

THE INFLUENCE OF LEADER COACHING "POSITIVE PSYCHOLOGICAL COACHING (PPC)" BY HEAD NURSES ON PATIENT SAFETY INCIDENT REPORTING

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ABSTRACT

Reporting of patient safety incidents by nurses remains relatively low. This condition is associated with patient safety culture issues, such as nurses' fear of being blamed, reluctance to appear at fault, and unawareness of incorrect practices because these behaviors have become habitual. Therefore, leadership skills of nurse managers (head nurses) are required. This study aimed to determine the effect of leader coaching, namely Positive Psychological Coaching (PPC), for head nurses on improving patient safety incident reporting. This study employed a quasi-experimental design with a pretest–posttest control group involving 82 respondents using purposive sampling technique at Hospital X and Hospital Y. Head nurses in the intervention group received leader coaching training using Positive Psychological Coaching (PPC), while the control group did not receive any training. Data were collected using a patient safety incident reporting checklist. The results showed that in the intervention group, 46.3% of respondents experienced an increase in patient safety incident reporting. Meanwhile, in the control group, the majority of respondents (95.1%) showed no change in patient safety incident reporting. The Wilcoxon test results indicated a p-value of 0.000 in the intervention group and 0.157 in the control group. It can be concluded that leader coaching using Positive Psychological Coaching (PPC) for head nurses has a significant effect on patient safety incident reporting between the intervention and control groups. It is expected that hospitals can adopt leader coaching using Positive Psychological Coaching (PPC) as a routine program with a no-blame culture approach.

Keywords: coaching; patient safety incident reporting; positive psychological coaching (PPC)

INTRODUCTION

Patient safety illustrates a systematic and comprehensive approach aimed at building a work culture, behaviors, procedures, environment, and the use of technology that support safe and sustainable healthcare services. Its objective is to consistently reduce potential hazards, risks, and preventable errors, as well as to minimize adverse impacts should such events still occur (Petrino et al., 2023). In this context, patient safety is not merely viewed as a component of healthcare delivery, but as an integral system encompassing processes of risk identification, threat assessment, management of vulnerable conditions, as well as incident reporting and analysis. Furthermore, this system emphasizes the importance of responsive follow-up and the implementation of concrete solutions to prevent injuries that may arise from incorrect medical actions or failure to perform necessary interventions (Handayani & Jayadilaga, 2024).

Patient safety incidents refer to unexpected events or situations that have the potential to cause, or actually result in, preventable harm during healthcare delivery (Nofita & Wulandari, 2025). Unfortunately, incident reporting remains suboptimal globally. The Global Patient Safety Report 2024 notes that two out of three patients who experience disability due to patient safety incidents come from low- and middle-income countries (LMICs), with an estimated 134 million cases of disability occurring annually in these regions and approximately 2.6 million cases resulting in death (WHO, 2024). This phenomenon is also reflected in national reports from various countries. For example, the National Reporting and Learning System (NRLS) in England recorded 2,410,311

patient safety incidents between August 2021 and July 2022 (Pereira et al., 2024). Meanwhile, data from the Ministry of Health (MoH) Malaysia reported 151,255 similar incidents throughout 2021 (Dhamanti, Leggat, Barraclough, Liao, et al., 2021).

The International Forum on Quality and Safety in Healthcare held in Copenhagen (2023) highlighted three major factors influencing patient safety incidents globally. Among 166 surveyors, 103 ranked staff capability and capacity as the most influential factor, followed by organizational relationships (coordination and communication), which were ranked by 60 surveyors, and patient-related factors, ranked by seven surveyors. The forum also emphasized that leadership strategies that model appropriate and constructive behaviors are critical; failure to implement such leadership approaches is identified as a primary cause of low patient safety incident reporting (State et al., 2023).

Regulation of the Minister of Health of the Republic of Indonesia Number 17 of 2017 on Patient Safety identifies four types of incidents requiring attention. The first is Potential Injury Condition (*Kondisi Potensial Cedera/KPC*), which refers to conditions with a high risk of causing injury but where no injury has yet occurred. The second is Near Miss Incident (*Kejadian Nyaris Cedera/KNC*), which refers to incidents that occurred but did not reach the patient. The third is No-Harm Incident (*Kejadian Tidak Cedera/KTC*), in which an incident occurred but did not cause injury to the patient. The fourth is Adverse Event (*Kejadian Tidak Diharapkan/KTD*) (Dhamanti et al., 2023). Research by Handayani and Jayadilaga (2024) reports that only about 12% of 2,877 hospitals in Indonesia actively report patient safety incidents. Of these reports, 38% are KNC, while KTC and KTD each account for 31% of total incident reports. The impacts of these incidents include 2.7% resulting in death and 1.7% causing severe injury, with the remainder ranging from moderate injury to no injury at all (Wardhana et al., 2024).

For instance, incident reporting at Awal Bros Botania Hospital has met accreditation standards. In 2023, the hospital recorded three KTC cases, eight KNC cases, and eight KPC cases. By September 2024, there were two KTD cases, five KTC cases, fifteen KNC cases, and twenty-eight KPC cases. Nevertheless, not all incidents that occur are fully documented or formally reported. A study found that incident reporting rates, particularly among nurses, remain low. This low reporting rate was reflected in the patient safety culture survey conducted at Awal Bros Botania Hospital, which revealed that nurses were reluctant to report incidents due to fear of being blamed, fear of appearing incompetent, and lack of awareness that certain unsafe behaviors had become habitual (Asefa et al., 2021). These findings are further influenced by various factors discussed in previous studies.

One major barrier to incident reporting is a non-supportive work culture (Aljabari & Kadhim, 2021). This study indicates additional factors influencing incident reporting, such as fear of consequences from superiors and patients' families. These findings are supported by a study, who identified further reasons for low reporting rates, including prior involvement in errors, inadequate communication and teamwork, lack of knowledge about reporting procedures, insufficient feedback on submitted reports, the perception that incidents are individual rather than systemic failures, a culture of shame and fear of blame, time constraints, absence or inadequacy of structured reporting systems, limited human resources, insufficient education and training, and discrepancies between initial incident reports and post-investigation findings (Lambert et al., 2020).

Leadership development among healthcare managers is essential for promoting efficient and effective medical services. Achieving organizational goals requires effective planning, organizing, leadership, and control of resources—processes collectively referred to as management. Management is typically based on formal organizational positions, whereas leadership involves motivating individuals or groups to achieve shared goals regardless of formal status. To positively impact organizations, patients, and healthcare providers, healthcare managers must be equipped

with leadership skills, which can be enhanced through effective interventions (Hu et al., 2022).

Efforts to improve patient safety incident reporting include strengthening patient safety culture, simplifying and digitalizing reporting systems, providing continuous patient safety education and training, reinforcing feedback and learning systems from incidents, and strengthening leadership roles and clinical supervision (Milligan & Dennis, 2004). Among these strategies, effective clinical leadership is considered the most dominant variable because it integrates organizational policies, communication, and learning processes that directly influence healthcare workers' reporting behaviors (Puri et al., 2025).

As healthcare institutions involve numerous unit managers, strengthening clinical leadership through workplace coaching can be an effective strategy for improving performance and optimizing managerial leadership roles (Hu et al., 2024). Globally, coaching practices have been widely applied across various sectors, including organizations, healthcare, finance, and career development. This approach is considered to have significant potential to contribute to organizational sustainability, not only by enhancing overall effectiveness but also by influencing individual development within teams (Latif et al., 2023).

Coaching has been recommended as an effective intervention for leadership development in healthcare settings. This approach emphasizes a collaborative relationship between coach and coachee to facilitate goal achievement, self-reflection, and positive behavioral change. Coaching enables healthcare managers to explore leadership styles, enhance resilience and self-confidence, and improve interpersonal skills with subordinates. Within the context of transformational leadership, coaching is used to promote organizational performance by fostering awareness, responsibility, and intrinsic motivation among nursing staff toward patient safety practices (Hu et al., 2022).

The coaching approach is particularly relevant to improving patient safety incident reporting because it focuses on open communication, reflective partnerships, and the creation of psychologically safe environments. Through coaching, nursing leaders do not merely provide instructions but also help nurses identify barriers, explore their potential, and strengthen commitment to safety culture (Wulandari et al., 2025). Research supports the effectiveness of coaching programs in strengthening nursing managerial roles, demonstrating increased awareness of coaching-based leadership principles and improved perceptions of managerial competence in team development and performance enhancement (Richardson et al., 2023).

Research found that age, gender, educational level, length of service, and career level of nursing staff were significantly correlated with patient safety incident reporting (Galleryzki et al., 2021). Older nurses tended to demonstrate greater maturity and decision-making capacity in managing safety risks and reporting incidents. Female nurses showed higher patient safety implementation scores than male nurses, potentially due to differences in risk perception, communication styles, and patient sensitivity. While education level did not show a statistically significant effect, it remains an important foundation for nursing knowledge. Length of service had a more pronounced influence, as more experienced nurses are better equipped to identify and respond to safety threats. Career level also showed a significant relationship, with higher-level nurses (e.g., PK 3 or PK 4) demonstrating stronger safety implementation, reflecting greater responsibility and commitment to patient safety culture, including incident reporting.

The concept of coaching in nursing was introduced by Benner in 1984 using the Dreyfus Model to describe progressive skill development, including coaching as a strategy (Potter, 2019). More recently, Integrative Nursing Coaching Theory has been developed to guide coaching practices in nursing, education, research, and health policy (Moore et al., 2022). This middle-range theory

focuses on person-centered relationships and emphasizes self-care, well-being, intentionality, presence, attention, and the therapeutic use of self to facilitate healing. Managerial nurses facilitate personal transformation through Healing, Energy, Awareness, Resilience, and Transformation (HEART) (Moore et al., 2022).

A study highlight Positive Psychological Coaching (PPC) as a recommended coaching model in nursing leadership (Richardson et al., 2023). PPC consists of five phases: (1) Creating the Coaching Relationship, (2) Strength Profiling and Feedback, (3) Developing an Ideal Vision, (4) Realistic Goal Setting, Strategizing, and Strength-Based Execution, and (5) Evaluating Goal Attainment and Transition or Concluding the Relationship and Re-contracting (Richter et al., 2021). This approach aligns with Roy's Adaptation Model, which views individuals as adaptive systems interacting continuously with internal and external environments (Alligood, 2018). The model comprises input, control processes, effectors, and output (Laurent, 2000). PPC-based coaching fulfills these components by serving as input, leader coaching by head nurses as the control process, and improved, sustainable reporting behaviors as the effector and output within Roy's theoretical framework.

Positive Psychological Coaching (PPC) was selected because it focuses on developing individual strengths, enhancing self-awareness, and achieving goals through positive and structured processes. PPC does not merely address weaknesses but optimizes nurses' potential through collaborative and reflective relationships between leaders and staff (van Zyl et al., 2020). This approach fosters psychological safety, builds trust, and enhances intrinsic motivation, encouraging nurses to report patient safety incidents confidently and without fear. PPC is supported by continuous processes including transfer of learning into practice, ongoing evaluation of goal attainment and staff well-being, and empowerment of individuals to achieve personal and professional goals. These processes are highly relevant in the high-pressure context of nursing practice.

The selection of PPC in improving patient safety incident reporting is based on the recognition that reporting barriers are primarily psychological and cultural rather than technical. Fear of blame, sanctions, and negative perceptions of reporting remain major obstacles (WHO, 2020). PPC offers advantages over directive or compliance-based approaches by strengthening confidence, optimism, work meaning, and intrinsic motivation (Richter et al., 2021), supporting psychological safety and honest, consistent reporting (Moin & Nieuwerburgh, 2020). The urgency of this study lies in optimizing the role of nursing leaders not merely as technical supervisors but as facilitators of psychological and professional growth. Therefore, this study aims to determine the effect of leader coaching using Positive Psychological Coaching (PPC) on head nurses in improving patient safety incident reporting. Nurses Toward Patient Safety Incident Reporting"

METHOD

This study employed a quantitative research design using a quasi-experimental approach with a pretest–posttest control group design. The study population consisted of inpatient nurses. A total of 41 respondents were recruited for each group, with the sample size determined using the Lemeshow formula. Samples were selected using purposive sampling with inclusion criteria consisting of nurses with a minimum nursing career level of PK 1 and who provided informed consent to participate in the study. Exclusion criteria included nurses who were on work leave during the study period and those who were participating in training or educational activities outside the hospital during the data collection period.

The study was conducted from November 2024 to December 2025. Patient safety incident reporting was assessed using the Patient Safety Incident Reporting Checklist, which includes incident categories, time of occurrence, unit/ward, and incident chronology. Patient safety incident reports were classified into 3 categories: (1) Decreased, (2) Unchanged and (3) Increased. Patient safety

incident reporting consists of Near Miss Events (*Kejadian Nyaris Cedera/KNC*), No-Harm Events (*Kejadian Tidak Cedera/KTC*), Potential Injury Conditions (*Kejadian Potensial Cedera/KPC*), Adverse Events (*Kejadian Tidak Diharapkan/KTD*), and Sentinel Events (*Kejadian Sentinel*).

In the intervention group, participants received leader coaching training using the Positive Psychological Coaching (PPC) approach. The training was designed for head nurses and focused on strengthening key components, including: establishing the relationship, strengths profiling, goal setting, strategic planning, and action and accountability. The training was delivered by facilitators who held Training of Trainer (ToT) certification in leader coaching. The intervention was implemented over a one-month period to ensure its effectiveness within a realistic timeframe and in accordance with hospital policies. In contrast, the control group received no intervention and was only observed through pretest and posttest assessments. Data were analyzed using univariate and bivariate analyses. Univariate analysis consisted of frequency distributions of respondents' characteristics and patient safety incident reporting. Furthermore, bivariate analysis was conducted using the Wilcoxon test with a significance level of $\alpha = 0.05$ to determine the effect of leader coaching training using the Positive Psychological Coaching (PPC) approach on patient safety incident reporting among head nurses. This study has obtained ethical approval from the Ethics Commission of Research and Development Sint Carolus School of Health Sciences Jakarta with approval number 151/KEPPKSTIKSC/VII/2025.

RESULT

The results of this study are presented in the following table.

Table 1.

Distribution of frequency of age, gender, educational level, clinical nurse career level, length of service, and patient safety incident reporting.

Variable	Intervention Group (n=41)		Control Group (n=41)	
	f	%	f	%
Age				
17–25 years (Late Adolescence)	13	31.7	27	65.9
26–35 years (Early Adulthood)	28	68.3	12	29.3
36–45 years (Late Adulthood)	0	0	2	4.9
Gender				
Male	6	14.6	8	19.5
Female	35	85.4	33	80.5
Educational Level				
Diploma in Nursing	17	41.5	7	17.1
Ners	24	58.5	34	82.9
Clinical Nurse Level				
PK1	22	53.7	33	80.5
PK2	19	46.3	5	12.2
PK3	0	0	3	7.3
Length of Service				
1 Year	3	7.3	7	17.1
1 - 2 Years	11	26.8	31	75.6
Permanent Employee	27	65.9	3	7.3

Table 1 shows that majority of respondents in the intervention group were in early adulthood (68.3%), whereas those in the control group were predominantly in late adolescence (65.9%). Female respondents dominated both groups (85.4% in the intervention group and 80.5% in the control group). The proportion of respondents with a professional nursing degree (Ners) was higher in the control group (82.2%) compared to the intervention group (58.8%). The PK1 clinical nurse level was more dominant in the control group (80.5%), while PK2 was more prevalent in the intervention group (46.3%). The intervention group was predominantly composed of permanent employees (65.9%), whereas the control group mostly had a length of service of 1–2 years (75.6%).

Table 2.

Distribution of frequency of patient safety incident reporting by staff nurses before and after leader coaching training using Positive Psychological Coaching (PPC).

Variable	Intervention Group (n=41)		Control Group (n=41)	
	f	%	f	%
Patient Safety Incident Reporting (Pretest and Posttest)				
Decreased	1	2.4	2	4.9
Unchanged	21	51.2	39	95.1
Increased	19	46.3	0	0

Table 2 shows that 19 respondents (46.3%) of intervention group experienced an increase in patient safety incident reporting. More than half of the respondents (51.2%) maintained the same level of incident reporting, and only 2.4% showed a decrease. In contrast, in the control group, the majority of respondents remained unchanged in their incident reporting frequency (95.1%), none showed an increase, and 4.9% experienced a decrease.

Table 3.

The Effect of Leader Coaching Training Using Positive Psychological Coaching (PPC) for Head Nurses on Patient Safety Incident Reporting by Staff Nurses in the Intervention and Control Groups

Variable	Intervention Group (n=41)			Control Group (n=41)		
	Δ Mean $\pm$ SD	Z	P Value	Δ Mean $\pm$ SD	Z	P Value
Patient Safety Incident Reporting						
Pre Test	0,98 $\pm$ 0,37	3,79	0,000	0,12 $\pm$ 0,33	1,41	0,157
Post Test	1.12 $\pm$ 1.53			0,07 $\pm$ 0,26		

Table 3, the Wilcoxon test results showed that in the intervention group (n = 41), the mean score of patient safety incident reporting increased from 0.98 ± 0.37 at pretest to 1.12 ± 1.53 at posttest, with a Z value of 3.79 and $p = 0.000$ ($p < 0.05$), indicating a statistically significant improvement. In contrast, in the control group (n = 41), the mean score decreased from 0.12 ± 0.33 at pretest to 0.07 ± 0.26 at posttest, with a Z value of 1.41 and $p = 0.157$ ($p > 0.05$), demonstrating no statistically significant difference. These findings indicate that leader coaching training using the Positive Psychological Coaching (PPC) approach for head nurses had a significant effect on patient safety incident reporting in the intervention group.

DISCUSSION

The findings of this study are consistent with previous research demonstrating that leader coaching behavior significantly influences nurses' intention to report patient safety incidents ($B = 0.20$, $p < 0.01$) (Chegini et al., 2020). Another study also reported a significant effect of leader coaching in improving patient safety incident reporting culture, with a p-value of 0.001 (Saad et al., 2021). Furthermore, a meta-analysis study revealed a substantial increase in the median score of ability or confidence in reporting patient safety incidents following psychology-based coaching interventions, rising from 0.15 to 1.75 (Wang et al., 2022). Leader Coaching using the Positive Psychological Coaching (PPC) approach is designed to enhance both short-term well-being (hedonic well-being) and sustainable long-term well-being (eudaimonic well-being) by applying evidence-based principles from positive psychology and well-being science, while also enabling individuals to maintain these benefits beyond the coaching process itself (Passmore & Oades, 2022).

Leader Coaching based on Positive Psychological Coaching (PPC) is grounded in four core theories of positive psychology: strengths theory, broaden-and-build theory, self-determination theory, and well-being theory (van Zyl et al., 2020). Self-determination theory emphasizes the fulfillment of three universal psychological needs: (a) autonomy, (b) relatedness, and (c) competence. Individuals need to make their own choices, feel connected to others, and perceive themselves as competent in developing their capacities. When these needs are satisfied, individuals are more likely to exhibit higher autonomous motivation, leading to greater persistence in task completion, particularly in work-related tasks that may otherwise feel imposed (Passmore & Oades, 2022).

Well-being theory, often referred to as PERMA theory, proposes five life domains that function both as components and mechanisms for developing well-being: Positive Emotions, Engagement, (Positive) Relationships, Meaning, and Accomplishment (Passmore & Oades, 2022). Strengths theory (ST) is viewed as a family of theories or a unifying proposition rather than a single theory, positing that individuals perform better, feel better, and function more optimally when they utilize their personal strengths. In contrast, the broaden-and-build theory (BBT) was developed to address the fundamental question of the function of positive emotions (Fredrickson, 2013). This theory suggests that experiences of positive emotions temporarily broaden an individual's thought-action repertoire, enabling more flexible thinking and behavior, and over time help build enduring personal resources, including physical, intellectual, social, and psychological resources (Passmore & Oades, 2022).

The role of head nurses in implementing PPC is therefore crucial in fostering a positive incident reporting culture. Through the PPC approach, head nurses are encouraged to adopt a no-blame culture, provide emotional support, and create psychological safety for nursing staff (Almalki et al., 2025). Such conditions enable nurses to feel more confident and less fearful of blame when reporting patient safety incidents. The researchers assume that the implementation of Leader Coaching using Positive Psychological Coaching (PPC) among head nurses enhances nurses' ability and confidence to report patient safety incidents because this approach not only focuses on technical competencies but also strengthens psychological aspects through the fulfillment of autonomy, relatedness, and competence needs. This assumption aligns with positive psychology theory, which posits that experiences of positive emotions, the utilization of personal strengths, and engagement in meaningful relationships contribute to increased intrinsic motivation and the sustainability of positive workplace behaviors.

Based on patient safety incident reporting records, it was found that in the pre-test phase, the number of patient safety incident reports in the intervention group was lower (4 reports) than in the control group (5 reports), with the most frequent incidents being *Kejadian Potensi Cidera* (KPC) (25 cases) and *Kejadian Nyaris Cidera* (KNC) (1 case), while the control group was dominated by *Kejadian Tidak Diharapkan* (KTD) (4 cases). After the intervention (post-test), there was an increase in reporting in the intervention group, with a total of 46 reports, predominantly consisting of *Kejadian Potensi Cidera* (51 cases), *Kejadian Tidak Cidera* (KTC) (13 cases), and *Kejadian Nyaris Cidera* (KNC) (8 cases), whereas in the control group only 3 incident reports were recorded (KTD 1 case and KNC 2 cases). Studies have shown variations in the number of patient safety incident reports across hospitals. A national study reported that only approximately 12% of 2,877 hospitals in Indonesia actively reported patient safety incidents, with a total of 7,465 reports, consisting of 38% KNC, 31% KTC, and 31% KTD (Dhamanti, Leggat, Barraclough, & Rachman, 2021).

Patient safety represents an illustration of a systematic and comprehensive approach aimed at building work culture, behavior, procedures, environment, and the use of technology that support safe and sustainable health services. The objective is to consistently reduce preventable potential harm, risks, and errors, as well as to minimize adverse impacts if such events occur (WHO, 2024). In this context, patient safety is not only viewed as part of service delivery, but as an integral system that includes processes of identifying potential risks, assessing threats, managing vulnerable conditions, and conducting incident reporting and analysis. In addition, this system emphasizes the importance of responsive follow-up and the implementation of concrete solutions to prevent injuries that may arise from incorrect medical actions or failure to perform necessary actions (Handayani & Jayadilaga, 2024).

In this context, the role of the head nurse becomes an important factor in encouraging increased reporting of patient safety incidents. Head nurses have managerial and clinical responsibilities in

coordinating nursing services, monitoring the implementation of nursing care, and ensuring that any events that may potentially harm patients are properly recognized and reported. Head nurses act as a link between hospital policies and frontline practice; therefore, their attitudes, commitment, and assertiveness greatly influence the reporting behavior of staff nurses.

Head nurses who actively conduct supervision, provide clear guidance regarding reporting procedures, and follow up incident reports constructively will create a more open and responsive work environment toward patient safety issues. In addition, the direct involvement of head nurses in the reporting process, either as reporters or facilitators, can increase staff nurses' trust in the patient safety system. This contributes to increased reporting of incident types that were previously underreported, such as KPC and KTC.

Based on the researchers' assumptions and pre-test and post-test data in the intervention group, there was also an increase in the reporting of KTC and KNC incidents. This does not indicate a decline in service quality, but rather reflects an improvement in patient safety culture and the reporting system. Leader coaching training based on Positive Psychological Coaching demonstrates increased awareness, courage, and trust among nurses toward the patient safety incident reporting system. The PPC approach and psychological support encourage nurses to report minor incidents and near misses that were previously undocumented. These findings indicate an improvement in patient safety culture, where increased reporting of KTC and KNC is understood as a positive indicator of a more mature and preventive patient safety system.

CONCLUSION

There is a significant effect of Leader Coaching training using Positive Psychological Coaching (PPC) for head nurses on patient safety incident reporting. It is therefore recommended that PPC training be established as a structured and sustainable nursing leadership development program by operationally integrating the principles of a no-blame culture, rather than merely at a normative level, through the incorporation of learning-based incident reporting mechanisms into patient safety standard operating procedures.

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