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THE EFFECT OF MOTIVATION AND COACHING ON THE IMPLEMENTATION OF PATIENT SAFETY IN NURSES WITH RESPONSIVE CULTURE AS AN INTERVENING VARIABLE AT HOSPITAL X, BEKASI CITY

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Abstract
The aim of this research is to analyze the direct and indirect influence of Motivation and Coaching on the Implementation of Patient Safety mediated by Responsive Culture. This research was conducted at the Hospital X. The research period is March 2024 – February 2025. This research approach uses a quantitative approach, with descriptive analysis methods that explain the relationship between variables. Using the Three Box Method, while analytics uses SEMPLS. The sampling technique used is Total Sampling. With a total of 162 nurses. Based on the results of the analysis, it shows that all Motivation dimensions are in the high category with an average index above 280. The Coaching variable for all dimensions is in the medium category with an average index ranging from 273 to 286. The Responsive Culture variable is in the medium category with an average index ranging from 273.46 to 284.57. The patient safety implementation variable for all dimensions is in the medium category with an index ranging from 277.16 to 284.57. The results of this research have implications for hospitals because implementing patient safety can improve the quality of service in hospitals. Responsive Culture is a culture that encourages nurses and other medical staff to be more sensitive to patient needs and responsive to safety issues. Good coaching will help nurses have better skills and knowledge regarding patient safety procedures.
Keywords: Motivation, Coaching, Responsive Culture, Patient and Nurse Safety

Abstrak
Tujuan penelitian ini adalah untuk menganalisis pengaruh langsung dan tidak langsung Motivasi dan Coaching terhadap Implementasi Keselamatan Pasien yang dimediasi oleh Budaya Responsif. Penelitian ini dilakukan di Rumah Sakit X. Periode penelitian berlangsung dari Maret 2024 hingga Februari 2025. Pendekatan penelitian ini menggunakan pendekatan kuantitatif dengan metode analisis deskriptif yang menjelaskan hubungan antara variabel. Metode Three Box digunakan, sementara analisis menggunakan SEMPLS. Teknik sampling yang digunakan adalah Total Sampling. Dengan total 162 perawat. Berdasarkan hasil analisis, menunjukkan bahwa semua dimensi Motivasi berada dalam kategori tinggi dengan indeks rata-rata di atas 280. Variabel Coaching untuk semua dimensi berada dalam kategori sedang dengan indeks rata-rata berkisar antara 273 hingga 286. Variabel Budaya Responsif berada dalam kategori sedang dengan indeks rata-rata berkisar antara 273,46 hingga 284,57.

Variabel implementasi keselamatan pasien untuk semua dimensi berada dalam kategori sedang dengan indeks berkisar antara 277,16 hingga 284,57. Hasil penelitian ini memiliki implikasi bagi rumah sakit karena implementasi keselamatan pasien dapat meningkatkan kualitas layanan di rumah sakit. Budaya Responsif adalah budaya yang mendorong perawat dan tenaga medis lainnya untuk lebih peka terhadap kebutuhan pasien dan responsif terhadap masalah keselamatan. Pelatihan yang baik akan membantu perawat memiliki keterampilan dan pengetahuan yang lebih baik mengenai prosedur keselamatan pasien.
Kata Kunci: *Motivasi, Pelatihan, Budaya Responsif, Keselamatan Pasien dan Perawat*

INTRODUCTION

Patient safety is a fundamental right of every individual receiving healthcare services in a hospital and serves as a key indicator in the global improvement of healthcare quality. According to Zhang dkk., (2024), patient safety is not solely the responsibility of healthcare workers but an integral part of the hospital care system, reflecting the overall quality of services provided. In this context, patient safety is not merely understood as efforts to avoid medical errors but encompasses a holistic system, including risk assessment, patient risk identification and management, incident reporting and analysis, as well as the implementation of solutions to minimize risks and prevent harm or loss to patients resulting from incorrect or unimplemented medical actions. The Ministry of Health of the Republic of Indonesia (2015) emphasizes that hospitals must have a patient safety system that includes incident reporting, learning from incidents, and follow-up for continuous improvement. In its implementation, the patient safety system cannot be separated from a responsive organizational culture (Sumarni dkk., 2022).

A responsive organizational culture demonstrates a hospital's ability to adapt quickly to changes, both from external environments and patient needs, including daily operational challenges. Responsiveness in organizational culture involves open communication, flexibility in addressing dynamics, and a commitment to continuous learning. Such a culture enables hospitals to not only improve patient safety but also create a work environment that supports collaboration, innovation, and continuous improvement in service quality. Research by Verma dkk., (2020) shows a significant relationship between nurses' intention to report incidents and patient safety. These findings reinforce the argument that nurses' behavior, including the courage and willingness to report potential incidents, is greatly influenced by the coaching behavior of their superiors. Effective coaching can shape positive attitudes, increase self-confidence, and strengthen nurses' internal motivation to consistently implement patient safety procedures.

Coaching, as defined by the International Coaching Federation (2019), is a professional partnership between a coach and a coachee aimed at achieving mutually agreed-upon goals (Zimmer & Matthews, 2022). This process involves non-judgmental observation, situation mapping, idea exploration, and creative thinking. The essence of coaching is to develop one's potential and maximize the knowledge, skills, and strengths that individuals already possess. However, in the context of implementation in the field, many hospitals, including Hospital X, still face challenges in adopting a systematic coaching approach. At Hospital X, there is no structured coaching program for staff development. Both

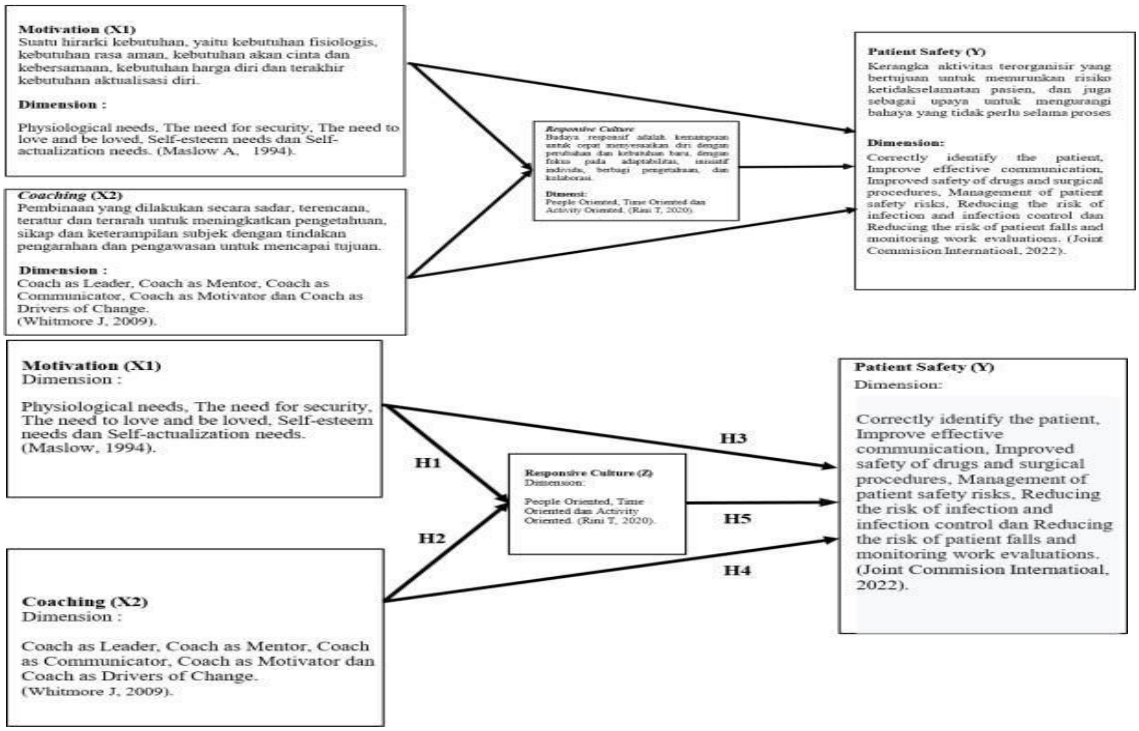
medical and non-medical staff feel they do not receive adequate guidance in improving their skills and completing complex tasks. This has resulted in a decline in service quality and staff satisfaction with their work environment.

Tu & Ravindran, (2020) state that limitations in staff training and development often lead to a decline in individual and team performance. Furthermore, Tsiplova dkk., (2022) add that the effectiveness of coaching depends heavily on the credibility and competence of the coach. If the coach lacks sufficient experience and skills, the coaching process can lose its meaning and fail to achieve the desired goals. On the other hand, the implementation of standard patient safety practices, such as the use of masks, gloves, and the implementation of Standard Operating Procedures (SOPs), also faces obstacles in its implementation. Based on a preliminary survey conducted by the hospital, it was found that the culture of responsiveness to patient safety is still not optimal. Although patient safety SOPs have been established, their implementation is often hindered by the organization's inability to respond quickly to reports and complaints from healthcare workers.

Preliminary findings from a study conducted by researchers in February 2024 revealed that out of 30 nurses surveyed, 26% of them performed actions inconsistent with the SOPs. These findings indicate a gap between written regulations and implementation in the field, which can have serious implications for patient safety. This condition is the background for the need for further research that examines patient safety by considering motivation, coaching, and responsive culture as intervening variables. This study aims to examine the extent to which motivation and coaching influence responsive culture, and how responsive culture ultimately impacts patient safety implementation in hospitals. In its theoretical framework, the researcher adopts Maslow, (2012) theory of needs, which emphasizes a holistic approach to understanding individuals from physical, psychological, and emotional perspectives. In this theory, motivation is the primary driver of human behavior, where the fulfillment of basic needs serves as the foundation for achieving self-actualization. When basic needs are not met such as the need for recognition and appreciation, individuals tend to experience a decline in work motivation, absenteeism, tardiness, and lack of participation in training and development activities.

Zarei dkk., (2022) highlight that low motivation among medical and non-medical staff directly impacts poor work discipline and a lack of enthusiasm in completing tasks. In some hospitals, nurses report feeling unmotivated due to excessive workloads, lack of incentives, and minimal appreciation for their performance. This leads to a decline in work motivation and can affect the quality of care, including compliance with SOPs directly related to patient safety. In this context, it is important for hospitals to not only emphasize technical SOPs but also motivational aspects and comprehensive human resource development. Regulation of the Minister of Health of the Republic of Indonesia No. 11 of 2017 concerning the Establishment of Minimum Service Standards for Hospitals emphasizes that one of the important behaviors in the implementation of patient safety is the implementation of proper hand washing procedures. This action, although simple, is a key indicator in preventing nosocomial infections and the spread of diseases within the hospital environment.

Figure 1. Researcher's Conceptual Framework



Compliance with these procedures is highly dependent on the level of awareness, motivation, and organizational culture that supports safety behavior. To describe the relationship between these variables, the researchers developed a conceptual framework explaining that motivation and coaching influence responsive culture, which in turn affects patient safety implementation. Additionally, motivation and coaching are assumed to have a direct influence on patient safety, both individually and collectively through the reinforcement of organizational culture. Therefore, the hypotheses proposed in this study include: (1) motivation significantly influences responsive culture, (2) coaching significantly influences responsive culture, (3) motivation significantly influences patient safety implementation, (4) coaching significantly influences patient safety implementation, (5) responsive culture significantly influences patient safety implementation, and (6) motivation, coaching, and responsive culture simultaneously influence patient safety implementation. Considering the complexity of the hospital service system and the importance of patient safety as an indicator of service quality, this study is expected to provide theoretical and practical contributions to the development of patient safety management systems in hospitals. Focusing on enhancing staff motivation, implementing systematic coaching, and fostering a responsive organizational culture will be strategic steps in creating a safe, effective, and sustainable hospital environment for both patients and healthcare workers.

METHOD

A quantitative approach was used to test the relationship between variables formulated in the hypothesis. Quantitative methods were chosen because they allow for the objective measurement of data collected from respondents (Creswell, 2015). The analysis technique used was path analysis, with the help of statistical software such as SPSS and SmartPLS.

Path analysis was chosen to determine the direct and indirect effects between variables and to examine the role of intervening variables in detail. The population in this study was all nurses working at Bekasi City Hospital. The sample size was 162 respondents, determined using the HAIR formula, which is 5–10 times the number of indicators in the research instrument. Because this number covers all nurses who meet the criteria, the sampling technique used is total sampling or saturated sampling. Thus, the entire population is used as respondents to obtain a complete and representative picture of the relationship between the variables under study.

The analysis is shown in the figure below,

Figure 2. Research Constellation

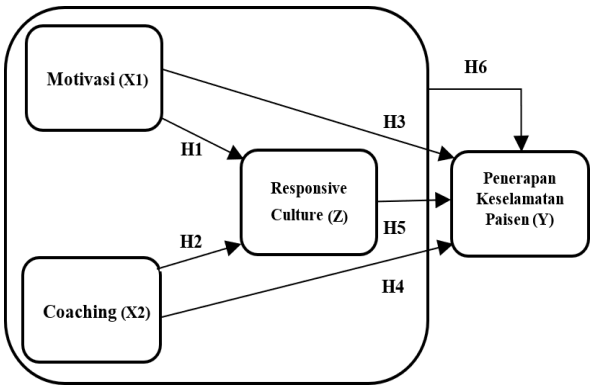


Figure 2, entitled Research Constellation, illustrates the relationships between the variables that are the focus of this study. In this model, it is shown that there are six hypotheses linking the variables of motivation, coaching, responsive culture, and patient safety implementation. The first hypothesis (H1) states that motivation has an influence on responsive culture, while the second hypothesis (H2) asserts that coaching also influences responsive culture. Furthermore, the third (H3) and fourth (H4) hypotheses examine the direct influence of motivation and coaching on patient safety implementation. The fifth hypothesis (H5) looks at the role of responsive culture as an intervening variable that influences patient safety, while the sixth hypothesis (H6) assesses the simultaneous influence of motivation, coaching, and responsive culture on patient safety implementation.

RESULTS AND DISCUSSION

This study aims to analyze how motivation and coaching influence responsive culture and patient safety implementation at Bekasi City Hospital. Based on the results of the instrument reliability test shown in Table 1, it is known that all variables in this study have a very high Cronbach's Alpha value, indicating that the instrument used has a very good level of internal consistency. The Nurse Motivation variable, consisting of 27 valid statements, obtained a Cronbach’s Alpha value of 0.989. This value indicates that each statement in the motivation variable consistently measures the same construct and is reliable. Furthermore, the Coaching variable, consisting of 8 valid statements, obtained a Cronbach's Alpha value of 0.973, while the Responsive Culture variable with 10 valid items obtained a value of 0.972. Meanwhile, the Patient Safety Implementation variable,

consisting of 17 valid items, had a Cronbach's Alpha value of 0.985. All these values exceed the threshold of 0.7, indicating very high reliability and ensuring that the data obtained from the respondents can be trusted and used for further analysis.

Table 1. Results of the Reliability Test of the Research Instrument

Variable	Number of Valid Items	Cronbach's Alpha	Description
Nurse Motivation	27	0.989	Highly Reliable
Coaching	8	0.973	Highly Reliable
Responsive Culture	10	0.972	Highly Reliable
Patient Safety Implementation	17	0.985	Highly Reliable

Discriminant validity testing was conducted using the Fornell-Larcker approach as presented in Table 2. The results show that all constructs in the model have a higher AVE square root value than the correlations between other constructs. For example, the AVE square root for Coaching is 0.937, which is higher than its correlation with Nurse Motivation (0.713), Patient Safety Implementation (0.682), and Responsive Culture (0.660). For Nurse Motivation, the AVE value is 0.920, higher than its correlation with other variables. Similarly, the AVE for Patient Safety Implementation is 0.947 and for Responsive Culture is 0.931, each also higher than the inter-variable correlations. These findings indicate that each construct in the model can be clearly distinguished from the other constructs, thereby strengthening the validity of the measurement model used.

Table 2. Results of Discriminant Validity Test (Fornell-Larcker Criterion)

Variabel	Coaching	Motivation	Responsive Culture	Patient Safety Implementation
Coaching (√AVE = 0.937)	0.937	0.713	0.660	0.682
Motivation (√AVE = 0.920)	0.713	0.920	0.637	0.645
Responsive Culture (√AVE = 0.931)	0.660	0.637	0.931	0.698
Patient Safety Implementation (√AVE = 0.947)	0.682	0.645	0.698	0.947

Next, structural model testing or inner model testing was conducted to assess the strength of the relationships between variables. Based on Table 3, the R-squared value for the Patient Safety Implementation variable is 0.591, which means that 59.1% of the variation in patient safety implementation can be explained by the variables Motivation, Coaching, and Responsive Culture. Meanwhile, the R-squared value for Responsive Culture is 0.492, indicating that nearly half of the variation in responsive culture is explained by the variables Motivation and Coaching. This value is considered quite good and indicates that the model has significant predictive power. Additionally, the Q-square value for the

Patient Safety Implementation variable is 0.467 and for Responsive Culture is 0.362, both of which are greater than zero, indicating that the model has good predictive relevance. The model also demonstrates adequate fit with the data, as evidenced by the SRMR value of 0.075, below the threshold of 0.08.

Table 3. Inner Model Test Results (R^2, Q^2, SRMR)

Dependent Variable	R-Square (R^2)	Q-Square (Q^2)	SRMR	Description
Responsive Culture	0.492	0.362	-	Pretty Good
Patient Safety Implementation	0.591	0.467	0.075	Model Fit

Based on the results of the SEM-PLS analysis of the research model, the hypothesis testing showed that all hypotheses were accepted because they had p-values below 0.05. For the first hypothesis, the relationship between Nurse Motivation and Responsive Culture showed a path coefficient of 0.339, a T-statistic value of 5.418, and a p-value of 0.000. This indicates that motivation has a significant influence on responsive culture in hospitals. In other words, the higher the nurses' motivation, the stronger the responsive culture that develops within the organization. This finding supports Maslow's theory, which states that the fulfillment of nurses' psychological needs, such as recognition and achievement, drives the improvement of adaptive and collaborative behavior within the organization.

Table 4. Hypothesis Testing Results

Hypothesis	Relationship Between Variables	Path Coefficient	T-statistic	P-Value	Description
H1	Motivation → Responsive Culture	0.339	5.418	0.000	Significant
H2	Coaching → Responsive Culture	0.418	6.975	0.000	Significant
H3	Motivation → Implementation of Patient Safety	0.193	2.145	0.032	Significant
H4	Coaching → Patient Safety Implementation	0.293	3.403	0.001	Significant
H5	Responsive Culture → Patient Safety Implementation	0.160	4.423	0.000	Significant
H6	Motivation, Coaching, Responsive Culture → Patient Safety Implementation	0.130	3.761	0.000	Significant

The second hypothesis, which tested the effect of coaching on responsive culture, showed a coefficient value of 0.418, a T-statistic value of 6.975, and a p-value of 0.000. These results indicate that coaching has a stronger influence than motivation in shaping a responsive culture in a hospital environment. Good coaching can build two-way communication, encourage openness, and foster a spirit of learning and collaboration

among healthcare workers. The third hypothesis tests the influence of Motivation on Patient Safety Implementation and produces a path coefficient of 0.193 with a T-statistic of 2.145 and a p-value of 0.032. These results indicate that nurses' motivation directly influences their behavior in implementing patient safety procedures. Motivated nurses are more likely to comply with SOPs, perform proper hand washing, and report incidents honestly.

The fourth hypothesis, namely the influence of coaching on patient safety implementation, showed significant results with a path coefficient of 0.293, a T-statistic of 3.403, and a p-value of 0.001. These results indicate that coaching directly improves nurses' understanding and awareness of the importance of patient safety, as well as equipping them with the skills needed to effectively implement safety procedures. The effectiveness of coaching is proven to be higher than individual motivation because it involves the active role of leaders or supervisors in the staff learning and development process. The fifth hypothesis examines the role of Responsive Culture on Patient Safety Implementation. The analysis results showed a path coefficient of 0.160, a T-statistic of 4.423, and a p-value of 0.000. This indicates that a responsive culture plays an important role in improving patient safety. A responsive work environment fosters an atmosphere that supports openness, prompt handling of incident reports, and continuous improvement in healthcare procedures. Finally, the sixth hypothesis examined the combined influence of Motivation, Coaching, and Responsive Culture on Patient Safety Implementation. The path coefficient obtained was 0.130, T-statistic 3.761, and p-value 0.000. This indicates that the three variables simultaneously have a significant influence on patient safety. This multifactorial approach reinforces the argument that improving patient safety cannot depend on a single factor, but rather requires synergy between internal individual motivation, external guidance, and an adaptive organizational environment. Thus, the findings of this study underscore the importance of strategic human resource management in healthcare systems. The combination of strong motivation, structured coaching, and a responsive organizational culture has proven effective in enhancing patient safety implementation. This study not only contributes theoretically to the development of hospital management science but also offers practical implications that can be implemented by other hospitals in their efforts to improve overall service quality and patient safety.

DISCUSSION

The results of this study indicate that motivation and coaching have a significant influence on responsive culture and patient safety implementation in hospitals. These findings are in line with the initial assumption that patient safety does not only depend on compliance with standard operating procedures but is also greatly influenced by human factors, such as motivational drive, guidance, and a supportive organizational culture. This study successfully provides empirical evidence that these variables interact with each other in creating a safer and more adaptive healthcare system. The results of testing the first hypothesis show that motivation has a significant influence on responsive culture. The path coefficient of 0.339 with a significance value of 0.000 shows that an increase in nurses' motivation directly encourages the formation of a more responsive organizational

culture. This finding is consistent with Abraham Maslow's hierarchy of needs theory, which explains that individuals are motivated to behave positively when their basic needs are met, including the need for recognition and self-actualization.

When nurses feel valued, recognized, and supported in their work, they tend to exhibit more proactive and open attitudes toward work dynamics, including in addressing patient safety issues. A responsive culture in an organization is created from individuals' attitudes of being alert to change, open to input, and adaptive in facing challenges. Furthermore, the results of the second hypothesis test show that coaching has a stronger influence on responsive culture than motivation. With a path coefficient of 0.418 and a significance value of 0.000, it can be concluded that the presence of effective coaching in an organization can strengthen responsiveness values in the work environment. Coaching, as defined by the International Coaching Federation (2019), is a process that emphasizes a professional relationship between a coach and a coachee to encourage growth, reflection, and the development of personal potential (Titing, 2023). In the context of hospitals, coaching serves not only as a learning tool but also as a support mechanism that strengthens the confidence and competence of healthcare workers in making quick and accurate decisions, especially in critical situations related to patient safety.

Coaching fosters an open communication climate, collaboration, and continuous learning all aspects closely linked to a responsive culture. The results of the third hypothesis test indicate that motivation has a direct influence on the implementation of patient safety. A coefficient of 0.193 with a p-value of 0.032 indicates that although its influence is not as significant as coaching, motivation remains an important factor in improving healthcare workers' compliance with patient safety protocols. In practice, nurses with high work motivation tend to be more disciplined in implementing procedures such as handwashing, using personal protective equipment, reporting incidents, and documenting services. This is in line with Wisanti, (2022), who stated that motivation is an internal force that drives individuals to act to achieve certain goals. In this context, the goal is patient safety as part of quality service. The fourth hypothesis reinforces the important role of coaching in the implementation of patient safety. The path coefficient of 0.293 and significance value of 0.001 indicate that coaching has a significant impact on strengthening safety practices in hospitals. Through coaching, healthcare workers are not only given instructions but also empathetically guided in evaluating their work methods, reflecting on mistakes, and designing improvements. This coaching approach positions staff as active participants in learning, not merely as procedure executors.

This aligns with the perspective of Allen dkk., (2021), who emphasize that effective coaching can foster a work environment conducive to performance development and adherence to safety standards. The fifth hypothesis indicates that a responsive culture has a significant influence on patient safety implementation, with a coefficient of 0.160 and a p-value of 0.000. These findings indicate that the success of safety policy implementation is inseparable from the underlying organizational culture. A responsive culture encourages quick decision-making, provides space for reporting incidents without fear, and promotes courage in proposing system improvements. According to Adamik & Nowicki, (2019), organizational culture influences how individuals act within a social

system. When organizational culture supports openness, learning, and innovation, individuals will be more actively involved in implementing safety values and service quality. The sixth hypothesis proves that the combination of motivation, coaching, and a responsive culture has a significant influence on patient safety implementation. The path coefficient of 0.130 and p-value of 0.000 indicate that these three variables simultaneously play an important role in promoting the creation of a sustainable patient safety system. This finding supports a systemic approach to patient safety management, as expressed by Akthar dkk., (2023) in the Swiss Cheese Model.

In this model, it is explained that patient safety depends on layers of defense consisting of various factors, including individuals, processes, and organizational culture. When these three factors work in harmony, the likelihood of incidents occurring can be minimized. Furthermore, the results of the inner model testing show that this research model has good predictive power. The R-square value for the patient safety implementation variable is 0.591, indicating that 59.1% of the variation in this variable can be explained by motivation, coaching, and responsive culture. Meanwhile, the R-square value for responsive culture is 0.492, indicating that motivation and coaching can explain almost half of the variation in responsive culture within the organization. In addition, the Q-square value greater than zero for both variables reinforces the conclusion that this model has adequate predictive ability. This model is also considered to have good fit with the data, as indicated by an SRMR value of 0.075, which is below the threshold of 0.08. This indicates that the research model used is well suited to explain the phenomenon under study. Considering the overall research results, it can be concluded that in order to improve patient safety, hospitals need to develop holistic strategies. These efforts include increasing the motivation of healthcare workers through incentives, recognition of performance, and opportunities for self-development. On the other hand, it is also important to implement structured and professional coaching programs that involve unit leaders as active change agents in mentoring staff. Coaching is not merely performance evaluation but a learning approach focused on developing capabilities and work character. When motivation and coaching go hand in hand, an adaptive, communicative, and reflective organizational culture emerges in addressing healthcare service issues. This culture will serve as a strong foundation for the creation of sustainable patient safety practices.

The implications of this study are not only theoretical but also practical. Theoretically, this study reinforces previous models that explain the importance of human and organizational factors in creating a safe healthcare system. This study also develops an integrative approach by incorporating coaching as a strategic variable in the patient safety model. Meanwhile, in practical terms, the results of this study can be used as a reference for hospital management in designing human resource development programs. Management needs to pay attention to the fact that improving the technical competence of health workers is not enough if it is not accompanied by systematic coaching and motivational approaches. Therefore, hospitals are expected to develop internal coaching policies that include training for coaches, monitoring the implementation of coaching, and integrating coaching into the work evaluation system. Additionally, it is important to

establish a fair and transparent reward system to maintain healthcare workers' motivation, ultimately leading to improved patient safety. In facing the challenges of an increasingly complex healthcare system, hospitals are required to not only focus on achieving technical indicators but also strengthen an organizational culture that supports continuous improvement.

A responsive culture is one manifestation of an organization's orientation toward learning and innovation. When this culture is internalized by healthcare workers, each individual will have the courage to report incidents, evaluate system weaknesses, and propose constructive solutions. As a result, hospitals will be able to create a safe, productive, and quality-oriented work environment. Overall, the findings of this study indicate that improvements in patient safety are the result of a complex process involving various factors. Motivation, coaching, and a responsive culture are not separate elements but rather complementary components in creating a conducive work environment for safe healthcare practices. Therefore, the success of patient safety programs heavily depends on the synergy between managerial strategies, leadership involvement, and active participation of healthcare staff at all organizational levels. These findings are expected to serve as a foundation for the development of more comprehensive and sustainable policies to enhance patient safety in hospitals.

CONCLUSION

Based on the results of the study, it can be concluded that motivation and coaching play an important role in improving patient safety implementation in hospitals, with a responsive culture acting as an intervening variable that strengthens this relationship. Nurses' motivation has been proven to significantly influence the formation of a responsive culture within an organization, where healthcare workers who feel valued, recognized, and have high job satisfaction tend to be more open, adaptive, and quick to respond to service dynamics. Similarly, structured and effective coaching plays a significant role in creating a culture that supports learning, open communication, and sustained performance improvement. Coaching not only serves as a means of knowledge transfer, but also as a mechanism for developing potential and providing guidance in facing work challenges.

Furthermore, motivation and coaching also directly influence the implementation of patient safety. Motivated healthcare workers who receive appropriate coaching demonstrate higher levels of compliance with patient safety procedures, such as proper hand washing, incident reporting, and use of personal protective equipment. A responsive culture has been proven to mediate this relationship by providing a conducive work environment, supporting team collaboration, and accelerating responses to safety issues. These findings also indicate that the synergy between individual motivation, professional guidance through coaching, and an adaptive organizational culture can create an effective and sustainable patient safety system. Therefore, hospitals are advised to develop comprehensive human resource management strategies that include enhancing motivation, implementing sustainable coaching programs, and strengthening an organizational culture responsive to change. With these steps, efforts to improve patient safety can be carried out more strategically and have a long-term impact.

BIBLIOGRAPHY

Adamik, A., & Nowicki, M. (2019). Pathologies and Paradoxes of Co-Creation: A Contribution to the Discussion about Corporate Social Responsibility in Building a Competitive Advantage in the Age of Industry 4.0. *Sustainability*, *11*(18), 4954. https://doi.org/10.3390/su11184954

Akthar, N., Nayak, S., & Pai P, Y. (2023). Determinants of patient satisfaction in Asia: Evidence from systematic review of literature. *Clinical Epidemiology and Global Health*, *23*, 101393. https://doi.org/10.1016/j.cegh.2023.101393

Allen, S., Knott, F. J., Branson, A., & Lane, S. J. (2021). Coaching Parents of Children with Sensory Integration Difficulties: A Scoping Review. *Occupational Therapy International*, *2021*(1), 6662724. https://doi.org/10.1155/2021/6662724

Creswell, J. W. (2015). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Pearson. https://thuvienso.hoasen.edu.vn/handle/123456789/12789

Maslow, A. (2012). Some Educational Implications of the Humanistic Psychologies. *Harvard Educational Review*, *38*(4), 685–696. https://doi.org/10.17763/haer.38.4.j07288786v86w660

Sumarni, S., Asiza, N., & Gunawan, M. H. (2022). The Relationship between the Implementation of Effective Communication in Excellent Service with the Quality of Health Services in Class III Inpatients at Abdoel Wahab Sjahranie Hospital. *Indonesian Journal of Wiyata Health Administration (IJWHA)*, *2*(1), Article 1. https://doi.org/10.35728/ijwha.v2i1.1089

Titing, A. S. (2023). THE INFLUENCE OF WORK LIFE BALANCE AND JOB STRESS ON JOB SATISFACTION IN HONORARY NURSES IN SOUTH BUTON DISTRICT HOSPITAL. *Multifinance*, *1*(2 November), 142–154.

Tsiplova, K., Jegathisawaran, J., Mirenda, P., Kalynchuk, K., Colozzo, P., Smith, V., & Ungar, W. J. (2022). Parent coaching intervention for children with suspected autism spectrum disorder: Cost analysis. *Research in Autism Spectrum Disorders*, *93*, 101949. https://doi.org/10.1016/j.rasd.2022.101949

Tu, K. M., & Ravindran, N. (2020). Getting under the skin: Maternal social coaching and adolescent peer adjustment. *Journal of Applied Developmental Psychology*, *66*, 101091. https://doi.org/10.1016/j.appdev.2019.101091

Verma, M., Rana, K., Kankaria, A., & Aggarwal, R. (2020). Assessment of patient's satisfaction visiting a tertiary health care institute in north India. *Journal of Pharmacy and Bioallied Sciences*, *12*(3), 252. https://doi.org/10.4103/jpbs.JPBS_168_20

Wisanti, L. S. W. (2022). The Effect of Motivation and Locus of Control on Job Satisfaction and Teacher Performance (Literature Review MSDM). *Dinasti International Journal of Management Science*, *4*(2), 233–245. https://doi.org/10.31933/dijms.v4i2.1495

Zarei, M., Mojarrab, S., Bazrafkan, L., & Shokrpour, N. (2022). The role of continuing medical education programs in promoting iranian nurses, competency toward non-communicable diseases, a qualitative content analysis study. *BMC Medical Education*, *22*(1), 731. https://doi.org/10.1186/s12909-022-03804-x

Zhang, W., Qi, X., Yang, L., Meng, X., Xu, G., Luo, S., Wu, K., Tang, J., Wang, B., Fu, L., Han, B., He, J., Zhang, Y., Wang, F., Lin, Y., Cao, W., Liu, S., He, L., Gao, Y., … Zou, H. (2024). Mpox patients' experience from infection to treatment and implications for prevention and control: A multicenter qualitative study in China. *Journal of Medical Virology*, *96*(1), e29338. https://doi.org/10.1002/jmv.29338

Zimmer, W. K., & Matthews, S. D. (2022). A virtual coaching model of professional development to increase teachers' digital learning competencies. *Teaching and Teacher Education*, *109*, 103544. https://doi.org/10.1016/j.tate.2021.103544