This support also extends to a broader range of healthcare workers, including physical therapists, residents, and respiratory therapists, as well as effective leadership (Schildmeijer et al., 2020).

Al-Tannir et al. (2021) studied pharmacists from a hospital perspective, who strongly stressed that their roles are crucial and valuable, as they found that they are essential for teamwork and organizational learning. However, they voiced their concerns that excessive personnel staffing is based on the conduct study. It showed that their contribution to patient safety has been significant across the entire hospital.

Lee et al. (2021) noted that, similarly to the present study, a less-experienced healthcare worker is crucial; thus, the significance of leadership support was essential in this stage to foster a safety-oriented culture. The data show that the lower the experience level of professionals in the workforce, the more stressed they felt, contributing to the greater perception that patient safety is not valued. This aligns with the current findings, which indicate that most respondents are still in the early stages of their careers.

Additionally, research has shown that work experience positively influences the perception of healthcare workers regarding the effectiveness of leadership and their behavior towards safety (Okuyama et al., 2020). The finding indicates that junior staff members depend more on organizational support and supervisory support than their senior counterparts. Hence, the current findings support the idea that safety practices among younger workers in their workplaces, such as healthcare institutions represented in this study, would benefit from efficiency-oriented leadership that fosters trust, mentoring, and effective communication. Relevant work experience was strongly associated with the perception of the PSC. Azayabi (2021) noted that work experience was also correlated with the perceived quality of care among nurses. Furthermore, more experienced healthcare professionals demonstrated a superior understanding of patient care requirements compared to their less experienced counterparts.

Morales et al. (2020) found that a study on the perception of nurse managers regarding patient safety culture and the maturity level of safety culture in selected internationally accredited hospitals in Metro Manila, Philippines, noted that the millennial group possesses qualities of self-determination and goal orientation in decision-making.

Garcia et al (2019) reveal that those working in emergency departments are prone to psychological distress, such as depression, stress, and anxiety, as this type of work assignment is reported as being overburdened with tasks and leading to feelings of inadequacy. These areas need support from leaders and management.

Leadership/ Management of Health Care Workers

Ayudan, Miranda et al. (2024) emphasize that understanding the patient safety culture is crucial in healthcare settings, as it reflects the healthcare team's values, understanding, and commitment to patient safety. They emphasize that strong leadership is crucial for fostering a positive safety culture. Based on their study, leaders play a pivotal role in promoting cultural awareness and exploring diversity in leadership styles, ensuring the reassurance of healthcare delivery, and building a strong patient safety culture.

While leaders may differ from managers, they share many important responsibilities. Leaders are often involved in setting goals and crafting strategic plans to reach those goals. They communicate clear directions to team members, oversee how the organizational strategy is put into action, and establish guidelines to motivate and evaluate performance. These shared duties help ensure the organization moves forward successfully (Gutterman, 2023).

Effective leadership is instrumental in steering an organization towards successful and positive outcomes. Numerous studies indicate a strong correlation between effective leadership styles and enhanced patient satisfaction and a reduction in adverse events. Furthermore, effective leadership is crucial when implementing new changes and deploying national reforms within healthcare services.

The healthcare system in Africa is characterized by fragility and is often associated with inadequate leadership. Nonetheless, leadership is vital in enhancing the performance of managers within primary health care units (PHCUs). Ethiopia's primary hindrance to executing health reforms is weak leadership engagement. A deficiency in the health workforce is linked to poor leadership, which can lead to loss of lives. Furthermore, assessments of healthcare leadership conducted at five public hospitals in Addis Ababa reveal that only 61% of leadership effectiveness can be attributed to various organizational and personal factors, such as gender differences, job commitments, work experiences, organizational culture, leadership styles, and emotional intelligence. Conversely, ineffective leadership results in diminished motivation, poor collaboration, mistrust, low self-confidence, and insecurity among healthcare workers.

Self-Awareness

Stanford insights were cited by Showry et al in their analysis of leadership qualities, specifically self-awareness, as the key foundation of their managerial abilities that project managerial efficiency and leadership excellence. It demonstrates that self-awareness is far more important to management success than their flexibility and critical thinking professional skills. To manage effectively, they must actively endeavor to fully understand their leadership expertise through internal and external evaluation and assessment. This will help them identify their strengths and areas for development, ultimately setting personal development goals for institutional and specialized advancement.

The medical industry relies similarly on strong leadership, with success largely dependent on leaders' performance at all levels. Leadership self-awareness is vital for

navigating the complexities of healthcare systems and forming and leading successful teams. To successfully lead others, one must first demonstrate leadership over oneself. Nonetheless, nurturing such a quality proves more difficult than it appears. Caldwell claims that it requires continual and purposeful work, a commitment that a leader must gladly accept. This task requires a high level of mental and emotional fortitude. Despite these hurdles, self-awareness enables leaders to detect and manage their mood states, thereby exerting more influence over others. This skill has become essential for leaders seeking to enhance their effectiveness, boost follower performance, and drive corporate success.

A multitude of studies and investigations emphasize the importance of leadership awareness in supporting an organization's growth, which involves enhancing a climate of trust and honesty and promoting employee engagement.

Leaders who display self-awareness of their own leadership practices, primarily through self-evaluation compared to external reviews, may distinguish their determination, shortcomings, and covert biases. Acknowledging their capacities and continuously striving for growth enables leaders to earn the trust of team members and enhance their credibility. Employees are apt to rely on leaders who show liability and honesty in their leadership approach and gaps. This type of environment promotes honesty not only towards leadership but also towards the organization and its guiding principles. This atmosphere inspires employee involvement in institutional activities and strengthens outcomes.

According to Northouse 2019, self-awareness serves as the foundation of strong leadership. It encompasses a clear understanding of one's strengths, limitations, personal values, emotional responses, self-identity, purpose, motivations, and the impact one has on others, along with the acceptance of these characteristics.

By cultivating their self-awareness, leaders can make informed decisions with confidence while guiding their team.

Managers who are mindful of their actions project confidence and consistency in their decision-making, which in turn fosters mutual trust between employees. Consider a scenario where a manager demonstrates uncertainty and repeatedly alters their choices. In such cases, team members regularly interpret the managers as unsure about the right course of action. This perception of indecision or a lack of competence can erode the trust that followers have in their leaders, underscoring the crucial role of self-awareness in building trust.

Internal Moral Perspective

The internal moral perspective is a premise on which ethical leadership in healthcare relies on the self-regulation of individuals according to internal ethical standards rather than external rewards or pressures. Amongst other studies, Pakizekho and Barkhordari-Sharifabad (2022) found that there was a substantial and favorable association of ethical leadership grounded with moral characteristics such as conscientiousness and moral courage among nurses. Therefore, they argue that "ethical leadership reflects a leader's moral beliefs, but it is also a predictor of these personal virtues and creates a climate in which the internalized ethical values guide further actions of these healthcare workers". Similar results were obtained by Elhihi et al. (2025), who found that moral courage significantly mediated the impact of ethical leadership on the willingness of nurses to report medical errors. This suggests that an internal moral compass in leaders motivates their followers to take morally obligated actions.

Zhou et al. (2025) also demonstrated that ethical leaders influence their followers through moral decisions and consistent behavior, thereby facilitating the support of head nurses in shaping their clinical moral behaviors. Leaders internalize moral concepts that serve as a powerful model for their staff to emulate in creating a safety and integrity culture. Further, another research by Pakizekho and Barkhordari-Sharifabad (2022) underlined that ethical leadership fosters prominent moral traits and claimed that a leadership style like this is exceptionally significant in the health environment, where making ethical decisions is quite important. Therefore, this was supported in a 2023 thesis published by Risk Management and Healthcare Policy, which concluded that ethical leadership has a significant impact on safety within an organization, as it fosters an environment where morals tend to guide nursing behavior, thereby increasing the sense of safety culture in the healthcare institution. Altogether, these findings demonstrate that an internal moral perspective is a vital underlying component of ethical leadership, significantly contributing to shaping how leaders perceive the quality of leadership and safety culture within their work environment.

According to Walumba et al. The second aspect of authentic leadership is the internalized moral perspective, which refers to an individual's moral values and standards that serve as a moral compass directing decision-making regardless of external pressures (Northouse, 2019).

This approach is regarded as self-directed, as human beings possess authority based on how they allow others to impact their decisions (Northouse, 2019). For instance, one was willing to make decisions believed to be right, even if such decisions involved causing delays in the production process or requiring employees to redo work

to meet quality standards, despite external pressure to meet sales targets. This highlights the importance of quality standards over sales targets, making individuals feel the significance of their work.

In truth, being an authentic and ethical leader entails acting according to one's internal moral perspective rather than succumbing to external pressures. In this regard, ethical foundations are recognized to be one of the emerging salient attributes of healthcare leadership in creating a patient-safety culture. According to Aloustani, Atashzadeh-Shoorideh, and Zagheri-Tafreshi (2020), ethical leadership is significantly correlated with ethical culture and discretionary employee behaviors among nurses. It is in this context that they discussed acting as moral examples for one another, which would bring forth an environment that instills in healthcare workers a tendency to go beyond the specific duties prescribed within their official roles, thus being guided by internally self-induced motivators stemming from their personal ethics.

Comparably, Zolkefli (2020) continues to oppose the importance of ethical leadership in high-risk situations, especially the COVID-19 pandemic emergencies, based on the premise that nurse leaders must display ethical fortitude, honesty, and open communication to help the welfare and ethical judgement of staff members that experience overwhelmed, thus maintaining this moral behavior towards the team are the most tough times situations.

Hajjar and Zgheib et al. (2020) similarly highlight the role of leadership in shaping principled behavior among healthcare professionals, and administrative abilities in leadership are influential factors in professional ethics and moral judgment. By focusing on internal motivation and ethical standards, leaders motivate their teams to support patient-centered professionalism. These results reinforce previous research, such as that by Pakizekho and Barkhordari-Sharifabad (2022), highlighting

the importance of the relationship between ethical leadership and other desirable traits, including ethical courage and thoroughness. Elsewhere, Elhihi et al. (2025) presents that ethical courage serves as a link between ethical leadership and medical error reporting. In short, they considered that leaders who were internally robust may motivate a safety culture and ethical behavior. Ethical leaders demonstrated this by promoting professional clinical behavior guided by ethical standards, which cultivates ethical awareness among team members. The researchers also claim that ethical leadership shapes clinical practice through the establishment of moral standards, as well as consistently rewarding ethical conduct.

Balance Processing

Balancing processing has emerged as a key component of effective leadership in healthcare settings, as decisions are made in an open, inclusive, and considerate manner, with input from the team. In the 2022 BMC Health Services Research report, which studied burnout and authentic leadership in the academic world of medicine, faculty and trainees noted that the second leading cause of dissatisfaction stemmed from a lack of balanced processing by leaders who instituted changes without consulting those directly impacted by the changes. For example, the orientee, asking for collective input into decision-making around their work assignment, staff recognized that policies such as clinical hours were not communicated effectively. This shows that a lack of balanced processing could diminish trust and disrupt workflow. Highlight this issue, revealed in research by PubMed published in 2021, which recognized the role of authentic leadership, which incorporates balanced information processing and moral judgment, as adding to 74.5% variance in fostering psychological autonomy among nurses. The authors emphasize that through the

equitable consideration of diverse opinions and integrity, leaders can significantly enhance fairness and empowerment in the workplace. Lastly, in 2024, the Egyptian Nursing Journal states an article on authentic leadership in crisis, which indicates that one of the four dimensions measuring balance processing received the lowest scores in relation to nurses' perception. It states that self-awareness and transparency are there, but indeed, a considerable gap exists in nurses' perception of how well leadership processes diverse inputs before acting on them. In summary, these results demonstrate that balanced processing is underutilized and has significant effects; neglecting it leaves employees without empowerment, which in turn puts engagement and safety culture among health professionals at risk.

Several studies have focused on identifying the qualities and leadership strategies that leaders may possess and employ to enhance their ability to foster emotional safety and cultivate a culture of safety. Based on a systematic analysis from the employees' standpoint, regarding their capability to speak up about concerns, it was revealed that leadership skills, such as an advanced level of inclusiveness, intervention, and a lower extent of narcissistic behavior, alongside increased employment stability of supervisors and reduced managerial-level decision control, were connected with feedback-seeking behavior among employees.

A comprehensive analysis of Just Culture demonstrated that leaders can fully commit to fostering a culture through visibility, accessibility, approachability, and dedication to meeting the necessary needs." A limited-scale survey concluded that leaders ought to comprehend staff's distinct abilities and requirements, demonstrating confidence in their capabilities, and urge sharing ideas in relation to safety in order to foster an open and trustworthy work setting that promotes emotional well-being and

lessens safety injuries. Additionally, a study based on qualitative data emphasized that leaders could become familiar with the individual traits of their employees.

This self-regulatory behavior, as outlined by Northouse (2019), is a crucial trait that enables a leader to objectively analyze information before making decisions. It signifies a leader's willingness to consider the information and opinions of others, even when they differ, demonstrating an openness to suggestions and deliberation before concluding. Many of us have been in situations where we hesitated to voice our opinions, fearing that our leader would only listen to those in the 'in-group.' Consider the impact of such experiences on feelings of value and inclusion. An authentic leader actively seeks and incorporates viewpoints from outside the immediate in-group, fostering a collaborative and engaging team atmosphere where all ideas are valued. This form of authentic leadership is specifically productive in enabling institutions to innovate and drive change through practical critical thinking and ideation, inspiring and motivating team members to contribute their best.

Relational Transparency

According to Walumbwa et al, relational transparency involves presenting one's authentic self to others openly and sincerely (Northouse, 2019). Kernis, as cited in Northouse(2019), supports this by emphasizing that transparency occurs when leaders reveal their core emotions and underlying motives. Furthermore, Northouse posits that authentic leaders project both their strengths and weaknesses, allowing others to see a complete and genuine version of themselves.

Has one ever noticed a leader who never appeared to become angry or display any emotional state? The laissez-faire leadership method, which involves minimal leader interference, can often be interpreted as a lack of concern. If a leader refrains

from discussing the significance behind their policies and does not express emotions—complacency, irritation, discouragement, care, or drive—it can usually be challenging for employees to perceive the leader as a genuine individual or staff member. This underscores the significance of authentic self-presentation in leadership, as it can facilitate removing communication barriers and foster greater engagement and participation among employees.

The key construct of relational transparency involves open and candid channels of discussion, as well as leaders' self-disclosure of their personal experiences, sentiments, and even constraints within the organizational framework. For example, in an illustrative qualitative study of academic medicine, emotional support was achieved in the following manner. When leaders showed their grief and vulnerabilities, participants were encouraged to acknowledge and confront their own difficult emotions. However, a large-scale employee survey conducted during the pandemic noted that excessive transparency could impair employee–organization fit and reduce trust, emphasizing the importance of striking a balance between transparency and context.

In contrast, in a medical setting, team relationships within the context of an institution are a significant concern for safety culture, and the point of view is an important indicator of a strong safety culture. Displaying a transparent leader fosters an environment where employees feel psychologically safe in expressing their concerns.

Overall, the findings suggest that context-sensitive transparency can enhance trust, psychological safety, and safety culture, provided it is balanced to prevent cognitive overload and maintain alignment with organizational objectives.

Patient Safety Culture of Healthcare Workers

Azaybi et.al (2022) state that U.S. healthcare institutions need innovations to eliminate widespread risks. The Institute of Medicine (IOM), To Err Is Human: Building a Safer Health System," highlights the importance of improving patient safety. By stressing the extent of harm caused, the IOM urges healthcare institutions to urgently improve their practices to enhance patient safety. Raising awareness of patient safety promotes a culture that reduces risks for patients during healthcare delivery.

Significantly, this concern is global; the healthcare system worldwide is increasingly prioritizing a patient safety culture as a central component of effective healthcare policy.

Cross-sectional studies undertaken in many healthcare settings have cited many revealing their patient safety culture among healthcare workers: A similar trend was observed in the study conducted in Saudi Arabian hospitals where teamwork was highly rated among nurses (77.8%) but with weaknesses in staffing and responding to errors, and communication openness and management support playing a key role in their view of safety grades (Alqahtani et al., 2024).

A comparable trend was observed in Vietnam, where effective teamwork received a noticeable strong support from management; however, there were still alarming issues related to punitive measures for errors and understaffing. Furthermore, open communication is a key indicator of strong safety understanding (Nguyen et al., 2023). In Iran, Hosseini et al. (2022) cited that both punitive approaches to errors and inadequate staffing received low ratings as key dimensions. In contrast, the frequent event reporting emerged as a significant predictor of medication error. Likewise, Askarian et al. (2021) have thus reported low safety culture scores in Iranian

hospitals, with concerns in teamwork across units, safety perceptions, and communication.

Some suggest that organizational factors and stress are among the key factors in frontline workers forming a safety culture. Ghazali et al. (2023) in Malaysia observed that job stress was a negative predictor of the patient safety climate, underlining the necessity for promoting safety climate programs. In contrast, Tesfaye et al. (2022) in Ethiopia emphasized the importance of leadership, training, and teamwork in promoting safety, while also highlighting existing problems related to underreporting and staff shortages. A systematic review conducted worldwide by Stalpers et al. (2020) shows that nurse burnout impairs safety culture and has a direct impact, for example, by increasing patient falls and medication errors. Portuguese and Moroccan critical care research has discussed how safety culture is primarily shaped by leadership, communication, and collaboration (Fernandes et al., 2021).

In a meta-analysis conducted in Iran, it has been found that the ability to speak up as well as the frequency of reporting negatively correlated with major harmful events such as drug administration errors and decubitus ulcers (Hosseini et al., 2024). Lastly, another study conducted in Jordan demonstrated that a significantly enhanced patient safety culture deterred nurses from leaving their jobs, thereby strengthening workforce stability and overall care quality (Al-Hussami et al., 2023). All these studies collectively establish the fact that patient safety culture is a multifaceted construct with ethical leadership, a communicative organization, stress levels, and systemic support as its determinants.

Improving the safety culture of the health care system is essential in preventing and minimizing errors. According to the Joint Commission, organizational commitment to healthcare excellence and safety is characterized by its collective beliefs, values,

skills, perceptions, and behavioral habits. The ability of staff members, whether in clinical or operational support jobs, whether they are recently hired OT seasoned professionals, to feel at ease raising concerns when they notice anomalies is a crucial sign of a strong safety culture. To enable healthcare workers to learn from adverse incidents, near misses, and dangerous situations, leadership must support and foster an atmosphere where discussing problems is actively encouraged. Promoting an open and blameless reporting architecture could help accomplish this goal.

Transitioning to a “just culture," characterized by the minimization or elimination of individual blame and an emphasis on system flaws contributing to adverse events, can significantly enhance the safety culture. In a 'just culture,' the focus is on learning and improving the health system, rather than on blaming individuals for errors.

System Error and Individual Responsibility

Medical errors can potentially have catastrophic consequences for patients, with nearly half of clinicians experiencing a single critical, harmful event during their careers. A survey involving over 3,000 physicians across the United States and Canada found that 92% reported prior involvement in adverse events, while 81% acknowledged experiencing job-related stress as a result. Moreover, all health team members are vulnerable to mistakes and susceptible to repercussion, often silently witnessing mistakes while grappling with conflicting loyalties to patients, institutions, and colleagues.

The main goal of the reporting system is to determine safety concerns that can lead to productive improvements within the healthcare sector. However, when a culture of blame prevails, it discourages the reporting of incidents, and punitive responses further block the advancement of a just culture, thereby impeding both

member and systemic progress in patient safety. The fear of being held accountable is a significant barrier to incident reporting. It takes attention away from the crucial objective of identifying the underlying cause of safety accidents. Frontline health care workers frequently hesitate to disclose mistakes, mainly because they are skeptical that doing so will result in significant improvements and fear retaliation or blame. Potential consequences include professional misconduct lawsuits, deteriorating patient trust, psychological reactions from clients and their families, or risk to job security, which could be the source of this anxiety. It is vital to remember, nevertheless, that nurses are essential in reducing errors despite these worries. They are an essential component of the safety net of the health care system because of their closeness to patients and their capacity to manage competing demands in their duties. Understanding healthcare safety culture requires considering both individual and system accountability, as well as system-level mistakes. According to Vincent et al. (2020), patient safety is influenced by both human behavior and a variety of systemic elements, which in turn influence each other's structure and personal accountability. Therefore, moral responsibility involves ignoring the need to alter the system in which those people must operate. According to Chegini et al. (2020), this is supported by the observation that a nonpunitive error reporting culture encourages healthcare professionals to report errors more freely, which promotes organizational learning and enhances safety culture. Punitive environments, on the other hand, discourage error reporting due to blame. These results underscore the importance of establishing effective procedures and fostering an environment that encourages individuals to safely acknowledge mistakes without harming others. That study highlights the crucial role of company culture and leadership in striking a balance between personal accountability and systemic flaws. According to Vincent et al. (2020), nurse managers

who practice ethical leadership reduce error rates and provide an environment of openness and accountability that motivates employees to take ownership of their actions while also taking systemic variables into account. Together, these studies affirm that healthcare safety depends on a balanced approach where system errors are addressed without negating individual responsibility, strengthening a culture of safety, learning, and ethical practice.

Continuous Improvement

The Institute of Medicine (1999) published a significant report entitled 'To Err is Human: Building a Safer Health System.' Stadiem R. (2007) approximately 98,000 individuals lose their lives each year in hospitals as a result of medical mistakes. The report was not intended to assign blame to healthcare workers or institutions but rather elucidate deficiencies within healthcare systems—rather than individual misconduct—that were primarily responsible for these fatalities. Furthermore, the report aimed to mobilize healthcare professionals, management, and clients in support of the national priority to promote a safety culture and foster systematic improvements in healthcare quality.

Managing an individual patient is most effectively conducted within a comprehensive healthcare system that offers a structured approach to patient assessment, coordinated laboratory and imaging services, adherence to the highest standards of medical evidence, and a systematic process to monitor patient responses to treatment. Integral to this approach are a holistic care approach, hands-on training, research-based practice, quality monitoring, and a thorough framework for quality improvement, which are fundamental to delivering high-quality care.

Healthcare facilities must prioritize safety and incorporate it alongside other factors influencing patient experience, including quality outcomes, customer service, employee engagement, and additional considerations (Wolf, 2021).

Communication

A study published in 2023 identified ineffective communication as a significant factor contributing to elevated medication error incidents during patients' transition from the Intensive Care Unit (ICU) to the general medical ward units.

According to the research, communication is a crucial and intricate tool during care transitions. Post-discharge activities like follow-up calls and care coordination, in conjunction with pre-discharge interventions like patient education, discharge planning, and patient-centered release instructions, have been shown to reduce adverse events and improve patient safety. Healthcare personnel's communication skills are also improved, and organizational-level communication initiatives like TeamSTEPPS and I-PASS successfully foster a safety culture.

Effective communication and teamwork constitute fundamental elements of an organizational safety culture. When healthcare professionals have confidence that they work within an environment conducive to safe and effective communication with colleagues, this assurance fosters improved communication during challenging situations, mitigates patient safety risks, and enhances staff perceptions of team performance.

The 2023 literature published on PSNet highlights communication and teamwork training as key strategies to enhance communication during care transitions and to build a strong safety culture within healthcare organizations. Research indicates

that communication training helps strengthen resilience, improve teamwork, and lower the risk of adverse events. For instance, a study in a hospital obstetrics department showed that after executing a teamwork-focused communication program, preventable harmful events dropped from 13.5% to 8.83% in the following year. A different study found that healthcare workers perceived reduced risk of patient safety after undergoing a communication and teamwork workshop.

A culture of patient safety is based on strong communication and teamwork, in particular. A stronger safety culture is correlated with leaders and their team members communicating more frequently. Lack of communication among healthcare professionals, however, is a significant source of errors that can result in unfavorable outcomes, particularly during patient transition points, as seen in provider-to-patient or caregiver communication. How patients and caregivers view their care is significantly impacted by effective communication. According to a poll, patients believe that one of the main reasons for diagnostic error is inadequate communication.

Failure to communicate within the healthcare team is a significant factor in patient harm and medical errors. When the huddle technique is consistently utilized, it promotes team communication, serving as an efficient tool that enables healthcare teams to exchange information, empower accountability, and incorporate safety measures into the healthcare system. The huddle technique motivates healthcare staff to identify issues and foster a culture of teamwork and excellence, thereby improving their capacity to deliver safe care.

Recording Incidents

A report based on a systematic review aimed to assess the different categories of incidents occurring in primary care settings; the most prevalent incidents were

related to drug administration and procedural errors. The primary factor identified is a highly prevalent communication failure among healthcare team members, underscoring the need to address this issue with urgency. In a separate Dutch study investigating the types, causes, and consequences of potential patient safety incidents in out-of-hours and out-of-hours primary care, it was found that such incidents occur during both time periods, and the majority (70%) did not result in patient harm. While in Treatment, errors (56%) were notably the incidents encountered. Errors in clinical decision-making are attributed to poor access to the client's medical history, lack of medical skills, work overload, age, and being high-risk patients.

Healthcare organizations widely utilize incident reporting systems to identify and record adverse events or high-risk incidents. Mechanisms for reporting patient safety events are often referred to as incident reporting systems. The self-reporting of medical personnel directly involved in occurrences is the foundation of these health systems. They promote learning within organizations to mitigate or prevent hazards and provide important information on patient harms at the institutional level. Crucially, recording near misses is a proactive step that helps organizations plan to prevent such incidents in the future, thereby enhancing patient safety.

The implementation of additional patient safety instruments, which are used to investigate and lessen safety events, is made possible by incident reports. Incident reporting systems should be supplemented with supportive institutional cultures that prioritize patient safety to achieve optimal effectiveness. Policies and processes must also be implemented to ensure the confidentiality of employees who report issues and to enable a wide range of healthcare personnel to do so, which will help them feel accountable for patient safety. These policies also incorporate methods to establish

prompt data review and complete the process by formulating and conveying strategies to report to submitters and relevant decision-makers.

The latest report from the Agency for Healthcare Research and Quality (AHRQ) Hospital Survey on Patient Safety Culture (Wafer M.A. et al., 2024) reveals that 64 percent of respondents perceived that staff involvement in patient incident safety was inadequate.

This issue is significant, as adverse events can profoundly impact healthcare workers (HCWs). A scoping review concerning nurses involved in such incidents found that they frequently experience diminished self-confidence, stress, regret, burnout, frustration, and fear of losing reliability from coworkers and supervisors. Some HCWs cope by becoming hypervigilant, sharing their experiences, or taking leave. All studies within the review underscored the absence of emotional support following safety incidents. Many nurses expressed a desire for empathy from peers, opportunities for debriefing, and follow-up regarding their psychological state. Comparable results were observed in 2023 studies that focused on various health care workers, including surgeons, respiratory therapists, and those working in the pediatric intensive care unit. For example, one study found that 42 percent of pediatric ICU personnel who engaged in adverse events reported experiencing psychological distress, 22 percent missed their work, and 23 percent contemplated quitting their unit. The significantly often sought support from a reliable colleague to share the incident (86%), followed by taking a break from the unit (73%). The authors stressed these issues to address the need for a supportive, empathetic, and nonpunitive workplace culture, and the importance of promoting a reliable colleague support program featuring reflection and frequent communication, and utilizing no-harm events and harmful events as opportunities to enhance safety awareness and skill development among all staff, Mirza et.al (2018).

Haw et al.'s research findings have direct implications for the daily work of health and safety professionals, organizational managers, and researchers interested in workplace safety. The study reveals that excessive work can cause interruptions and missed opportunities to document near-miss incidents. It also identifies other key factors, such as limited understanding, fear of repercussions of reporting, limited time for reporting, and organizational barriers that can hinder the reporting process.

Staffing Training and Education

Numerous studies have demonstrated the efficacy of patient safety education, Wafer M.A. et al (2024). Healthcare organizations must develop the capacity of their workforce and institutional structures to facilitate continuous learning and adaptation to emerging best practices and evidence-based approaches to patient safety.

In addition to formal education and professional training, safety awareness education encompasses a range of options and strategies designed to promote safe healthcare operations and prevent harmful events within healthcare organizations. Ongoing learning and professional development opportunities, such as workshops, conferences, and online courses, assist healthcare providers in staying informed about the latest evidence-based practices and advancements in patient safety. Education efforts may be based on culture prioritizing safety, execution error-prevention methods, acknowledging the roles of interconnected systems in patient care events, and promoting effective communication and teamwork. It is important to remember that one's role in effective communication and teamwork has a significant impact on patient safety. Training programs like Team STEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) may boost mutual respect, understanding, communication, and coordination to bolster patient safety, Fotabong B, T.N. (2020).

Adequate clinical staffing within a hospital setting is not only important, but also urgent, for achieving enhanced clinical outcomes and promoting a more positive patient safety culture. The perception of patient safety has been linked to the adequacy of staffing levels. For instance, nurses from various countries, including Ethiopia, Brazil, Hungary, Iran, Spain, and Norway, have expressed significant concerns regarding insufficient staffing, which adversely affects patient safety and clinical results. This will eventually lead to action for all healthcare professionals and policymakers.

The evidence from the current review, combined with the findings from Chile, indicates that any initiative to enhance the patient safety culture necessitates a more comprehensive understanding of the working conditions faced by healthcare professionals, particularly nurses. The advocacy and voice of these professionals can lead to policy interventions by health authorities to establish minimum staffing standards, thereby fulfilling governments' ethical obligation to safeguard patients' human rights and support clinicians in delivering safe and high-quality care.

Continuous education and hands-on training in patient safety are vital components of the healthcare system, fostering the advancement of a patient safety culture. It provides healthcare professionals with the tools they need to enhance their critical thinking and behavior, enabling them to recognize and prevent potentially hazardous situations and safeguard patient safety.

In order to improve overall patient safety and lessen the anxiety related to reporting serious medical errors, healthcare personnel play a critical role.

A no-blame culture that promotes teamwork, effective handover, and open communication within the unit is essential and strongly advised. Integrating various

elements has improved patient and worker experiences, increased healthcare cost-efficiency, and optimized the utilization of healthcare resources.

Supervisor and Management Support for Patient Safety/Personnel Management

Most organizations posit that an individual's age is a vital factor in enhancing performance and effectiveness. However, it is crucial to consider the leader's management background, level of training, and professionalism, as these factors significantly impact a manager's performance. A study has indicated that negative perceptions significantly influence attitudes toward a specific age group and their capacity to lead an organization effectively. This awareness should caution us against forming biased opinions based on age.

Another study, this time examining the correlation between age and effective management, reached a clear and inevitable conclusion. It was found that leaders' age does not determine their professionalism, but rather the depth of their training. This is a crucial insight, as it highlights that assessing managers' ability to ensure patient safety based solely on age is unreliable. Instead, the experience level plays a pivotal role in enhancing service delivery within healthcare institutions, especially in implementing safety standards for employees and patients.

Leadership style and dedication to clinical safety have a profound influence on the institutional culture. To promote a safety-oriented atmosphere and overcome staff resistance to change, managers play a crucial role in facilitating this shift. Therefore, creating and maintaining a culture that prioritizes patient safety requires strong and enabling leadership. Furthermore, individual characteristics such as attitudes, beliefs, and behaviors may hinder the use of safety procedures for healthcare personnel. Therefore, the development of a unified patient safety culture may be hindered by staff

members' reluctance to adapt, a lack of self-awareness, or differing opinions regarding the importance of safety precautions.

The primary factor promoting a positive safety culture in hospitals is the practical support of management and supervisors. According to Lee et al. (2021), frontline supervisors ensure that healthcare personnel exhibit supportive leadership behaviors, which enhance patients' perceptions of safety while also reducing safety incidents by fostering open and trustworthy communication. Another study by Sexton et al. (2020) found that when management is committed to safety, there is greater reporting of near-misses and adverse events. This is because employees feel more psychologically safe to voice concerns without fear of management retaliation. According to a separate study by Turunen et al. (2022), this type of management support is one of the most crucial elements in maintaining nurses' safety-oriented behavior, which emphasizes the importance of supervisors' ongoing training and resource allocation to ensure safe patient care.

Furthermore, according to Wong and colleagues (2023), an intense safety culture atmosphere and increased nurse engagement are associated with efficient personnel management techniques, such as internal task distribution and supervisor recognition. Last but not least, Lee and Cummings (2020) demonstrated how transformational leadership, facilitated by supportive and empowered hospital management, encouraged personnel to be resilient and follow safety procedures, which in turn reduced medical errors. Collectively, these studies show that foster and environments where healthcare professionals feel valued, inspired, and prepared to deliver high-quality treatment.

Teamwork

Teamwork is defined as work that necessitates the cooperation and description of duties and actions among groups of individuals. The care team may operate in various locations, with different working hours, and originate from diverse career backgrounds with differing educational experiences, knowledge, attitudes, and expectations. High turnover rates among team members are a common occurrence. When combined with shift work, this often results in team members lacking familiarity with one another or a clear understanding of their colleagues' competencies. Furthermore, the level of authority within and across professional groups may hinder junior staff or entire professional groups from fully engaging as integral team members.

Consistent with research conducted in various international contexts, the present review's findings suggest that nurses in Latin American nations perceive elevated levels of quality enhancement and teamwork, which contribute to the culture of patient safety, despite staffing shortages. The influence of teamwork on patient safety culture stems from the fact that nurses constitute the primary hospital staff with the most direct patient contact, as they are accountable for maintaining continuity of care from diagnostic and therapeutic procedures to hospital discharge. Nurses collaborating within their respective units exert the most immediate influence on care quality and patient safety through their ongoing and relentless quality improvement initiatives and educational efforts aimed at multidisciplinary teamwork.

It is widely acknowledged that teamwork is a potent ingredient for the creation of effective leaders and a positive safety culture among healthcare professionals. According to Salas et al. (2021), collaborative teamwork significantly enhances patient safety outcomes under pressure while strengthening the team's resilience through

effective communication, mutual respect, and shared goals. According to Weaver et al. (2020), leaders' actions in promoting psychological safety enable healthcare teams to freely discuss mistakes and near-misses, which promotes learning and a culture of safety. Manser and Foster (2022) have demonstrated that interdisciplinary teamwork, when supported by inclusive leadership, can reduce medical errors and enable coordinated care delivery. Furthermore, structured training programs foster improved cooperation and trust among health professionals, which in turn improves workplace safety and leadership, according to O'Leary et al. (2023). Lastly, Rosen et al. (2024) noted that high performance and flexibility are fostered in complex medical settings by effective teamwork, marked by shared mental models and leadership support.

Personnel Management

Improving the culture of patient safety and fostering a healthy work environment in healthcare settings depend heavily on effective personnel management. Research has repeatedly shown that effective personnel management leadership practices – such as fair workload distribution, supportive supervision, ongoing professional development, and adequate staffing - have a significant impact on healthcare workers' job satisfaction, engagement, and perception of workplace safety. For example, Al-Majid and Omari (2021) found that a proper staffing level and skill mix can lower burnout and adverse safety outcomes for nurses. According to Zhang et al. (2022), inclusive decision-making and participatory management promote employee dedication and a favorable view of safety culture. Managers who encourage professional growth and training foster a culture of learning that encourages reporting and error prevention, according to Gholipour et al. (2020). Similarly, Moradi et al (2023) states that leadership support and acknowledgement are key motivators for health

workers to stay safe at work. In their closing thoughts, they emphasized that a culture of safety for patients can be fostered by supportive personnel management that reduces workplace stress and promotes collaboration through open communication and effective dispute resolution procedures. Given the circumstances, these studies demonstrate the significance of personnel management for the experiences, leadership perspectives, and overall safety culture of healthcare workers.

Comparable findings were also noted during assessing Patient Safety Culture (PSC) in public tertiary care hospitals in the Philippines and Saudi Arabia. The role of supervisors and managers in this process is crucial. When clinical personnel collaborate closely with them and receive backing from management, it fosters mutual respect and enhances teamwork within and across various units. This supportive environment significantly contributes to the improvement of PSC. Furthermore, a prior study from Canada demonstrated that support from management and assistance from supervisors or managers can substantially elevate PSC by reinforcing strategies and commitments within healthcare organizations.

Priority Given to Safety

Health care organizations participate in evaluations based on patient satisfaction and safety to ensure they provide competent and high-quality care. According to national rules and regulations, the General Medical Council, quality indicators, and local monitoring measures are used. Patient safety is designed to limit the occurrence of medical errors, adverse findings, and prevent patients from any injuries that can be prevented. By implementing and following the protocols and procedures, it will limit and prevent the risk of complications and sentinel events. A hospital network is recognized as a vital environment for reducing medical errors and

enhancing the quality of care. Improved clinical outcomes lead to safe care. Patients who tend to have favorable treatment, high recovery rates, fewer problems, and fewer hospital stays when they receive adequate and safe medical care. Patient reviews have a significant influence on the overall quality of healthcare advancements. Patient safety is the key to maintaining trust between patients and healthcare workers. Patients tend to have complete trust in the health care system when they feel at ease and assured during hospitalization. Enhancing healthcare safety is a global key goal and a significant challenge. Funding patient safety will help limit medical mistakes, reduce healthcare expenses, and enhance patient safety measures. Furthermore, healthcare workers tend to comprehend and develop the skills, knowledge, and attitudes necessary for promoting safety measures and possible safety precautions, as long as they are well-competent and receive continuous education and training.

Health leadership needs to prioritize safety to contribute to a robust safety culture in hospitals. "A strong commitment from leadership to safety establishes clear expectations and accountability, resulting in greater adherence by frontline workers to safety protocols and reduced adverse events," according to Lee et al. (2021). "Visible and proactive leadership support for safety initiatives induces employee engagement and motivates reporting of near-misses, improving overall patient safety outcomes," Wu, Xie, and Liu (2022). Safety, according to Singer et al. (2023), is entrenched in every decision and practice. These authors confirm that a safety culture is advanced by consistent resource allocation and the integration of safety into everyday operational performance. In addition, Kim and Park (2020) demonstrated that when management prioritizes safety, it leads to lower hospital-acquired infections and enhances staff perceptions of a safe working environment. Furthermore, Huang et al. noted in 2024 that, with an active focus on safety, leaders foster open communication

and continuous learning, both of which are seen as essential features for long-term safety improvement within healthcare institutions. Thus, these studies support the idea that leadership emphasis on safety underlies the development of a proactive safety culture, which protects patients and healthcare workers equally.

Evaluating Incidents/Best Practice

Human activity and the system's structural plan play a crucial role in patient safety, necessitating ongoing risk assessment, prioritization, and minimization of risks associated with medical care operations. Healthcare organizations should review their medical errors, publicly reveal error rates, and analyze cause and effect. The result is systemic and behavioral change. This process is time-consuming, complex, and should involve the entire system rather than just particular entities. Reducing medical setbacks and increasing success rates primarily involve admitting errors, conducting thorough investigations, and initiating corrective actions for subsequent evaluations. Not only must an organization be able to manage major crises or mishaps, but it must also be able to adapt to specific setbacks. This approach involves utilizing concepts that apply to every system. In order to improve patient safety, hospitals should learn how to manage medical errors. By using this approach, the barriers to reporting medical errors may be reduced, and healthcare professionals may become more willing to acknowledge their mistakes and discuss them openly, regardless of the existing culture.

Fostering a culture of patient safety requires responding to errors and requiring regular event reporting and health information exchange. Improving patient safety culture and leadership in healthcare facilities requires thorough event analysis and efficient application of best practice techniques. According to Lee et al. (2021),

systematic incident analysis using root cause analysis (RCA) methodologies can help healthcare professionals understand the reasons behind their mistakes and establish appropriate corrective measures to prevent a recurrence of unfavorable incidents. Chua et al (2022) claim that implementing a culture of no-blame reporting, in which medical professionals feel comfortable enough to report incidents and near misses, actively promotes continual improvement. In line with this, Nguyen et al. (2023) found that hospitals that regularly hold interdisciplinary incident review meetings exhibit better patient outcomes and greater adherence to best practices due to cooperative problem-solving and knowledge exchange. Park and Kim (2024) reiterated this, demonstrating that leadership plays a crucial role in advancing evidence-based practice by incorporating incident assessment into quality improvement, which in turn raises staff involvement and safety awareness.

The recent study by Johnson et al. (2020) demonstrates that a strong organizational learning culture increases significantly with the evaluation of practical incidents: the lessons learned are systematically communicated and integrated into routine clinical practice, resulting in a culture that strengthens safety overall. In total, these studies emphasize that an effective incident evaluation process and translating the outputs into good practices are crucial for enhancing healthcare leadership and patient safety.

Learning and Effecting Change

Feeling comfortable within the team, which involves trusting relationships, effective team leadership, and a shared belief in one another's skills, as well as clearly expressing emotions, was portrayed as a significant component for safe and driven practice. Sharing emotions with a colleague and having someone listen is an

illustration of empathic support by a coworker who plays an integral part in coping with the incident. A just culture, built on trust, learning, and accountability, is essential for encouraging open reporting of mistakes and near misses.

A safety culture that emphasizes individual actions can hinder broader learning from incidents and foster a culture of blame. Recent healthcare safety investigations have predominantly relied on root cause analysis. The resulting recommendations often focus on individual accountability, including compliance with policies, increased education, training, and the use of reminders to enhance vigilance at the point of care. This results in focusing on individual, sequential causes rather than the whole, reducing the effectiveness of an investigation, and may lead staff to develop a belief that efforts for improvement are futile.

In institutions with well-established safety cultures, all mistakes are viewed as chances for educational opportunities. Any event related to safety, especially one involving a human or institutional error, is viewed as a significant learning opportunity to enhance safety practices through reviews.

Relationship Between Leadership and Patient Safety Culture

Management style and dedication to patient safety influence the hospital culture. If the leaders do not focus on or actively promote safety culture, it can lead to a negative impact on staff survey involvement and dedication to patient safety operations. Robust and uplifting leadership plays a crucial role in executing and sustaining a culture that prioritizes patient safety. The attitudes, Beliefs, and behaviors of individuals are obstacles to grasping and learning patient safety practices. Unwillingness to adapt, poor awareness, or individual points of view among staff about

the significance of safety measures can hinder the establishment's integration of a patient safety culture.

Though the role of health care workers in providing care and assuring patient safety is widely acknowledged, it is equally significant to recognize the importance of clinical managers in enhancing a culture of safety at the organizational level.

Healthcare managers play a pivotal role in fostering a positive patient culture and creating a nonpunitive work environment to enhance patient safety. Their role as managers plays a vital role in following hospital procedures, especially in areas such as teamwork and communication. Additionally, managers' perspectives on patient safety have a significant impact on various aspects, including mistake reporting, care processes, relational quality, and patient feedback.

Management plays a vital role in fostering the standard of care and services among healthcare institutions. Based on recent studies in the field of healthcare management, it emphasizes the importance of an optimistic staff viewpoint in leadership management, demonstrating its connection to key outcomes such as psychological burnout, career satisfaction, safety atmosphere, team dynamics, and psychological environment.

According to Weng et al., an examination of the outcome of leadership perception on medical staff in terms of patient safety highlights the potential role of leaders in fostering a safety culture by enhancing work fulfillment, teamwork culture, and employment conditions. In relation to job satisfaction, Wang, Chontawon, and Natsupawat stated that doctors tend to find satisfaction in their job if hospital leaders demonstrate a full commitment to patient safety. In terms of stress acknowledgement, there is evidence to suggest that when healthcare workers are well-supported by leadership, their perceived stress levels decrease.

Similarly, research suggests that the lower performance and burnout experienced by medical staff, who often struggle to meet patients' needs, are directly related to management's disregard for safety initiatives.

Regarding the working environment, studies on transformational leadership suggest that leaders can foster a working environment characterized by openness, honesty, and flexibility within the unit and hospital, which substantially impacts the medical staff's standpoint regarding their working environment.

Additionally, healthcare leaders must adopt a transformational leadership style. This leadership method will help influence and encourage medical staff to think innovatively and execute beyond expectations. Considering that hospitals rely on labor-intensive tasks, workforce management becomes integral not only for transforming the leadership approach but also for ensuring the physical health and mental well-being of medical staff in the workplace.

Relationship Between Patient Safety Culture and Profile

Numerous recent studies have examined the relationship between the demographic and professional profiles of healthcare workers and their perceptions of patient safety culture. For example, Alquraini et al. (2021) reported that nurses with more years of working experience developed a favorable perception of patient safety culture, since they are probably more familiar with hospital systems and protocols on safety. Similarly, Lee et al. (2020) demonstrated that patient safety attitude was influenced by age and educational attainment, with older and better-educated staff members ranking higher on safety culture. Further research revealed gender disparities. Rodrigues et al. (2023) discovered that female healthcare professionals tended to give patient safety culture higher ratings than their male counterparts. Job

positions are equally essential. Shafiei et al. (2020) found that administrative staff had a different opinion of safety culture than frontline nurses, with the latter rating it higher, likely due to their greater organizational monitoring. These results are supported by research, such as that conducted by Mahmoud et al. (2020), who also noted that department and clinical specialization affect patient safety views and that profile elements play a role in the different safety culture experiences that hospital units experience.

Additional research supports the findings that link healthcare workers to aspects of safety culture, such as open communication, error reporting, and collaboration. According to Mandhari et al. (2020), there are disparities in safety involvement between age cohorts since younger staff members are less likely to disclose errors due to worries of a lack of confidence. Furthermore, a cross-sectional survey study by Chukwu et al.(2022) found that patient safety knowledge and attitude are influenced by educational background, indicating the need to focus education on perceived safety culture disparities across the different groups profiled. Further research by Kumar et al. (2021) also revealed that senior personnel had higher awareness and engagement levels in safety protocols, while healthcare workers with less than five years of experience scored lower on safety culture domains in terms of staffing and nonpunitive responses to errors.

Furthermore, Alabdaly et al. (2023) found that organizational tenure positively correlated with perceptions about teamwork and management support toward patient safety. Ultimately, these studies collectively demonstrate that the profiles of healthcare workers, including age, gender, experience, education, job role, and department, influence the perception and practice of patient safety culture within the healthcare environment.

Synthesis

Based on the research, healthcare administration has explored numerous reasons that contribute to patient safety. Li and Lee et al. notably concluded that teamwork culture has a significant impact on the attitudes of healthcare workers in terms of patient safety. Kim and Weng integrated the career backgrounds and experiences of doctors and nurses into various patient safety development and monitoring initiatives, demonstrating that effective leadership can enhance the safety climate. For instance, a significant increase in job satisfaction and teamwork is linked to improved working conditions for experienced staff; however, there is a critical need to address working conditions for those with limited experience. According to Lee et al that to boost the mental awareness of medical staff could direct them to conductive working environment for nurses and encourage and yield to safety attitude—based on Lee et al studied of the perspective of doctors and nurses, highlighted the significant of promoting teamwork among the hospital unity, responding the workforce shortages and handling and managing shift rotations to promote a patient safety within the hospital facility. Nonetheless, there is a limited scope of studies that have explored the impact of management leadership on patient safety culture in health care settings. In fact, the medical staff's optimistic mindset toward patient safety depends on management's dedication and setting priorities for patient safety. Leadership plays a paramount role in helping medical staff understand the function of organizational culture and management approach in assisting their skills to manage patient safety complaints and issues in everyday practices.

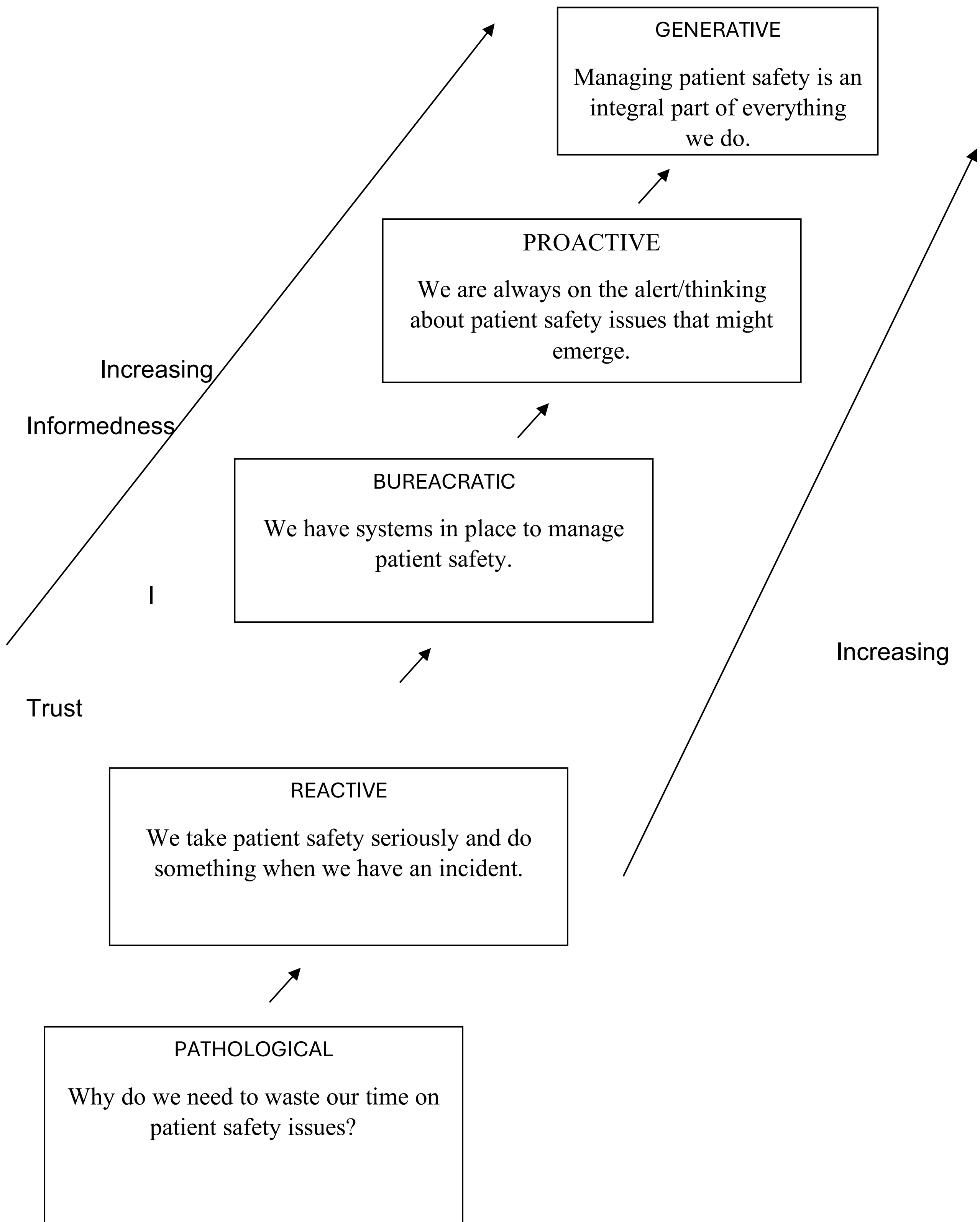
Theoretical Framework

Leadership is paramount in an organization/institution, especially in empowering a safety culture. Transformational Leadership Theory, as proposed by Bass and Avolio (1994), supports this study, as it focuses on inspiring, motivating, and empowering staff/employees to excel beyond. Transformational leadership has been related to stronger patient safety as it fosters trust, open communication, and psychological safety. Identifying the leadership style is crucial in developing leaders and achieving the organization's desired outcomes in complex undertakings. In an article cited by Connie Deng (2022), "Transformational leadership effectiveness as evidence-based primer," based on leadership research, the outcome shows that transformational leadership supports the effectiveness in terms of multiple objective and subjective leadership outcomes. Meta-analytic reviews reveal a medium to large effect size, highlighting a significant relationship between transformational leadership and outcome levels. Based on this evidence, leaders who consistently demonstrate transformational leadership behaviors are more likely to be effective. Additionally, followers of transformational leaders tend to experience greater well-being, increased creativity, higher job satisfaction, and increased commitment to their organizations.

Figure 1. The Levels of Patient Safety Explained.

Level	Description
A- Pathological	Why do we need to waste our time on patient safety issues?

B- Reactive	We take patient safety seriously and do something when we have an incident.
C- Bureaucratic	We have systems in place to manage patient safety.
D-Proactive	We are always on the alert/thinking about patient safety issues that might emerge.
E- Generative	Managing patient safety is an integral part of everything we do.

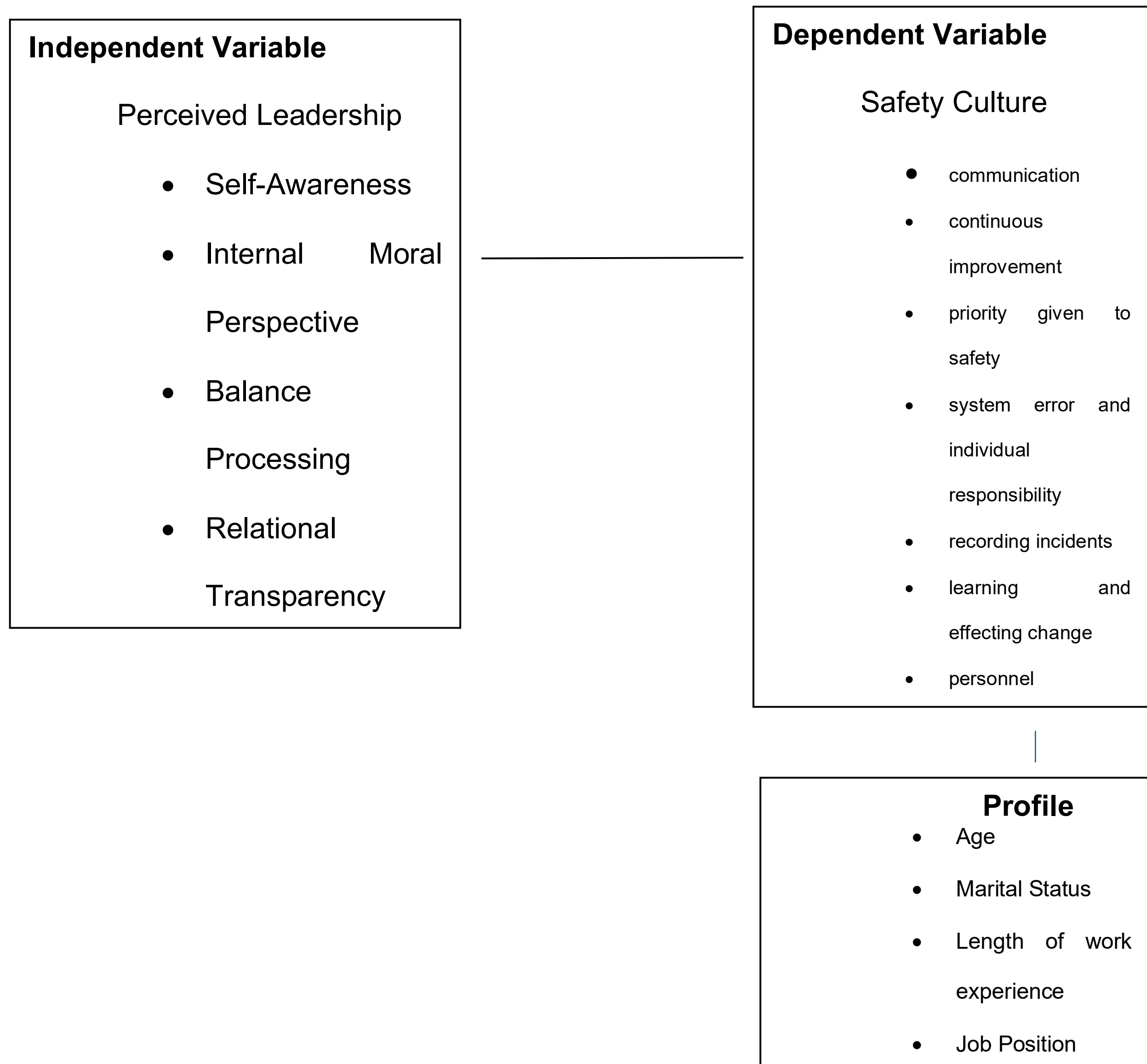

GENERATIVE
Managing patient safety is an integral part of everything we do.
PROACTIVE
We are always on the alert/thinking about patient safety issues that might emerge.
Increasing
Informedness
BUREACRATIC
We have systems in place to manage patient safety.
I
Increasing
Trust
REACTIVE
We take patient safety seriously and do something when we have an incident.
PATHOLOGICAL
Why do we need to waste our time on patient safety issues?

Conceptual Framework

This study was conceptualized based on the perceived leadership and patient safety culture among Healthcare Workers in a Hospital setting in the Philippines.

Figure 2 proposed the relationship between Perceived Leadership and Patient Safety Culture of Healthcare Workers.

Figure 2. Relationship between Studies of Patient Safety Culture and Profile.



Considering the importance of patient safety culture in all healthcare settings, practices, and procedures, the working environment of healthcare management will become a medical setting free from errors. The safety culture will develop into a safe attitude among healthcare professionals. This led to the perception of how healthcare safety has been identified. Managers have a significant role in setting an example, defining goals, and providing the necessary materials for effective safety practices through proper implementation. By taking an active role and fostering a safety culture, leaders can empower the behavior, skills, and attitudes of their teams, geared toward enhancing patient safety. The independent variable in the study is the perceived leadership, with two (4) dimensions: self-awareness, internal moral perspective, balance processing, and relational transparency. The dependent variable is safety culture, which encompasses 10 dimensions: communication, continuous improvement, prioritizing safety, system error and individual responsibility, recording incidents, learning, and effecting change, personnel management, staff training and education, teamwork, and evaluating incidents and best practices. The modifying variables are the demographic profile that includes age, sex, total years in the hospital, and job position.

Operational Definition of Terms

Some definitions were given for a better understanding of the terms in the study.

Leadership – It is a set of attitudes used to aid staff in integrating goals and properly performing their strategic plans, and fostering continuous improvement.

Safety Culture – It is the set of conduct and behaviors that come about with continuous dedication by organizational leadership, leaders, managers, decision-makers, and healthcare workers to foster patient safety.

Educational Attainment – It is the degree earned by staff in higher form

Total Years of experience – It refers to total years of working experience rendered in one's profession

Job Position – It refers to the work designation in the unit

Self-awareness – It is the acceptance and better understanding of one's thoughts, emotions, and attitudes; it involves simply knowing oneself. It involves being aware of one's values, weaknesses, and strengths. It enables leaders to understand others better and be genuine in their interactions. Leaders are empowered to make a reasoned decision that matches the values and vision.

Internal Moral Perspective – It reflects the self-regulated actions of a leader guided by personal values and convictions.

Balance Processing – It refers to an individual's capability to critically evaluate and seek the ideas of others before preparing. The leader also asks for the opinions of others, as well as receives input and criticism from others who oppose his views (Purwanto et al., 2021)

Relational Transparency – It refers to the behavior of the leader that presenting himself/herself genuinely. Showing his openness and honesty of his true thoughts and feelings (Purwanto et.al., 2021)

Communication – It refers to how communication delivers and conveys information to the patient about safety

Continuous Improvement – It refers to the continuous learning of the policies and procedures and quality of care.

Priority given to safety – It refers to emphasis on safety

System error and individual responsibility – It refers to individual accountability of healthcare professional for their actions, decisions, and adherence to the standard.

Recording incidents – It refers to the process of documenting any event, whether an adverse event, near miss, or error, that can compromise the safety of the patient.

Learning and effecting change – This reflects after an event, what mechanisms are in place to learn from the incident, and how changes are introduced

Personnel management – It refers to the administrative discipline of hiring, developing, and managing employees.

Staff training and education – It reflects the continuous learning and engagement in workshops and continuous education to promote patient safety. It is the extent to which(adequate) training and education on safety is provided.

Teamwork – It is defined as helping, collaborating, and coordinating tasks between a group of individuals or people

Evaluating incidents and best practice – It pertains to how the incidents occurred, which are being examined and analyzed using root cause analysis.

Research Hypotheses

This study posited the following research hypotheses:

H_a1 There is a significant relationship between the profile of the respondents and safety culture in terms of:

Age

Marital Status

Length of Work Experience

Position

Work Assignment

H_01 There is no significant relationship between the profile of the respondents based on

Age

Marital Status

Length of Work Experience

Position

Work Assignment

H_a2 There is a significant relationship between leadership and safety culture.

H_02 There is no significant relationship between leadership and safety culture.

CHAPTER III

RESEARCH METHODOLOGY

This chapter provides a presentation of the research design, the subject of the study, the instrument used, the data gathering procedure, and the statistical methods employed in analyzing the data.

Research Design

A descriptive correlational design was utilized in this study. This described the characteristics of the respondents in terms of their demographic level and quality of care among healthcare workers. The correlational design examined the relationship between a) perceived leadership (SC), and b) safety culture. C)selected demographic profile.

Sampling Design

This study employs a stratified quota sampling method, targeting all healthcare workers in a hospital setting. The study population includes Nurses from various Departments, Nursing Attendants, Physicians, Respiratory therapists, Physical therapists, and Pharmacists.

The study must include a nurse, nursing attendant, physician, respiratory therapist, and pharmacist directly contact patients in the clinical area. Among those included, healthcare providers assigned to offices are excluded from the study.

Sample Size

Considering that the target hospital has around 3,000, including administrative staff, the sample size was calculated using Slovin's formula from the online software at statology.org, with a population size of 3,000 and a 0.05 margin of error. Hence, the target sample size was at least 353 responses.

The study included at least 58 responses from various groups, including nurses, nursing attendants, physicians, respiratory therapists, physical therapists, and pharmacists, to achieve the desired sample size.

Study Setting

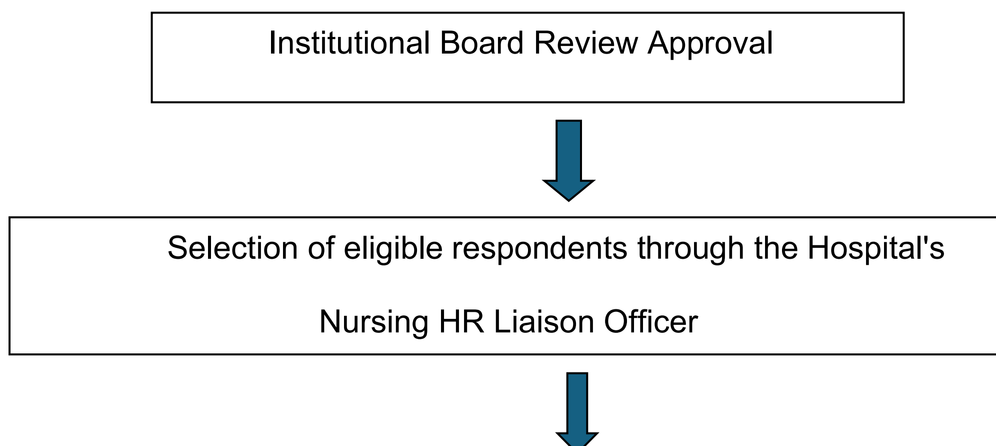
The study was conducted in a Government Hospital in Cebu City, Philippines, a teaching and training hospital, and a Level III public hospital with a 1,500-bed capacity. It provides a wide range of medical services and specialties across various departments. It offers OPD, ER, DR, OR, ICU, PICU, NICU, hemodialysis, and caters to private rooms as well. It is equipped with facilities and staffed by experienced doctors and healthcare professionals, providing quality patient care. It is inaugurated with the DOH as the hospital's first fully equipped command center, capable of responding to critical health emergencies, integrated with surveillance CCTV and an electronic health records system, and bed utilization tracking. This hospital is accredited with DOH, JCI, PhilHealth, and ISO. These public hospitals offer various committees, such as an executive committee, which comprises senior hospital leaders who oversee the implementation of policies and strategic plans. They play a pivotal role in the decision-making process, ensuring that the hospital's objectives align with

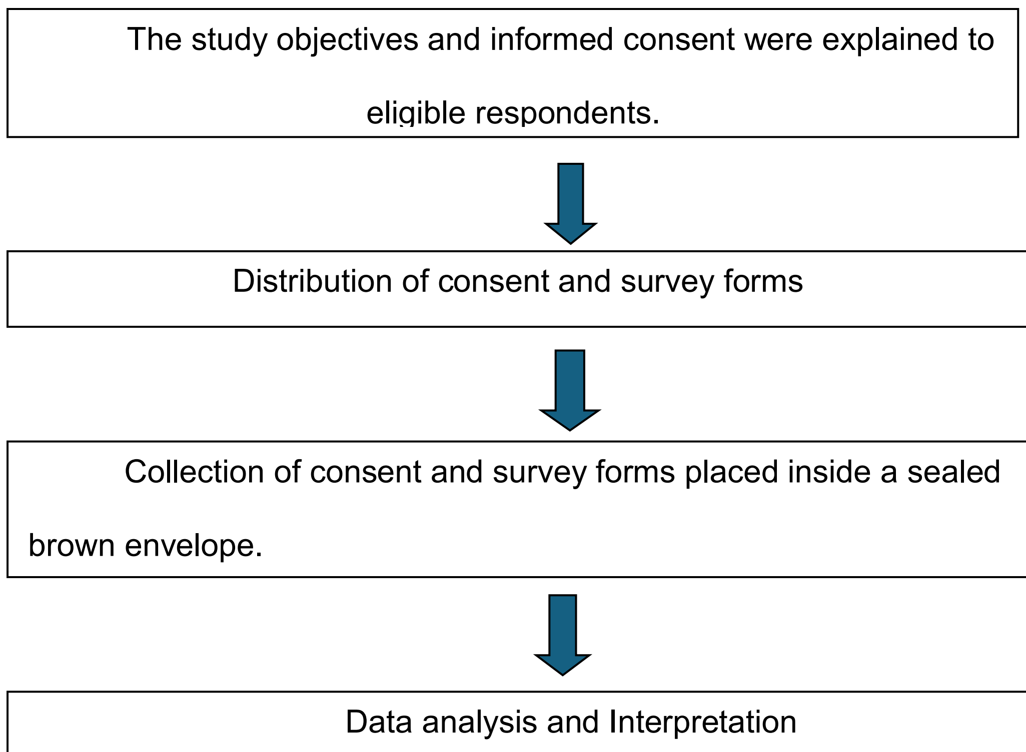
its vision and mission. The management committee is responsible for managing the day-to-day operations of the hospital, ensuring services are delivered efficiently and effectively. The Office for Strategy Management (OSM) focuses on strategic planning and performance management and is also involved in multi-sector governance reforms aimed at enhancing hospital performance and accountability.

Plan for Data Collection

Figure 3 demonstrates the data collection procedure that the researcher conducted, for which approval was obtained from the Institutional Review Board (IRB) and the Hospital Research Committee. Following approval, a study population list was requested from the Nursing HR to select the eligible respondents. Following the identification of qualified respondents, the researcher informed them what the study was all about and gave ample time to answer the questions. A brown envelope consists of a permit to conduct the study, consent, and a survey questionnaire, which was distributed to each respondent.

Figure 3. Research Flow Chart.





Tools for Data Collection

This survey questionnaire applied in this study has three (2) parts: the first part is the Demographics; the second part is the Patient Safety Culture (PSC) Instrument, and the 3rd part is the Leadership assessment tool.

The MaPSCAT and Authentic Leadership Assessment were adapted tools.

Enhancing the culture of safety in healthcare settings is an integral part of avoiding and limiting errors. The MAPSAF safety culture survey is a tool designed to support organizations in creating a strategic plan ahead of time and addressing potential hindrances to safety culture enhancement efforts, as well as resolving them (Yount, N., Edelman, S., Sorra, J., et al.).

Demographic profile

This included the profile of the respondents in terms of length of experience in the Philippines, job position, work assignment, age, and marital Status.

Manchester Patient Safety Culture Assessment Tool (MaPSCAT)

The Manchester Patient Safety Culture Assessment Tool was utilized to evaluate the level of maturity in safety culture among healthcare workers in a hospital setting in the Philippines. The Manchester Patient Safety Framework (MapSaf) was enhanced to assess the multiple aspects and changing quality of safety culture, allowing for the acknowledgment of cultural subgroups within a single organization. Moreover, this instrument provides insight into patient and safety culture, leading to an engaging self-assessment of an organization's safety culture, examining differences and awareness among diverse staff groups, aiding in understanding how mature an organization is in terms of safety culture, and assessing actions aimed at enhancing safety Culture. The MapSaf assesses ten elements of safety culture. This tool helps recognize that patient safety is holistic, providing ideas to identify areas for improvement in patient safety culture. This method is one of the helpful educational materials for leaders and healthcare providers.

Authentic Leadership Assessment Tool

Develop to gauge the authentic leadership by examining the four dimensions, which are self-awareness, internalized moral perspective, balanced processing, and Relational transparency. The following guidelines for scoring: high, which is 16-20, and low, 15 and below, which interpret the upper range as indicating stronger authentic leadership, and 15 and below reflect weak authentic leadership.

Plan for Data Analysis

Data analysis was conducted using the IBM Statistical Product and Service Solutions (SPSS) version 22.0 by a statistician. Table 3 presents the plan for data analysis of the study.

Table 3.1

Plan for Data Analysis

Specific Objective	Tool Used	Description	Specific Statistical Test
To describe the profile of the respondents in terms of: Age Marital Status Total Years in the Hospital Position Work Assignment	Part 1 of Manchester Patient Safety Culture Assessment Tool (MaPSCAT)	Age – data were grouped into three categories: 23-28 (Generation Z) 29- 44 (Millennial) 45-60 (Gen X) 61 above (Baby Boomers)	Frequency Percentage
	Part 1 of Manchester Patient Safety Culture Assessment Tool (MaPSCAT)	Marital Status-Categorical: Single Married Widowed	Frequency Percentage
	Item No. 1 of Part 1 Demographics	Length of Work Experience	Frequency Percentage
	Item No. 1 of Part 1 Demographics	Job Position	Frequency Percentage
	Item No. 2 of Part 1 Demographics	Work Assignment	Frequency Percentage

2. To determine the perceived level of patient safety culture of healthcare workers.	Part 1 of Manchester Patient Safety Culture Assessment Tool (MaPSCAT) Instrument	5-point Like rating scale of L1- “Pathological” L2- “Reactive”, L3- “Bureaucratic, L4- “Proactive”, L5- “Generative” which describes the level of safety maturity	Frequency, Percentage, Mean, Standard Deviation
3. To determine the perceived level of leadership of the management of health care workers	Part 3 Leadership Assessment Tool	A 5-point Likert rating scale (5"highly agree", 4 "mostly agree", 3 "neutral", 2 "mostly disagree", 1 "highly disagree".	Frequency Percentage Mean
4. To determine a significant relationship between leadership and patient safety culture	Section B Manchester Patient Safety Culture Assessment Tool (MaPSCAT) instrument	A 5 point Like rating scale of (L1- “Pathological” L2 “Reactive”, L3 “Bureaucratic, L4 “Proactive”, L5“Generative” which describes the level of safety maturity	Pearson Correlation
5. To determine a significant relationship between perceived safety culture and profile.	Part 1 Demographics Questionnaire and Part 1 Manchester Patient Safety Culture Assessment Tool (MaPSCAT) instrument	- MaPSCAT (ratio) and Age (ratio) Marital Status (categorical) - MaPSCAT (ratio) Length of Years - MaPSCAT(ratio) Position Work Assignment (ratio)	Chi-square test

Ethical Consideration

This study complies with and strictly adheres to ethical standards concerning the involvement of human subjects. Following approval, a study population list was requested from Nursing HR Liasson, and the eligible respondents were selected. Following the identification of qualified respondents, the researcher explained the aim and purpose of the study. Each respondent was informed that they would not receive any remuneration, and they have the right to withdraw anytime if they are not comfortable. There is no harm in engaging with this study, and the study used a paper-based questionnaire. Informed consent was explained in the letter, and consent was taken before answering the survey questionnaire, giving ample time to answer. The voluntary nature of participation and the right to withdraw from participating were highly stressed to the respondents. Respondents' consent and participation did not affect their performance appraisal, and the area, including their promotions and discontinuation, did involve no penalties. Retrieved survey forms were made confidential, kept in a sealed brown envelope, and were locked in a secure cabinet to maintain confidentiality and privacy. All electronic data were appropriately stored on password-protected computers.

CHAPTER IV

RESULTS AND DISCUSSION

Results

This chapter discussed the results of the study. It illustrated the leadership and safety culture of healthcare workers. The results were analyzed using descriptive and correlational statistical tests with the assistance of the SPSS software.

This presented the demographic profile of the respondents, the perceived level of leadership of management, and the perceived level of patient safety culture of healthcare workers.

Table 4.1

Profile of the Respondents

Profile	Frequency	Percentage
Age		
23 - 28 years old (Gen Z)	108	34.07%
29 - 44 years old (Millennial)	188	59.31%
45 - 60 years (Gen X)	21	6.62 %
Total	317	100.0%
Marital Status		
Single	222	70.03%
Married	95	29.99%
Total	317	100.0%
Job Position		
GP (Physician)	2	0.63%
Resident (Physician)	41	12.93%
Consultant (Physician)	12	3.79%
Registered Nurse/Staff Nurse	51	16.09%
Nurse Manager	1	0.32%
Head Nurse	3	0.95%
Nurse Supervisor	12	3.79%
Pharmacist	62	19.56%

Nursing Attendant	38	11.99%
Respiratory Therapist	40	12.62%
Physical Therapist	50	15.77%
Midwife	5	1.58%
Total	317	100.0%
Area of Assignment		
Med/Surg	63	19.87%
Pedia	21	6.62%
Ortho	30	9.46%
ICU	36	11.36%
ER	48	15.14%
DR	5	4.73%
Others	104	32.81%
Total	317	100.0%
Length of Work Experience		
0 to <6months (Novice)	3	0.95%
6 months to <2 years (Advance Beg)	47	14.83%
2 to <5 years (Competent	141	44.48%
5-9 years (Proficient)	93	29.34
10 years and above (Expert)	33	10.31
Total	317	100.0%

The age distribution of the above respondents is shown in the table. A large share of 59.31% (188 individuals), which constitutes the majority, falls within the age group of 29 to 44 years old. The next representation of respondents is the group aged between 23 and 28 years old, comprising 34.07% (108 individuals), and a minimal number between 45 and 60 years old, at only 6.62% (21 individuals). This indicates that the sample is predominantly comprised of young and early-middle-aged individuals, with limited representation of older adults.

In terms of age distribution, the millennial group accounted for the majority of the respondents at these institutions, implying that healthcare professionals within this age range possess qualities such as self-determination and goal orientation, but tend to exhibit superficial decision-making skills.

Likewise, emergency room nurses in the Philippines, participating in a study by Bernal et al. (2023), showed convergence in the age bracket of their subjects regarding

transformational leadership and patient safety. It emphasizes the importance of young healthcare professionals entering and contributing to the safety and leadership culture in hospitals. Furthermore, pointing out that the majority of nurses in Malaysia were between the ages of 26 and 35, Puteh et al. (2022) contended that safety leadership significantly altered nurses' motivation and safety performance.

It suggests that younger healthcare workers may be particularly susceptible to leadership practices that focus on patient intention due to their age. Accordingly, the results of this study suggest that leadership and safety culture initiatives in hospitals should be tailored to the age-appropriate dimensions and needs of a predominantly younger workforce.

In relation to the profile of the respondents in terms of marital Status, it indicates that most of the respondents are unmarried, with 222 respondents being unmarried or single, which represents 70.03 percent of the total respondents. In contrast, 29.97 percent, or 95 respondents, are married. This shows that most of the population sampled were unmarried, with that one particular characteristic of the group indicating that they were possibly younger or within a life stage where marriages are infrequently seen.

It implies that in this institution, it is visibly noticed that healthcare professionals working in this institution are unmarried, which signifies that they focus on career specialization, career stability, as this hospital is a teaching hospital where there are career opportunities offered and tend to create a demand for working hours, long shifts, and training requirement which may prioritizing career over personal commitment.

In a similar vein, research conducted by Muftawu and Aldogan (2020) found that unmarried staff members reported moderate levels of safety culture, due to having

reduced family responsibilities and greater job dedication. This demographic profile primarily consists of single people. It suggests a young, possibly more adaptable workforce, which may have an impact on how leadership is seen in relation to safety culture in hospital settings.

In terms of job position, respondents indicate that the highest number belongs to pharmacy, with 62 respondents, or 19.56% of the total sample of 317. Closely following are the registered/staff nurses at 51 (16.09%) and physical therapists at 50 (15.77%). Residents also represent a considerable portion, consisting of 41 respondents or 12.93%, along with respiratory therapists at 40 (12.62%) and nursing attendants at 38 (11.99%). Consultant and nurse supervisors each represent 12 respondents (3.79%), while head nurses represent a small proportion of 3 (0.95%). Nurse Managers are the least among the nurses and are represented by only one respondent (0.32%). There exist only two general practitioners (0.63%) among the physicians. Finally, midwives represent a small share with five candidates, or 1.58%.

In relation to job position, pharmacist play a major respondent in this study which implies that in this institution, most of the pharmacist are visibly notice in their job which supports in the study of descriptive correlational study of quality of work life of pharmacist in the Philippines that they are not stressful in their work environment, and has positive response in terms of job satisfaction and professional and organizational commitment.

These findings align with Al-Tannir et al. (2021), who, from a hospital perspective, studied pharmacists and strongly emphasized that their roles are crucial and valuable, as they found that teamwork and organizational learning are key factors. However, they voiced their concerns that excessive personnel staffing is based on the

conduct study. It showed that their contribution to patient safety has been significant across the entire hospital.

The role of transformational leadership style has been dramatically influenced by the role of healthcare in promoting a patient safety culture. This study was conducted in elderly care wards of Norwegian nursing homes, where 47.2% of the observed variance was attributed to perceived patient safety culture. This support also extends to a broader range of the latest sample, which includes various healthcare workers, such as physical therapists, residents, and respiratory therapists, as well as effective leadership (Schildmeijer et al., 2020).

Regarding respondents' length of work experience, the majority have relatively short to moderate work experience for their current roles. In particular, the largest group consisted of incumbents with two to five years of work experience, accounting for 141 respondents, or 44.48% of the total respondents. This was followed by employees with five to 9 years of work experience (93 respondents or 29.34%) and those with seven to nine years of work experience (48 respondents or 15.14%). There were only 33 respondents (10.41%) with 10 or more years in total work experience, while the least represented were those with less than 6months experience (3 respondents or 0.95%).

In terms of length of work experience, the largest group is composed of 2 to five years of experience, which implies that this period typically represents the mid-stage of their professional career as this institution has a lot to offer in terms of opportunities, such as training, where they can gain more experience and boost their skills and expertise, where they want to improve. This stage involves adaptability and flexibility, enabling individuals to participate more actively in various training and workshops offered by institutions. Additionally, workforce demographic often shows a high

proportion of relatively younger professionals in this phase as they establish their careers, build their expertise, and grow in competence.

The work of Lee et al. (2021) represents a corollary to the present study, as they demonstrated that the importance of leadership support in fostering a culture of safety for less-experienced staff members is particularly crucial. The data show that the lower the experience level of professionals in the workforce, the more stressed they felt, contributing to the greater perception that patient safety is not valued. This mirrors the present findings, in which most respondents are still early in their careers.

Furthermore, work experience has been found to have a positive influence on healthcare workers' perceptions of leadership effectiveness and safety-oriented behavior (Okuyama et al., 2020). The finding implies that junior staff rely more on organizational support and supervisory support than their older colleagues. The current findings, therefore, substantiate that healthcare institutions with a younger workforce, as in the present study, need to prioritize efficiency-oriented leadership that instills confidence, mentors staff, and communicates effectively to ensure safety practices and staff involvement. Azayabi (2021) noted that work experience was also correlated with the perceived quality of care among nurses. Furthermore, more experienced healthcare professionals demonstrated a superior understanding of patient care requirements compared to their less experienced counterparts.

In terms of area of assignment, other has accounted the major respondents which is 104 or 32.81 percent, followed by med/surgical (n =63 respondents 19 .87 percent), ER (n = 48, 15.14%), ICU (n=36 or 11.36%), Ortho (N= 30 or 9.46 %), Pedia (N = 21 or 6.62 %), DR (N= 15 or 4.73%).

This implies that those in other means, such as healthcare workers, are rotated not only in one department but in other departments as well. So, wherever a

department needs help, they can assist the unit. As this hospital caters to a large number of patients, other departments may require help from different floors and require expertise in various skills and abilities. In terms of assignment, many employees are assigned to various specialized units as support services or administrative roles that are not explicitly grouped under core clinical areas.

The Medical-surgical accounted with 63 respondents, which means demonstrating a significant focus on general inpatient care. As a tertiary hospital, this area of assignment provides essential treatment and management for a broad range of medical needs, supporting its role as a central healthcare provider.

The emergency department has 48 respondents, and the ICU has 36 respondents, which means staff require fast-paced and high-intensity work, necessitating specific expertise in managing critical conditions and critical thinking, especially in emergency cases.

This study, conducted by Garcia et al (2019), reveals that those working in the emergency department are prone to psychological distress, such as depression, stress, and anxiety, as this type of work assignment is reported as being overburdened with tasks and leading to feelings of inadequacy. These areas need support from leaders and management

Table 4.2

Perceived Level of Leadership of Management of Healthcare Workers

Indicators	F	%	F	%	F	%	F	%	F	%
Self-Awareness	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
1.I Can list my three greatest weakness	1	0	4	1	62	20	157	50	93	29
5.I can List my three greatest strengths	1	0	138	44	6	2	116	37	56	18
9.I seek feedback as a way of understanding who I really am as a person	1	0	4	1	66	21	167	53	79	25
13. I accept the feelings I have about myself	1	0	5	2	57	18	150	47	104	33
Mean%	1		2		22		47		26	
Internalized Moral Perspectives										
2. My actions reflect my core values	1	0	4	1	27	9	167	53	118	37
6.I do not allow group pressure to control me	1	0	11	3	92	29	137	43	76	24
10. Other people know where I stand on controversial issues	5	2	11	3	114	36	143	45	44	14
My Morals guide what I do as a leader	0	0	0	0	43	14	149	47	125	39
Mean%	1		6		24		45		23	
Balance Processing										
3.I seek other's opinion before making up my own mind	4	1	22	7	80	25	141	44	70	22
7.I listen closely to the ideas of who disagree with me	0	0	5	2	72	23	157	50	83	26
11. I do not emphasize my own point of view at the expense of others	2	1	25	8	125	39	123	39	42	13
15. I listen very carefully to the ideas of others before making decisions	0	0	1	0	44	14	144	45	128	40
Mean%	0		4		25		45		25	
Relational Transparency										
4.I openly share my feelings with others	7	2	30	9	112	35	123	39	45	14
8. I let others know who I truly am as a person	3	1	8	3	83	26	152	48	71	22

12. I rarely present a “false” front to others	9	3	34	11	83	26	138	44	53	17
16. I admit my mistakes to others	0	0	5	2	31	10	159	50	122	38
Mean	1		6		24		45		36	

Table 4.2 shows the participants' self-assessment against four authentic leadership indicators: Self-Awareness, Internalized Moral Perspective, Balanced Processing, and Relational Transparency. The responses under the Self-assessment domain indicate a high level of agreement among healthcare workers. One hundred fifty-seven respondents, which is 50%, indicate that most of the respondents generally agree that they are aware of their strengths and weaknesses, of their feelings, and 53 % or 167 respondents actively search for feedback to understand themselves better. Self-awareness is an essential component of effective leadership.

These institutions demonstrate that staff members can acknowledge their most significant weaknesses and recognize their need for improvement in terms of safety management. On the other hand, staff are seeking feedback from others, which has great attitudes, which may enhance patient safety culture. This implies that managers exhibit the qualities of self-awareness and need to explore their leadership style further, which can help employees express their concerns more readily, especially when facing setbacks in their unit or hurdles in dealing with safety culture. Primarily, this institution is tertiary, with a considerable workload demand, as it serves as a regional and command center facility.

Stanford insights were cited by Showry et al in their analysis of leadership qualities, specifically self-awareness, as the key foundation of their managerial abilities that project managerial efficiency and leadership excellence. It exhibits that their adaptability, critical thinking, and occupational skills are notably less essential to management achievement than self-awareness. To manage competently, managers are required to actively project themselves to thoroughly grasp their leadership expertise through personal evaluation and assessment from external sources, which will guide them in distinguishing their positive attributes and areas for improvement,

and consequently, set personal development objectives for institutional and specialized advancement.

According to Wong and Cummings (2020), these results corroborate the belief that authentic leadership, which encompasses self-awareness and moral integrity, has a positive impact on nurses' job satisfaction and patient safety outcome.

In Internalized Moral Perspective, 167 respondents or 53 percents reflects "My actions reflect my core values and 149 respondents or 47% "My moral guide is what I do as a leader. This suggests that respondents attach relatively high importance to moral values that guide their behavior. However, this is relative to the lower score of the statement about standing on controversial issues, with =5-11 respondents or 2-3 percent, suggesting some hesitancy in offering public expressions of personal convictions.

Leaders who consistently adhere to their fundamental principles build confidence and trust with patients and staff in a hospital setting, where patient-centered care is essential and ethical dilemmas arise. Overall results indicate that hospital administrators utilize their personal ethics as a guide while managing clinical and administrative duties, which is essential for preserving a culture that prioritizes safety and care quality.

Based from the response of the respondents they are guided with their moral and values which placed in significant in nurturing patient safety culture and maintaining the standard of care of the institution, and this support the study amongst other studies, Pakizekho and Barkhordari-Sharifabad (2022) found that there was a positive and significant association of ethical leadership with moral characteristics such as conscientiousness and moral courage among nurses. Therefore, they argue that "ethical leadership reflects a leader's moral beliefs, but it is also a predictor of these personal virtues and creates a climate in which the internalized ethical values guide further actions of these healthcare workers". Similar results were obtained by Elhihi et al. (2025), who found that moral courage significantly mediated the relationship between ethical leadership and the willingness of nurses to report medical

errors. This suggests that an internal moral compass in leaders motivates their followers to take morally obligated actions.

Zhou et al. (2025) also demonstrated that ethical leaders influence their followers through moral decisions and consistent behavior, thereby facilitating the support of head nurses in shaping their clinical moral behaviors. Leaders internalize moral concepts that serve as a powerful model for their staff to emulate in creating a safety and integrity culture.

For Balancing processing, still placing the item in the agree category, 157 respondents or 50% expressed “I listen closely to the ideas of those who disagree with me.” N=141-144 or 44-45% Respondents expressed their willingness to consider contrary opinions and give serious thought to others' ideas before reaching their decisions, as evidenced by the very high level of agreement with the statement "I listen really carefully to the ideas of others before making decisions" The item measuring the opposite position, "I do not emphasize my own point of view at the expense of others," received a relatively low mean rating with n=5 or 2% suggesting dominance of personal opinions at times.

In this institution, where complex decisions often affect patient outcomes and staff dynamics, actively seeking and thoughtful evaluations of diverse viewpoints are more likely to lead to well-informed and balanced decisions. This is a tertiary hospital comprising various departments, as well as its own unit managers, leaders, and management. This is crucial for making proper decisions, ensuring that staff safety and patient safety culture are not compromised by listening to others' ideas before making decisions. Suggesting personal opinions at times is inevitable in the workforce and in every leadership role; however, it always comes with the safety of the patient taking precedence.

Furthermore, a 2021 PubMed study identified authentic leadership, which encompasses balanced information processing and ethical reasoning, as contributing to 74.5% of the variance in psychological empowerment among nurses. The authors emphasized that, through the equitable consideration of diverse viewpoints and transparency, leaders were significantly enhancing workplace justice and empowerment. One of the four dimensions, which measures balancing processing, was finally identified as having the lowest scores compared to nurses' perceptions in an article on authentic leadership in catastrophes published by the Egyptian Nursing Journal in 2024. As Northouse (2019) explains, this self-control behavior is an essential quality that enables leaders to impartially evaluate data before making judgments. It indicates a leader's openness to proposals and consideration of other people's knowledge and perspectives, even when they diverge, before coming to a decision. Fearing that our leader would only listen to members of the "in-group," many of us have been in circumstances when we were reluctant to express our ideas. Think about how these events affect feelings of inclusion and worth.

For the domain of relational transparency, the data still indicates agreement. Respondents agreed with being open and authentic in their relationships, with the strongest agreement being for admitting mistakes, which had 159 respondents or 50%. Meanwhile, "I openly share my feelings with others" N=123 or 39 percent rated among the lowest, possibly pointing toward slight inhibition in emotional expression, to understand themselves better.

This implies that, in terms of relational transparency, there is a need for improvement within this institution, where openness and transparency are essential. This is especially true in recording and reporting, as accountability is expected from every leader and healthcare worker. Relational transparency enables staff members

to be more open about their mistakes, avoiding situations where they may be blamed, and creating opportunities for growth and learning. In relation to the findings, it helps leaders to be authentic in dealing with trust, enabling them to engage in activities where there is a strong understanding of openness and trust between leaders and staff.

Caetano (2021) noted that the presence of relational transparency and balanced decision-making among healthcare leaders fosters trust, which in turn enhances team cohesion, both of which are crucial for delivering adequate healthcare. These studies, therefore, support the current findings on the presence of positive authentic leadership in relation to safety culture among hospital staff.

According to Walumbwa et al, relational transparency involves presenting one's authentic self to others openly and sincerely (Northouse, 2019). Kernis, as cited in Northouse(2019), supports this by emphasizing that transparency occurs when leaders reveal their core emotions and underlying motives. Furthermore, Northouse posits that authentic leaders project both their strengths and weaknesses, allowing others to see a complete and genuine version of themselves.

This means the components show a high degree of authenticity in their leadership styles. They display self-awareness regarding their strengths and weaknesses, align their actions with internal moral standards, consider other people's viewpoints when making decisions (balanced processing), and present themselves honestly to others (relational transparency). Such attributes indicate that leaders are well-grounded, ethical, transparent, and balanced in their approach; these attributes definitely foster trust, openness, and a positive organizational culture. The consistency of strength across all dimensions confirms that it is indeed a valid and effective authentic leadership style.

Table 4.3

Perceived Level of Patient Safety Culture of Health Care Workers

Indicators	Pathological	Reactive	Bureaucratic	Proactive	Generative
Continuous Improvement	6	4	54	158	95
Priority Given to safety	3	19	41	131	123
System Error and Individual Responsibility	0	19	52	130	116
Recording Incidents	4	8	54	142	109
Evaluating Incidents and Best Practice	4	10	63	129	111
Learning and Effecting Change	0	6	61	142	108
Communication	1	23	66	116	111
Personnel Management	2	13	48	152	102
Staffing Training and Education	4	7	50	126	130
Teamwork	0	7	51	132	127

This table shows the perceived level of patient safety culture among healthcare workers using ten key indicators. Each indicator was evaluated across five maturity levels: *Pathological, Reactive, Bureaucratic, Proactive, and Generative*. Teamwork (127), Staff Training and Education (130), Priority Given to safety (123), and System Error and Individual Responsibility (116) had the highest frequencies in the Generative category. Although Continuous Improvement has the lowest score of generative count (95), it still demonstrated a favorable trend compared to other levels.

It implies that this institution has a strong culture of teamwork. Although its tertiary hospital caters to many patients, it reflects that healthcare professionals collaborate on tasks and delegate to the corresponding department that manages

every health crisis. In respect with, staff training and education, this institution offered a various training from all health care workers and multiple specialties that staff may establish their career, they have medical simulation center-hands-on training hub, practice based residency training program, sponsored continuing education and interventions and accredited training institution, which reflects that in terms with this healthcare workers may build their expertise in every areas they want to explore in their career. On the other hand, system error and responsibility are reflected at the generative level as well, which means everyone is self-aware of their accountability in terms of the responsibility in matters of mistakes and errors. In comparison, continuous improvement scores the lowest in generative, but it is still favorable in this area, as an institution has setback that still needs improvement.

According to Salas et al. (2021), collaborative teamwork significantly enhances patient safety outcomes under pressure while strengthening the team's resilience through effective communication, mutual respect, and shared goals. Weaver et al. (2020) also assert that leadership behavior in advancing psychological safety empowers healthcare teams to openly share errors and near-misses, thereby allowing for more learning and fostering a culture of safety. Interdisciplinary teamwork, promoted through inclusive leadership, has been shown by Manser and Foster (2022) to facilitate coordinated care delivery and reduce medical errors. O'Leary et al. (2023) further suggest that structured training programs promote enhanced coordination and trust among health professionals, which in turn improves their perception of leadership and workplace safety. Zhang et al. (2022) reported that participatory management and the inclusiveness of decision-making encourage employee commitment and a positive perception of safety culture. As Gholipour et al. (2020) found, managers who promote

training and professional development create a learning culture that supports reporting and preventing error.

Ongoing education and career development, such as attending workshops, conferences, updating with the latest evidence-based practice, and enrolling in online classes, help care professionals keep updated with the advancement of quality patient safety. education mainly enhances culture safety, executes error-prevention tactics, acknowledges the help of connecting systems to patient care, and nurtures efficient communication and teamwork.

Health leadership needs to prioritize safety to contribute to a robust safety culture in hospitals. "A strong commitment from leadership to safety establishes clear expectations and accountability, resulting in greater adherence by frontline workers to safety protocols and reduced adverse events," according to Lee et al. (2021). "Visible and proactive leadership support for safety initiatives induces employee engagement and motivates reporting of near-misses, improving overall patient safety outcomes," Wu, Xie, and Liu (2022). Safety, according to Singer et al. (2023), is entrenched in every decision and practice. These authors assert that integrating safety into routine operations and consistently allocating resources promote a safety culture.

Furthermore, Kim and Park (2020) demonstrated that when management prioritizes safety, hospital-acquired infections decrease and employees' perceptions of a safe workplace improve. This study highlights the significance of organizational culture and leadership in striking a balance between personnel accountability and system mistakes. According to Vincent et al. (2020), nurse managers who practice ethical leadership reduce error rates and provide an environment of openness and accountability that motivates employees to take ownership of their actions while also taking systemic variables into account.

In contrast, the Proactive group had particularly high scores for Personnel Management (152), Continuous Improvement (158), Learning and Effecting change (142), and Recording Incident (142). The proactive, mature level of people management that we observed suggests that they place a high priority on efficient staff to ensure a skilled and driven healthcare workforce. For new personnel, especially nursing staff, the hospital offers comprehensive orientation programs and competency-based training.

Strategic staff scheduling is implemented to balance workload and prevent burnout. While promoting Continuous Improvement, the hospital fosters a culture of continuous learning and professional development through regular seminars, workshops, and training sessions. These sessions aim to update healthcare workers on the latest guidelines for patient safety. Staff participation in certification and programs is encouraged and supported. Meanwhile, effecting change, it reflects a proactive, mature level as well, as this institution maintains employee feedback and evaluation that ensures the smoother adoption of changes, such as adopting electronic health records and adding protocols that adhere to a patient safety culture. Additionally, Incident reporting plays a proactive role as the institution is encouraged to report adverse events and near misses through a confidential, non-punitive process. Report incidents are systematically reviewed during the safety committee to identify the root cause and implement corrective actions.

Zhang et al. (2022) reported that participatory management and the inclusiveness of decision-making encourage employee commitment and a positive perception of safety culture. As Gholipour et al. (2020) found, managers who promote training and professional development create a learning culture that supports reporting and preventing error. Likewise, according to Moradi et al. (2023), recognition and

support from leadership serve as a key motivator for health personnel to remain safe at work. In their concluding remarks, they emphasized that supportive personnel management, facilitated through transparent communication and efficient mechanisms for conflict resolution, would reduce workplace stress and promote collaboration, ultimately fostering a positive culture of safety for patients. The latest report from the Agency for Healthcare Research and Quality (AHRQ) Hospital Survey on Patient Safety Culture (Wafer M.A et al., 2024) reveals that 64 percent of respondents perceived that staff involvement in patient incident safety was inadequate.

This issue is significant, as adverse events can profoundly impact healthcare workers (HCWs). A scoping review concerning nurses involved in such incidents found that they frequently experience diminished self-confidence, stress, regret, burnout, frustration, and fear of losing reliability from co-workers and supervisors. Some HCWs cope by becoming hypervigilant, sharing their experiences, or taking leave.

Despite communication, Proactive scores of 116 and 111 for generative, suggesting an improvement area, but showing further positive overall views.

In terms of the 10 indicators in Safety Culture, Communications has the lowest score in both proactive and generative areas, which reflects a need to focus on communication and improve these areas. This will enhance the patient safety culture and satisfaction of both patients and staff. Though it is still reported that there is strong communication within the hospital, they still need to anticipate potential challenges, take preventive actions, and create solutions before problems arise.

Strong communication and teamwork, in particular, serve as the cornerstone of patient safety culture. A stronger safety culture is correlated with leaders and their team members communicating more frequently. Lack of communication among

healthcare professionals, however, is a significant source of errors that can result in unfavorable outcomes, particularly during patient transition points, as seen in provider-to-patient or caregiver communication. How patients and caregivers view their care is significantly impacted by effective communication. According to a poll, patients believe that one of the main reasons for diagnostic error is inadequate communication.

The findings of this study are consistent with the work of Lee et al. (2019), who discovered that healthcare organizations with robust cooperation and ongoing training initiatives have superior safety outcomes and reporting cultures. Furthermore, proactive safety cultures that emphasize open communication, learning from mistakes, and leadership support are crucial for lowering adverse events and promoting ongoing patient safety improvement, according to Singer et al. (2020). Collectively, these studies confirmed the present findings, which suggest that healthcare workforce resources acknowledge and participate in a growing, positive, and developing safety culture.

Overall, it suggests that healthcare workers perceive their environment as a positive one, where patient safety is prioritized and teamwork and education are extensively emphasized. Errors are viewed as learning opportunities, rather than opportunities for blame, which are well-known attributes of a strong and evolving patient safety culture.

Table 4.4

Significant Relationship Between Leadership and Patient Safety Culture (Pearson's r Correlation)

Source of Relationship	R	Strength of Correlation	*p*	Decision	Interpretation
Leadership and Patient Safety Culture	0.329**	Weak Positive Correlation	p<.05	Reject Ho	Significant

Note: Significant at *p<.05*

The Leadership and Patient Safety Culture prove a correlation through an R-value of .329, signifying a weak positive correlation alongside a poor p-value less than .05, with rejection of the null hypothesis. It indicates further improvement in leadership and enhancements in culture towards patient safety, although not to a significant extent. However, it acknowledges the important role that leadership, to some extent or at the very least, plays in promoting culture safety in healthcare settings. Hence, recognition should be given to healthcare institutions when considering the invaluable contribution that effective leadership can make to safe practices and investing in its leadership development programs, thereby nurturing patient safety efforts.

This implies that leadership plays a crucial role in maintaining a safe culture, as evidenced by the results above. This means that improvements in leadership create a significant impact on safety culture, such as enhancing communication, promoting proactive decision-making, and making ethically grounded decisions. Given this institution's role as a high-volume government hospital leading complex cases, even a slight improvement from leadership may foster a meaningful result in safety culture.

This can be achieved through continuing education, workshops, and training of leaders to enhance their skills and abilities, particularly in communication and decision-making.

As communication is an integral part of safe, efficient, and patient centered care, as based on the result as communication depicts the low score in pro-active level, signifies that most likely related to various challenges such as workloads were significant issues were not being communicated, shift change, stress, fatigue, personalities, communication styles, physical proximity and lack of verification of information.

Wong and Cummings (2020) have already indicated that authentic leadership positively influences the patient safety culture, and that this influence may depend on the level of engagement or the context in which the organization is situated. Similar to this, Braithwaite et al. emphasized that health services would profit from funding customized leadership development programs meant to support patient safety initiatives, even though leadership is just one of many factors that contribute to improvements in safety culture. Therefore, these studies support leadership as a fundamental component of establishing a safety culture. However, they also provide evidence for more all-encompassing strategies that address a range of organizational issues. Weng et al. examine how medical personnel perceive management leadership in relation to patient safety and highlight how management may contribute to patient safety by improving working conditions, job satisfaction, and the climate of teamwork.

Table 4.5

Significant Relationship Between Perceived Safety Culture and Demographic Profiles of the Respondents (Chi-square Test)

Source of Relationship		X^2	*p*	Decision	Interpretation
Patient Safety Culture	Age	73.167[a]	.202	Accept Ho	Not Significant
	Marital Status	59.580[a]	.633	Accept Ho	Not Significant
	Job Position	253.135[a]	.002	Reject Ho	Significant
	Area of Assignment	211.876 [a]	.155	Accept Ho	Not Significant
	Length of Work of Experience	15.625[a]	.776	Accept Ho	Not Significant

Note: Significant at *p<.05*

The results indicated that Job Position is the only demographic factor analyzed to show a significant association with the Patient Safety Culture (X^2 = 253.135, p = .002) and the rejection of the null hypothesis. This indicates that individuals' perceptions of safety culture vary according to their organizational positions. Age (p = .202), Marital Status (p = .633), Area of Assignment (p = .155), and Length of Work Experience (p = .776) do not appear to characterize any significant relationship with the patient safety culture since their p-values are greater than 0.05, allowing for the acceptance of the null hypothesis. Thus, these results suggest that while most demographic factors do not significantly affect patient safety culture perception, the specific position occupied by healthcare workers may shape their opinions and

experiences concerning safety practices, thereby emphasizing the need for job-specific safety interventions.

Notably, among the demographic profile, job positions are significant in safety culture, which implies that job position matters to every healthcare professional, as they play different roles. For instance, frontline staff have higher and more direct involvement in inpatient patient safety procedures, such as medication administration, infection control, and emergency responses, compared to those in administrative roles. Most of the health care professionals who are in direct contact with the patient easily feel exhausted and experience mental fatigue, which compromises the safety of the patient and the well-being of the staff. Conversely, the administrative role has enhanced the institution's policies and protocols. In a similar vein, both areas require tailored training to maintain and enhance their respective safety cultures.

This was stated by He et al. (2020), clearly highlighting the differences in perceptions of safety cultures among various groups of healthcare workers, making it possible to develop job-related approaches in safety training and leadership. In addition, Alameddine et al. (2021) found that there are different perspectives between frontline clinical and administrative staff on safety climate; this adds evidence to the case for implementing role-focused safety strategies to enhance the patient safety culture.

Alquraini et al. (2021) reported that nurses with more years of working experience developed a favorable perception of patient safety culture, since they are probably more familiar with hospital systems and protocols on safety. These results are supported by research, such as that conducted by Mahmoud et al. (2021), who also noted that department and clinical specialization affect patient safety views and

that profile elements play a role in the different safety culture experiences that hospital units experience.

CHAPTER V

SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

This chapter presents the summary of findings, conclusions, and recommendations of the study. This study was conducted to determine the perceived level of leadership and patient safety culture of healthcare workers in the Philippines. This study was conducted in the government tertiary hospital.

Summary of Findings

Profiles of the respondents showed that the majority are Millennials, aged 29-44 years old (188, 59.31%), followed by Generation Y, aged 23-28 years old (108, 34.07%), and Generation Z, aged 45-60 years old (6.62%). In Terms of Marital Status, singles comprise (n=222 or 70.03%), respondents (n=93 or 29.34%) are married, and (n=2 or0.63%) are widowed. In regards with Job Position Pharmacists has the highest number of respondents with a total of 62(19.56%), Registered Nurse with (n=51 or16.09%), Physical Therapist 50(15.77%), Residents (n=41or 12.93%), Respiratory Therapist (n=40 or 12.62%) Nursing Attendant (n=38 or11.99%), Nurse Supervisor and Consultant has (n=12or 3.79%), whereas GP(n=2 or 0.63%), Nurse Managers (n=1 or 0.32%), Head Nurse (n=3 or 0.95%), and Midwife(n=5 or 1.58%) are least represented.

In Regards to length of experience, with 2 to less than five years has a majority of the respondents with a score (of n=141 or 44.48%), this are competent health care workers of health care professionals, followed with 5-9 years (Proficient) accounted with (n=93 or 29.34%), 6 months to less than 2 years (n=47 or 14.83%), 10 years and

above(expert) (n=33 or 10.41%) and least 0 to 6 month which called novice(n=3 or 0.95%).

In relation to the area of assignment, Others has the highest (n=104, 32.81 percent), followed by Med/Surg (n= 63 or 19.87%), ER (n-48 or 15.14%), ICU(n= 36 or 11.36 percent), Ortho (n=30 or 9.46%), Pedia(n= 21 or 6.62%) and least DR (n=15 or 4.73%).

With the perceived level of leadership of management of healthcare workers, with the four dimensions of self-awareness, internalized moral perspective, balanced processing, and relational transparency favorably in agreement, which is interpretated as a high or stronger authentic relationship, still has a need to improve the gap of transparency of communication, where leaders encourage atmospheres where staff feel psychologically safe in speaking up. These findings collectively suggest that, with context-sensitive application, relational transparency may enhance trust, psychological safety, and safety culture, while being moderated to prevent cognitive overload or ensure alignment with the organization.

Regarding the perceived level of patient safety culture among healthcare workers, with 10 key indicators, communication has the lowest score, at 116 for proactive and 111 for generative, remaining within the Proactive level, which requires improvement to reach the generative culture. Teamwork has the strongest score, which is reflected in the data, showing n=132 for proactive and 122 for generative. Staff Training and education (n=126 -Proactive ,n=130 -Generative) , Personnel Management (n=152 -Proactive ,n=102 -Generative), Learning and Effecting Change (n=142 -Proactive ,n=108 -Generative), Evaluating Incidents and Best Practice (n=129 -Proactive ,n=111 -Generative), Recording Incidents (n=142 -Proactive ,n=109 - Generative), System Error and individual Responsibility(n=130-Proactive ,n=116-

Generative), Priority given to safety(n=131 -Proactive ,n=123 -Generative) and Continuous Improvement(n=158 -Proactive ,n=95 -Generative).

The Leadership and Patient Safety Culture proves a correlation through an R-value of .329, signifying a weak positive correlation alongside a poor p-value less than .05, with rejection of the null hypothesis.

In relation to the Significant Relationship between Perceived Safety Culture and Demographic Profiles of the Respondents (Chi-Square Test). Job Position is the only demographic factor analyzed to show a significant association with the Patient Safety Culture ($X^2 = 253.135$, $p = .002$) and the rejection of the null hypothesis. This indicates that individuals' perceptions of safety culture vary according to their organizational positions.

The null hypothesis can be accepted because the p-values for Age(p=.957), Marital status (p=.633), area of assignment (p=.155), and Length of work experience (p=.837) do not describe any significant relationship with the patient safety culture.

Conclusion

The entire workforce has short to moderate work experience in the current positions. These findings suggest a predominantly early-career, young healthcare workforce that boasts many professional roles, which may be associated with their differing perspectives and experiences within the healthcare environment.

According to the assessment of authentic leadership in healthcare management, there are strong key leadership traits across all of the domain's measured aspects. They are extremely self-aware and morally upright; they dare to put their organization's interests ahead of their own, making decisions honestly while

fostering positive working relationships with their fellow group members. This demonstrates how the company actively supports authentic leadership, which in turn fosters the growth of moral behavior, trustworthy connections, and productive dialogue. As a result, they mold and cultivate the corporate culture that prioritizes patient safety and high-quality care, fosters teamwork, and boosts employee morale. Hence, promoting and sustaining authentic leadership should be the primary focus of healthcare establishments that would like to enhance overall performance and safety outcomes.

The assessment of patient safety culture within the healthcare workforce depicts a situation where the organization promotes a predominantly proactive and generative safety environment. Hence, safety practices within the organization are well established and actively reinforced. Teamwork emerges as the most valued dimension, indicating that those surveyed perceive staff as collaborating effectively. Relatedly, training and educating staff emerged as another positive focus area, demonstrating the institution's commitment to learning and skills development. Safety priorities, such as valuing safety and learning from errors, received some recognition as positive, indicating the organization's commitment to ongoing improvement and its response to errors. The support for incident reporting, investigation, and personnel management further bolsters the general picture of the organization implementing proactive safety practices. Although communication scored the lowest among the indicators, the majority of respondents still considered it to be at least proactive or generative in nature, indicating some areas for improvement while still being viewed positively overall.

There is a weak but statistically significant positive correlation between leadership and patient safety culture: the better the leadership, the better the patient

safety culture, but the correlation is weak. This implies that while leadership may contribute to creating a safety culture in healthcare settings, it cannot be held entirely responsible for influencing safety outcomes. The findings, however, do provide evidence that effective leadership can support safer practices. Therefore, healthcare institutions should invest in leadership development programs as a strategic means to strengthen patient safety efforts and foster a culture of safety throughout the organization.

The findings indicate that job position is the only demographic variable significantly associated with patient safety culture, showing that healthcare worker perceptions of safety may differ according to their various organizational roles. The most significant predictors of safety culture perceptions, in fact, are job position rather than other demographic variables such as age, marital Status, area of assignment, and length of work experience. Thus, individual experiences and attitudes toward patient safety are most affected by professional role rather than personal demographic factors. Therefore, such findings underscore the need to develop job-based safety interventions tailored to the position to meet the unique problems and attitudes of every group.

Recommendation

The researcher developed the following recommendations for individuals who held a substantial value for the research locale, based on the findings of the research study.

To Healthcare Organizations

Effective leadership is evidenced by high ratings in the following potential traits: Self-Awareness, Internalized Moral Perspective, Balanced Processing, and Relational Transparency. Organizations should institutionalize developmental courses for leaders to maintain and strengthen such traits, mainly among future managers and supervisors.

Since the majority of indicators are at the proactive and generative levels, firms should consider using a reinforcement strategy when implementing policies related to staff education, teamwork, and continuous development. Regular assessment and feedback systems could also be used to support this. Customized training must be created for various professionals' job positions, as the job position has a significant impact on how people perceive patient safety culture. Therefore, midwives, therapists, nurses, and pharmacists would need role-specific training, incident reporting systems, and lines of communication. The transformative leadership method is a tool that leaders can utilize.

To Hospital Leaders

Leaders' behaviors have a direct impact on patient safety outcomes, as evidenced by the strong positive association found between leadership and patient safety culture. Particularly in areas such as teamwork and communication, which have relatively high but improvable average values, leadership should set an example of moral courage, open communication, a positive mindset, and ongoing education. This could involve mentorship programs, workshops, and simulation-based learning.

Job position, in turn, influences the perception of safety culture. Thus, hospital leaders need to utilize this perception in their human resource planning, ensuring that

safety champions are embedded within every unit. As the Hospital is tertiary and diverse, leaders should focus on training, holding more workshops to promote growth and opportunities for career advancement, which in turn promotes staff satisfaction and provides quality care to patients. Conduct common training to all health care providers, which may help and boost the skills, especially in patient safety. Utilize the communication tool, such as hand off report, SBAR, closed-loop communication, teach back, or repeat back in communicating. Scheduling STEPPS Program training for all healthcare professionals is a great way to improve communication, which is one of the challenges faced by all healthcare professionals.

Hospital leaders must apply a transformational leadership behavior as it fosters trust, open communication, and psychological safety.

To Managers

As the manager who plays a significant role in shaping patient safety culture, they should integrate patient safety discussions and include them in the daily huddle or at every shift rotation. Improve communication flows by implementing the tool of SBAR (Situation, Background, Action, and Recommendation) in handover reporting and implementing bedside shift reporting. Provide feedback to staff, strengthen incident reporting, and conduct continuous simulation of emergency responsiveness.

To Supervisors

Encourage the team to promote teamwork, adhere to proper channels of communication, set clear expectations for the healthcare team, monitor and evaluate performance, lead by example, and acknowledge and address concerns raised by the

healthcare team. Provide continuous training and recognize every healthcare team innovation and their support in the unit or institution.

To Healthcare Workers

Healthcare workers should take pride in the high ratings in patient safety culture, particularly in areas such as teamwork and training. They must be encouraged to actively participate in event reporting, assessment, and learning processes. Workers should regularly reflect on their leadership and safety roles; seeking feedback from peers and patients can help them identify areas for growth in relation to skills such as communication and relational transparency. Because job role is a differentiator in safety culture perception, inter-professional collaboration should be emphasized. Understanding diverse perspectives would foster unity and shared responsibility.

To Patients

Provide materials to the patient that promote engagement in safety culture, such as visual aids, and encourage participation in safety culture. Be honest in providing relevant health records. Please participate in the patient satisfaction survey, which helps the organization improve its services.

Be encouraging towards these patients in using safety reporting tools, satisfaction surveys, and open discussions with care providers. Empowered patients are what all safety cultures strive for. Healthcare providers and institutions should ensure that patients are well-informed about safety procedures, their rights, and communication avenues to facilitate active participation in their own care.

To Future Researchers

Since job position is a significant factor in the perception of safety culture, future studies could expand on the specific roles of safety systems or how they influence them. Although a weak but statistically significant correlation exists, longitudinal or experimental designs could help determine the causal pathways between authentic leadership and improvements in patient outcomes. Since most demographic variables were not significantly related to safety culture, additional variables such as shift schedules, workload, burnout levels, and institutional policies may be included in future models.

Reference

A survey of hospital healthcare professionals' perceptions toward patient safety culture in Saudi Arabia. https://pdf.sciencedirectassets.com

Acadia Munari (Nov 21, 2023) Self-Awareness in Leadership: Key Strategies

Advocate Health Care: A Systemwide Approach to Quality and Safety

Alabdaly, A., Aljohani, A., & Alqahtani, M. (2023). The relationship between organizational tenure and teamwork perception in patient safety culture. *Healthcare, 11*(1), 50.

Alameddine, M., Mourad, Y., & Dimassi, H. (2021). Perceptions of patient safety culture: A cross-sectional study among healthcare workers in Lebanese hospitals. *BMC Health Services Research, 21*, 260. https://doi.org/10.1186/s12913-021-06275-1

Al-Hussami, M., Darawad, M., & Saleh, A. (2023). Patient safety culture and nurses' intent to stay in Jordanian hospitals. *BMC Nursing, 22*, 156.

Al-Majid, S., & Omari, F. (2021). Impact of staffing adequacy and skill mix on nurse burnout and patient safety. *Journal of Nursing Management, 29*(6), 1548-1556.

Al-Mandhari, A., Al-Shaqsi, S., & Al-Maawali, A. (2020). Age-related differences in error reporting among healthcare workers. *BMJ Open Quality, 9*(2), e001031.

Aloustani, S., Atashzadeh-Shoorideh, F., & Zagheri-Tafreshi, M. (2020). Association between ethical leadership, ethical climate and organizational citizenship behavior from nurses' perspective: A descriptive correlational study. *BMC Nursing, 19*, Article 15.

Alqahtani, A., Alshammari, F., & Alzahrani, R. (2024). Patient safety culture among nurses in Saudi Arabia: A cross-sectional study. *BMC Nursing, 23*, 107.

Alquraini, H., Al Otaibi, J., & Alkhani, A. (2021). The impact of nurses' demographic characteristics on patient safety culture in Saudi Arabia. *Journal of Nursing Management, 29*(6), 1609-1616. Lee, S., Lee, H., & Kim, Y. (2020). Influence of age and education on patient safety culture among Korean nurses. *International Journal of Environmental Research and Public Health, 17*(21), 7952.

Alshaar, A. M. K. (2023). Authentic Leadership and its Impact on Supporting Strategic Intelligence. International Journal of Academic Research in Business and Social Sciences

Al-Tannir, M., Aljohani, M., Alsaif, A., Alshahrani, S. M., & Alzahrani, H. (2021). Road towards promoting patient safety practices among hospital pharmacists: Hospital-based baseline patient safety culture assessment cross-sectional survey. *Journal of Patient Safety*. https://doi.org/10.1097/PTS.0000000000000805

Altez, M. L., Santos, R. J., & Del Rosario, P. M. (2024). *Patient safety culture, leadership, and associated factors among nurse managers in selected hospitals in Cagayan Valley, Philippines*. ResearchGate. https://www.researchgate.net/publication/386324008

Anderson JE, Lavelle M, Reedy G. Understanding adaptive teamwork in health care: Progress and future directions. Journal of Health Services Research & Policy. 2021;26(3):208-214. doi:10.1177/1355819620978436

Approach to Improving Patient Safety: Communication | PSNet (ahrq.gov). March 10, 2021

Askarian, M., Akbari, R., & Sadeghi, M. (2021). Assessing safety culture among hospital staff in Iran. *Iranian Journal of Nursing and Midwifery Research, 26*(3), 221–227

Ayse P. Gurses, Sarah Mossburg, Zoe Sousane. Communication During Transitions of Care (March 2024)

Azyabi A, Karwowski W, Davahli MR. Assessing Patient Safety Culture in Hospital Settings. Int J Environ Res Public Health. 2021 Mar 3;18(5):2466. doi: 10.3390/ijerph18052466. PMID: 33802265; PMCID: PMC7967599.

Azyabi, A., Azyabi, A., Karwowski, W., Hancock, P., Wan, T., & Elshennawy, A. (2022). Assessing Patient Safety Culture in United States Hospitals. International Journal of Environmental Research and Public Health, 19(4), 2353.

Benett K. (2022) Leading self: The value of self-awareness in leadership (YEL2022)

Bernal, A. P., de Guzman, J. C., & Ramos, E. M. (2023). *Transformational leadership and patient safety outcomes among emergency room nurses in the Philippines*. *Journal of Nursing Management*, 31(2), 204–213. https://doi.org/10.1016/j.jonm.2023.04.008

Braithwaite, J., Herkes, J., Ludlow, K., Testa, L., & Lamprell, G. (2019). Association between organisational and workplace cultures, and patient outcomes:

Brooke Albright-Trainer, MD; Rakhi Dayal, MD; Aalok Agarwala, MD, MBA; Erin Pukenas, MD (June 2020) Effective leadership and Patient safety culture Anesthesia Patient safety Education (apsf.org)

Bryan Sexton, Kathryn C Adair, Michael W Leonard et al . Providing feedback following Leadership Walk Rounds is associated with better patient safety culture, higher employee engagement and lower burnout.

Burnout and the role of authentic leadership in academic medicine. (2022). *BMC Health Services Research*.

Donna Willeumier M.T.(A.S.C.P.), M.H.P.E.me

Chegini, Z., Kakemam, E., Asghari Jafarabadi, M., et al. (2020). The impact of patient safety culture and the leader coaching behaviour of nurses on the intention to report errors: a cross-sectional survey. *BMC Nursing*, 19, 89.

Chih-Hsuan Huang, Hsin-Hung Wu, Yii-Ching Lee & Xiumei Li (2024) The Critical Role of Leadership in Patient Safety Culture: A Mediation Analysis of Management Influence on Safety Factors, Risk Management and Healthcare Policy, 17:, 513-523, DOI: 10.2147/RMHP.S446651

Chua, S., Wong, W., & Tan, M. (2022). Fostering a non-punitive incident reporting culture in hospitals: Strategies and outcomes. *International Journal for Quality in Health Care*, 34(1), mzab098.

Chukwu, L., Igbokwe, U., & Eze, C. (2022). Educational background and patient safety culture among Nigerian healthcare workers. *Nigerian Journal of Clinical Practice, 25*(3), 409-415.

Creating Empowering Conditions for Nurses with Workplace Autonomy and Agency: How Healthcare Leaders Could Be Guided by Strengths-Based Nursing and Healthcare Leadership (SBNH-L) - PMC (nih.gov)

Definition Examples of Safety Culture and Overlap with Safety Climate http://www.cdc.gov Doi: 10.1310/hpj5204-308.PMID: 28515512

Dekker, S. (2025). Just culture: Balanced accountability for both individuals and organization. *Safety Science Journal*, 146, 105553. Lee, H., Cummings, G. G., & He, Q. (2021). The impact of frontline supervisor leadership on patient safety culture in acute care settings: A systematic review. *Journal of Nursing Management, 29*(4), 618–629.

Doriam E, Deibys A, Karen A, Patrick A. Patient Safety Culture in Latin American Hospitals: A Systematic Review with Meta-Analysis (Nov 2022)

Effective Leadership and Patient Safety Culture https://www.apsf.org/article/effective-leadership-and-patient-safety-culture

Elhihi, E. A., Aljarary, K. L., Alahmadi, M., Adam, J. B., Almwualllad, O. A., Hawsawei, M. S., Hamza, A. A., & Ibrahim, I. A. (2025). The mediating role of moral courage in the relationship between ethical leadership and error reporting behavior among nurses in Saudi Arabia: A structural equation modeling approach. *BMC Nursing, 24*, Article 392.

Fernandes, A. R., Silva, P. A., & Ait El Cadi, N. (2021). Patient safety culture in intensive care units: A comparative study in Portugal and Morocco. *International Journal for Quality in Health Care, 33*(5), mzab097.

Fotabong Binfon, T. N. (2020). Empowering Health Care Professionals: An Interprofessional Education Model Implementation And Evaluation Using Mentorship And Teamstepps Methodology.

Gamo Zone, (2022). *Patient safety culture and associated factors among nurses working at public hospitals in Gamo Zone, Southern Ethiopia*. BMC Health Services Research. https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09671-6

Ghazali, S. S., Yusof, H. M., & Ismail, A. (2023). Job stress and its impact on patient safety climate among Malaysian nurses. *BMC Nursing, 22*, 82.

Gholipour, R., Abbaszadeh, A., & Ebrahimi, H. (2020). The role of training and development on nurses' safety culture. *Nursing Open, 7*(5), 1544-1552.

Hajjar, C. H., Zgheib, R. M., et al. (2020). Work ethics and ethical attitudes among healthcare professionals: The role of leadership skills in determining ethics construct and professional behaviors. *Healthcare, 10*(8), 1399.

Hameed S, Humayun A, Yaqoob M, et al. (December 05, 2023) Patient Safety Culture: A Healthcare Provider's Prospect. Cureus 15(12): e49989. doi:10.7759/cureus.49989

He H, Chen X, Tian L, Long Y, Li L, Yang N, Tang S. Perceived patient safety culture and its associated factors among clinical managers of tertiary hospitals: a cross-sectional survey. BMC Nurs. 2023 Sep 25;22(1):329. doi: 10.1186/s12912-023-01494-4. PMID: 37749580; PMCID: PMC10518958.

He, H. G., Zhao, X., & Jiang, S. (2020). Safety culture perceptions among healthcare workers: Differences across job positions in hospitals. *Journal of Nursing Management, 28*(7), 1647–1655. https://doi.org/10.1111/jonm.13072

Healthcare Managers' Perception of Patient Safety Culture. Global Journal on Quality and Safety in Healthcare (2023) 6 (1): 6–14. https://doi.org/10.36401/JQSH-22-13

Henninger, M., et al. (2022). *Burnout and the role of authentic leadership in academic medicine.* Academic Medicine. [The study focuses on relational transparency in healthcare leadership]. Retrieved from PMC.

Hosseini, M., Mohammadi, E., & Hajibabaee, F. (2022). Relationship between patient safety culture and adverse events: A multi-center study in Iran. *BMC Nursing, 21*, 141.

Hosseini, M., Mohammadi, E., & Hajibabaee, F. (2024). Meta-analysis of predictors of patient safety culture and its effects on adverse outcomes. *BMC Nursing, 24*, 219.
Hosseini, M., Mohammadi, E., & Hajibabaee, F. (2024). Meta-analysis of predictors of patient safety culture and its effects on adverse outcomes. *BMC Nursing, 24*, 219.
http://nursekey.com/organizational-climate-and-culture/

http://www.ajustnhs.com/wp-content/uploads/2012/10/Manchester-Patient-Safety-Framework.

https://psnet.ahrq.gov/perspective/approach-improving-patient-safety-communication (March 10,2021)

https://sites.psu.edu/leadership/2021/04/19/authentic-leadership-practicing-what-you-preach/

https://wirexsystems.com/resource/what-information-should-be-documented-in-an-incident

https://www.indeed.com/career-advice/career-development/personnel-management-type

https://www.leaderfactor.com/learn/what-is-safety-culture-in-the-workplace

Huang CH, Wu HH, Lee YC, Li X. The Critical Role of Leadership in Patient Safety Culture: A Mediation Analysis of Management Influence on Safety Factors. Risk Manag Healthc Policy. 2024 Mar 5;17:513-523. doi: 10.2147/RMHP.S446651. PMID: 38476201; PMCID: PMC10929255.

Huang, Y., Li, X., & Chen, Y. (2024). Leadership focus on safety and continuous learning in healthcare organizations: A longitudinal study. *Safety Science, 154*, Article 105902.

Huang, Y., Li, X., & Chen, Y. (2024). Leadership focus on safety and continuous learning in healthcare organizations: A longitudinal study. *Safety Science, 154*, Article 105902.

Institute of Medicine. (2000). *To Err Is Human: Building a Safer Health System*. Washington, DC: National Academies Press.

John Murray, Joann Sorra, Bryan Gale, Sarah Mossburg. Ensuring Patient and Workforce Safety Culture in Healthcare (March 2024)

Johnson, R., Williams, K., & Davis, P. (2020). Organizational learning culture and incident evaluation: Foundations for patient safety. *Health Care Management Review*, 45(4), 317–324.

Khera, P., & Sharma, S. (2021). The role of communication and conflict resolution in healthcare personnel management. *International Journal of Health Care Quality Assurance, 34*(3), 246-259.

Kim, M., & Park, H. (2020). Hospital management's role in patient safety: Effect of safety prioritization on infection rates. *American Journal of Infection Control, 48*(9), 1093–1098.

Kleynhans DJ, Heyns MM, Stander MW, de Beer LT. Authentic Leadership, Trust (in the Leader), and Flourishing: Does Precariousness Matter? Front Psychol. 2022 Apr 1; 13:798759. Doi: 10.3389/fpsyg.2022.798759. PMID: 35432051; PMCID: PMC9012166.

Kumar, S., Basu, S., & Giri, P. (2021). Experience and perception of patient safety culture among healthcare workers in India. *Safety and Health at Work, 12*(1), 97-104.

Kuriakose R, Aggarwal A, Sohi RK, Goel R, Rashmi NC, Gambhir RS. Patient safety in primary and outpatient health care. J Family Med Prim Care. 2020 Jan 28;9(1):7-11. doi: 10.4103/jfmpc.jfmpc_837_19. PMID: 32110556; PMCID: PMC7014856.

Lee, S. E., Dahinten, V. S., & MacPhee, M. (2021). The role of organizational context in moderating the relationship between nurses' experience and patient safety culture. *International Journal for Quality in Health Care, 33*(1), mzab015. https://doi.org/10.1093/intqhc/mzab015

Lee, S. M., & Cummings, G. G. (2020). The influence of transformational leadership on nurse safety behaviors and patient safety outcomes: A meta-analysis. *Journal of Nursing Administration, 50*(9), 459–465.

Lee, S. Y., Kim, J., & Park, S. (2021). The impact of leadership commitment on patient safety culture and outcomes: A systematic review. *Journal of Healthcare Leadership, 13*, 85–95.

Lee, S., Kim, H., & Park, J. (2021). Root cause analysis and reduction of adverse events in healthcare: A systematic approach. *Journal of Patient Safety*, 17(3), e145–e152.

Lee, S., Lee, S., & Kim, J. (2019). The impact of teamwork and continuous learning on patient safety culture in hospitals. *International Journal of Nursing Studies, 94*, 35–43. https://doi.org/10.1016/j.ijnurstu.2019.02.003

Logroño KJ, Al-Lenjawi BA, Singh K, Alomari A. Assessment of nurse's perceived just culture: a cross-sectional study. BMC Nurs. 2023 Oct 3;22(1):348. doi: 10.1186/s12912-023-01478-4. PMID: 37789341; PMCID: PMC10546793.

MacGillivray TE. Advancing the Culture of Patient Safety and Quality Improvement. Methodist Debakey Cardiovasc J. 2020 Jul-Sep;16(3):192-198. doi: 10.14797/mdcj-16-3-192. PMID: 33133354; PMCID: PMC7587327.

Mahmoud, M., El-Masry, R., & Abou-Shousha, S. (2021). Departmental and specialty influences on patient safety culture in Egyptian hospitals. *Journal of Patient Safety, 17*(1), e1-e6.

Manser, T., & Foster, S. (2022). Teamwork and patient safety in dynamic domains of healthcare: A review of the literature. *Safety Science, 138*, 105247.

Michelle Schreiber, MD; Cindy Van, MHSA; Sarah E. Mossburg, RN, PhD (December 14, 2022).Measuring Patient Safety | PSNet (ahrq.gov)

Mistri IU, Badge A, Shahu S. Enhancing Patient Safety Culture in Hospitals. Cureus. 2023 Dec 27;15(12): e51159. doi: 10.7759/cureus.51159. PMID: 38283419; PMCID: PMC10811440.

Mohammad, H. F., Abou Hashish, E. A., & Elliethey, N. S. (2023). *The Relationship Between Authentic Leadership and Nurses' Resilience: A Mediating Role of Self-Efficacy. SAGE Open Nursing.* Includes relational transparency affecting safety climate in nursing. Retrieved from SAGE.

Moraca E, Zaghini F, Fiorini J, Sili A. Nursing leadership style and error management culture: a scoping review. Leadersh Health Serv (Bradf Engl). 2024 Sep 30;37(4):526-547. doi: 10.1108/LHS-12-2023-0099. PMID: 39344575.

Moradi, T., Jafari, M., & Ramezani, M. (2023). Leadership support and motivation in promoting patient safety culture. *Journal of Healthcare Leadership, 15*, 35-45.

Muftawu, & Aldogan. (2020). *[Title of study]*. [Journal Name]. [Insert full citation once available]

Muna Habib al lawati, Sarah Dennis et. al. (2018) Patient safety and safety culture in primary health care: a systematic review. Article number: 104

Nasra Idilbi, Mohanad Dokhi, Helena Malka-Zeevi, Sarit Rashkovits, The Relationship Between Patient Safety Culture and the Intentions of the Nursing Staff to Report a Near-Miss Event During the COVID-19 Crisis(January 2023)

Neves, P., & Caetano, A. (2021). The role of authentic leadership and relational transparency in fostering organizational trust and performance in healthcare settings. *Leadership in Health Services, 34*(2), 121–135. https://doi.org/10.1108/LHS-10-2020-0078

Nguyen, T. L., Pham, L. T., & Tran, H. T. (2023). Multidisciplinary incident review meetings and their impact on clinical outcomes in Vietnamese hospitals. *BMC Health Services Research*, 23, Article 112.

Nguyen, T. T., Le, T. H., & Doan, N. H. (2023). Patient safety culture and its influencing factors in Vietnamese hospitals. *Journal of Patient Safety, 19*(2), 88–95.

O'Leary, K. J., Sehgal, N. L., Terrell, G., & Williams, M. V. (2023). Teamwork training and patient safety in healthcare: A systematic review. *The Joint Commission Journal on Quality and Patient Safety, 49*(1), 19–28.

Okuyama, A., Wagner, C., & Bijnen, B. (2020). Speaking up for patient safety by hospital-based health care professionals: A literature review. *BMC Health Services Research, 20*(1), 61. https://doi.org/10.1186/s12913-020-4913-5

Pakizekho, S., & Barkhordari-Sharifabad, M. (2022). The relationship between ethical leadership, conscientiousness, and moral courage from nurses' perspective. *BMC Nursing, 21*, Article 164.

Pakizekho, S., & Barkhordari-Sharifabad, M. (2022). The relationship between ethical leadership, conscientiousness, and moral courage from nurses' perspective. *BMC Nursing, 21*, Article 164.

Park, J., & Kim, Y. (2024). Leadership and evidence-based practice integration in hospital quality improvement initiatives. *Journal of Nursing Management*, 32(2), 290–298.

Patient Safety (who.int) Retrieved date: 2023

Patient Safety and Staff Well-Being: Organizational Culture as a Resource. Published online 2022 Mar 21. Doi: 10.3390/ijerph19063722

Puteh, S. E. W., Khairuddin, M., & Ahmad, N. (2022). The influence of safety leadership on safety behavior among nurses in Malaysia. *Safety Science*, 146, 105545. https://doi.org/10.1016/j.ssci.2021.105545

Regina M, Cindy M, Sarah E. Building Capacity for Patient Safety (July 2023)

Rezaei, A., et al. (2021). *Explaining the effect of authentic and ethical leadership on the psychological empowerment of nurses*. *Journal of Nursing Management*. (Abstract from PubMed)

Risk Management and Healthcare Policy (2023). The nexus between ethical leadership and employees' perception of workplace safety. *Risk Management and Healthcare Policy*.

Rodrigues, P., Gomes, J., & Costa, P. (2023). Gender differences in perception of patient safety culture: A systematic review. *Safety Science, 153*, 105815.

Rogers E, Griffin E, Carnie W, Melucci J, Weber RJ. Hosp Pharm. April 2017 A Just Culture Approach to Managing Medication Errors (4):308-315.

Rogo, E., Hodges, K., & Evans, J. (2023). The Social Intelligence Self-care Conceptual Model. Journal of Dental Hygiene (Online), 97(4), 6-20.

Roman, M.D.; Fleacˇ a, S.R.; Boicean, A.G.; Mohor, C.I.; Morar, S.; Dura, H.; Cristian, A.N.; Bratu, D.; Tanasescu, C.; Teodoru, A.; et al. Failure in Medical Practice: Human Error, System Failure, or Case Severity? Healthcare 2022, 10, 2495. https://doi.org/10.3390/ healthcare10122495

Rosen, M. A., DiazGranados, D., Dietz, A. S., Benishek, L. E., Thompson, D., Pronovost, P. J., & Weaver, S. J. (2024). Teamwork in healthcare: Key discoveries enabling safer, high-quality care. *American Psychologist, 79*(1), 41–54.

Salas, E., Reyes, D. L., & McDaniel, S. H. (2021). The science of teamwork: Progress and the road ahead. *American Psychologist, 76*(4), 542–556.

Sani-talal, et al. (2023). *Influence of work-related stress on patient safety culture among nurses in a tertiary hospital: A cross-sectional study*. BMC Nursing. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10829317/

Schildmeijer, K., Unbeck, M., Ekstedt, M., Lindblad, M., & Nilsson, L. (2020). The role of transformational leadership, job demands and job resources for patient safety culture in Norwegian nursing homes: A cross-sectional study. *BMC Health Services Research, 20*, 567. https://doi.org/10.1186/s12913-020-05671-y

Sexton, J. B., Adair, K. C., Leonard, M. W., Frankel, A., & Proulx, J. (2020). Managerial commitment and frontline staff perceptions of patient safety culture: Evidence from multiple hospitals. *BMJ Quality & Safety, 29*(7), 564–572.

Shafiei, T., Asgarian, A., & Zarei, L. (2022). Job position and patient safety culture: A cross-sectional study in Iranian hospitals. *Journal of Healthcare Quality Research, 37*(4), 282-289.

Singer, S. J., Godfrey, M. M., & Hines, S. (2023). How hospital leaders can improve safety culture through prioritizing patient safety. *BMJ Quality & Safety, 32*(1), 12–20.

Singer, S. J., Vogus, T. J., & Sutcliffe, K. M. (2020). Reducing adverse events through proactive safety culture: A review of the literature. *BMJ Quality & Safety, 29*(9), 735–742. https://doi.org/10.1136/bmjqs-2019-009407

Stalpers, D., de Brouwer, B., Kaljouw, M., & Schuurmans, M. (2020). Nurse burnout and quality of care: A systematic review. *Journal of Nursing Management, 28*(3), 480–489.

Tesfaye, R., Mengistu, D., & Desta, B. (2022). Factors affecting patient safety culture among nurses in Ethiopian hospitals. *Healthcare, 10*(10), 1889.

Turunen, H., Bååthe, F., & Suominen, T. (2022). Management support and its influence on nurses' safety behavior: A longitudinal study. *Journal of Advanced Nursing, 78*(3), 769–778.

Ulfat Shaikh, Improving Patient Safety and Team Communication through Daily Huddles (Jan 2020)

Ulfat Shaikh, Strategies and Approaches for Investigating Patient Safety Events (March 2022)

V. Ramana Feeser, MD; Anne K. Jackson, RN, MS; Nastassia M. Savage, PhD; Timothy A. Layng, DO; Regina K. Senn, RN; Harinder S. Dhindsa, MD, MPH; Sally A. Santen, MD, PhD; Robin R. Hemphill, MD, MP When Safety Event Reporting Is Seen as Punitive Crossref DOI link: https://doi.org/10.1016/j.annemergmed.2020.06.048

Vincent, C., et al. (2020). Ethical leadership, nursing error and error reporting from the nurses' perspective. *Journal of Medical Ethics*, 46(4), 264-269

Vincent, C., Taylor-Adams, S., & Chapman, E. (2020). What is the role of individual accountability in patient safety? A multi-site ethnographic study. *BMJ Quality & Safety*, 29(9), 744-751.

Wafer, M. A., & Thomas-Hawkins, C. (2024). The culture of patient safety in United States hospitals. https://core.ac.uk/download/659393538.pdf

Weaver S, Stewart K, Kay L. Systems-based investigation of patient safety incidents. Future Healthc J. 2021 Nov;8(3):e593-e597. doi: 10.7861/fhj.2021-0147. PMID: 34888447; PMCID: PMC8651333.

Weaver, S. J., Dy, S. M., & Rosen, M. A. (2020). Team-training in healthcare: A narrative synthesis of the literature. *BMJ Quality & Safety, 29*(2), 154–163.

What is the patient experience… https://www.pdiarm.com/patient-experience

Wong, C. A., & Cummings, G. G. (2020). Authentic leadership and nurse outcomes: A systematic review. *Journal of Advanced Nursing, 76*(9), 2127–2140. https://doi.org/10.1111/jan.14315

Wong, C. A., & Cummings, G. G. (2020). Authentic leadership and nurse outcomes: A systematic review. *Journal of Advanced Nursing, 76*(9), 2127–2140. https://doi.org/10.1111/jan.14315

Wong, C. A., Spence Laschinger, H. K., & Cummings, G. G. (2023). The effect of personnel management practices on nurse engagement and patient safety culture. *Nursing Outlook, 71*(1), 42–50.

Wu, H., Xie, Y., & Liu, L. (2022). Leadership engagement and safety culture in hospitals: The role of visible safety prioritization. *International Journal of Nursing Studies, 130*, Article 104246.

Xu Q, Ou X, Li J. The risk of falls among the aging population: A systematic review and meta-analysis. Front Public Health. 2022 Oct 17; 10:902599. Doi: 10.3389/fpubh.2022.902599. PMID: 36324472; PMCID: PMC9618649

Zhang, Y., Wang, Y., & Zhou, X. (2022). Participative management and employee commitment: The mediating role of safety culture in healthcare. *Healthcare Management Review, 47*(2), 108-117.

Zheng, Q., Dong, C., & Zhang, Y. (2024). *When relational transparency backfires: examining the various impacts of authentic leadership on employee trust during the COVID-19 pandemic. Corporate Communications: An International Journal, 29*(3), 430–450.

Zhou et al. (2025). The relationship between ethical leadership, moral sensitivity, and moral courage among head nurses. *BMC Nursing*.

Zhou et al. (2025). The relationship between ethical leadership, moral sensitivity, and moral courage among head nurses. *BMC Nursing.*

Zolkefli, Y. (2020). Ethical leadership in nursing during the COVID-19 pandemic. *The Malaysian Journal of Nursing, 12*(2), 3–4.