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Research Article

Motivation and Coaching Influence on Patient Safety with Responsive Culture at Hospital X, Bekasi

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Abstract: Patient safety is a fundamental component of healthcare quality and a key indicator of hospital performance. Ensuring its implementation requires not only technical competence but also psychological and organizational support. This study aims to analyze the effect of motivation and coaching on the implementation of patient safety among nurses, with responsive culture as a mediating variable at Hospital X, Bekasi. A quantitative approach was employed using a cross-sectional design. Data were collected from 162 nurses in inpatient units using a structured questionnaire and analyzed with Structural Equation Modeling–Partial Least Squares (SEM-PLS) using SmartPLS software. The results showed that both motivation and coaching have significant direct effects on the implementation of patient safety. In addition, both variables significantly influence the development of responsive culture, which in turn also has a significant effect on patient safety. Responsive culture serves as a strong mediating factor, reinforcing the relationship between individual-level factors (motivation and coaching) and organizational safety outcomes. These findings indicate that motivated nurses who receive structured coaching within a responsive organizational environment are more likely to engage in safe practices. This study contributes to the growing evidence that human and cultural factors are critical in improving patient safety outcomes. It also provides practical recommendations for hospital leaders to focus on motivation strategies, coaching mechanisms, and cultural transformation to build safer healthcare systems. Future research is suggested to involve multiple institutions and integrate qualitative methods for deeper contextual understanding.

Keywords: Coaching; Motivation; Patient Safety; Responsive Culture.

1. Introduction

Patient safety is a cornerstone of healthcare quality and an essential right of every patient. Defined by the World Health Organization (WHO) as the absence of preventable harm to a patient during the process of health care and reduction of risk of unnecessary harm to an acceptable minimum, patient safety continues to pose major challenges worldwide. Globally, millions of patients are injured each year due to medical errors and unsafe care, leading to significant morbidity, mortality, and economic loss. The urgency of this issue has driven the implementation of safety frameworks and protocols, such as the WHO Global Patient Safety Action Plan 2021–2030 and the Joint Commission International's (JCI) International Patient Safety Goals (IPSG), which underscore the need for systemic changes in healthcare delivery to ensure safer practices.

Despite these global movements, the implementation of patient safety practices remains inconsistent, particularly in developing countries, including Indonesia. Challenges include limited resources, inadequate staff training, high workloads, and weak organizational cultures that do not support transparency or continuous improvement. At Hospital X - Bekasi Kota Bekasi, initial observations have revealed gaps in compliance with standard operating procedures (SOPs), delayed medical record documentation, and improper use of personal protective equipment (PPE), which all contribute to elevated patient safety risks. These issues point toward underlying problems related to staff motivation, the effectiveness of coaching mechanisms, and the nature of organizational culture.

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Motivation is one of the key drivers of human behavior in organizational settings. Theories such as Maslow's hierarchy of needs, Herzberg's two-factor theory, and Deci & Ryan's Self-Determination Theory emphasize the crucial role of both intrinsic and extrinsic motivational factors in influencing employee performance. In a hospital environment, motivated nurses are more likely to adhere to protocols, demonstrate proactive attitudes, and engage in patient-centered care. However, the lack of structured incentives, recognition, and opportunities for self-actualization often leads to low morale, absenteeism, and reduced compliance with safety standards.

Coaching, on the other hand, provides a personalized approach to performance improvement by offering guidance, feedback, and support. According to Whitmore (2009), coaching is not merely about training but is a collaborative process that empowers individuals to unlock their potential. In the healthcare context, coaching has been linked to improved clinical decision-making, better communication among staff, and enhanced patient outcomes. Chegini (2020) found that nurses who received consistent coaching from their leaders were more likely to report safety incidents, thus contributing to organizational learning and risk reduction.

Nevertheless, the impact of motivation and coaching does not occur in a vacuum. It is filtered and shaped by the organizational culture in which healthcare professionals operate. Responsive Culture, as conceptualized by Rini (2020), is a modern evolution of organizational culture that emphasizes adaptability, communication, and continuous learning. Comprising three dimensions—people-oriented, time-oriented, and activity-oriented—responsive culture encourages proactive behavior, swift decision-making, and efficient coordination among teams. In such cultures, changes are embraced rather than resisted, and feedback loops are established to learn from errors and improve practices.

The integration of motivation, coaching, and responsive culture forms a strategic triad for enhancing patient safety. While motivation ensures that nurses have the internal drive to perform, coaching provides the necessary skills and confidence, and a responsive culture creates the enabling environment that sustains these efforts. However, empirical studies that examine this interconnected framework in the Indonesian healthcare setting remain limited. This study aims to fill that gap by analyzing the direct and indirect effects of motivation and coaching on the implementation of patient safety practices, with responsive culture serving as a mediating variable.

Furthermore, the research is grounded in multiple theoretical perspectives. Maslow's theory guides the understanding of motivational dynamics, while Whitmore's GROW model and the International Coaching Federation (ICF) competencies frame the concept of coaching. The study also leverages organizational theories from Hofstede and the safety culture principles of Reason (1997) to explore how culture influences behavior in complex healthcare systems. By employing Partial Least Squares Structural Equation Modeling (PLS-SEM), the study provides robust insights into the causal relationships among variables and the relative strength of their influences.

In summary, this introduction has outlined the critical importance of patient safety, the challenges encountered in its implementation, and the potential role of motivation, coaching, and responsive culture in mitigating risks. The research seeks to answer the following questions:

- How does motivation influence responsive culture and patient safety implementation?
- How does coaching affect responsive culture and patient safety?
- Does responsive culture mediate the relationship between motivation/coaching and patient safety?

By addressing these questions, the study aims to offer practical recommendations for hospital administrators, policy makers, and nursing leaders to foster safer, more adaptive, and high-performing healthcare environments.

2. Literature Review

The literature surrounding motivation, coaching, responsive culture, and patient safety presents a cohesive theoretical framework that underpins the success of healthcare quality initiatives. Each variable has been studied extensively, yet their interrelationship within hospital settings, particularly in Indonesia, remains underexplored.

2.1 Motivation

Motivation is a psychological process that initiates, directs, and sustains goal-directed behaviors. Maslow's hierarchy of needs (1994) explains motivation as a progression through five stages: physiological, safety, social belonging, esteem, and self-actualization. In the healthcare context, motivation plays a critical role in ensuring nurses' commitment to delivering high-quality, safe care. Herzberg's two-factor theory distinguishes motivators (e.g., achievement, recognition) from hygiene factors (e.g., salary, work conditions), both of which are crucial to job satisfaction. Furthermore, Self-Determination Theory by Deci & Ryan (1985) highlights intrinsic motivation (driven by internal satisfaction) and extrinsic motivation (driven by external rewards). A motivated nurse is more likely to adhere to protocols, report incidents, and actively participate in quality improvement efforts. Conversely, low motivation, often linked to high workload and lack of recognition, can result in disengagement, increasing the risk of adverse events and reducing compliance with safety practices.

2.2 Coaching

Coaching is a structured and collaborative process aimed at unlocking a person's potential to maximize performance. In healthcare, coaching serves not only as a performance-enhancing tool but also as a leadership strategy to foster learning and accountability. Whitmore (2009) defines coaching as a method that involves setting goals, exploring reality, generating options, and establishing a way forward (GROW model). The International Coaching Federation (2019) emphasizes the importance of trust, listening, and empowering individuals in the coaching process. Empirical studies have shown that effective coaching in clinical settings improves communication, enhances clinical decision-making, and increases reporting of incidents. Coaching also supports psychological safety, allowing nurses to express concerns without fear of reprisal. When implemented well, coaching enhances the individual's skills and cultivates a proactive culture aligned with patient safety goals.

2.3 Responsive Culture

Responsive culture is an organizational attribute reflecting adaptability, agility, and proactive behavior in the face of changing internal and external environments. According to Rini (2020), responsive culture includes three key dimensions: people-oriented (focus on interpersonal communication and empathy), time-oriented (timeliness in decision-making), and activity-oriented (efficiency in operations). In a healthcare setting, responsive culture fosters an environment where teams can quickly respond to patient needs, adapt protocols during crises, and promote cross-disciplinary collaboration. It contrasts with rigid, bureaucratic systems that hinder rapid improvement and innovation. A responsive organizational culture is vital to building trust among staff, encouraging openness in reporting errors, and promoting continuous learning. The presence of such a culture supports the effectiveness of coaching and reinforces the impact of motivation on behavior, ultimately leading to improved patient safety outcomes.

2.4 Patient Safety

Patient safety is a fundamental component of healthcare quality, aiming to prevent harm to patients during the provision of care. The World Health Organization (2021) defines patient safety as "the absence of preventable harm and the reduction of risk to an acceptable minimum." JCI's International Patient Safety Goals (2022) serve as a global benchmark, emphasizing patient identification, effective communication, medication safety, infection control, and surgical safety. Patient safety culture promotes transparency, learning from errors, and systems-based thinking. Research by Reason (1997) and the Institute of Medicine (2000) underscores that most adverse events result from system failures rather than individual negligence. In Indonesia, patient safety remains a challenge due to infrastructure gaps, limited training, and hierarchical work environments. Enhancing motivation, implementing structured coaching, and fostering responsive cultures are proven strategies to mitigate safety risks and strengthen patient-centered care delivery.

3. Proposed Method

This study adopted a quantitative approach with an explanatory research design to analyze the direct and indirect effects of motivation and coaching on patient safety through responsive culture as a mediating variable. The research was conducted at Hospital X - Bekasi, Kota Bekasi, involving nurses working in inpatient care units. A cross-sectional method was used, and data were collected using structured questionnaires distributed to 100 respondents.

The variables in this study included motivation (X1), coaching (X2), responsive culture (Z), and patient safety (Y). The responses were measured using Likert scale items. Data were analyzed using Structural Equation Modeling with Partial Least Squares (SEM-PLS), allowing assessment of both direct and indirect relationships among the variables.

The analysis followed these key steps:

- Instrument development and validation, including validity and reliability testing;
- Descriptive analysis of respondent characteristics and each variable;
- Evaluation of measurement model (outer model) using convergent validity, discriminant validity, and composite reliability;
- Evaluation of structural model (inner model) by examining path coefficients, R^2, Q^2, effect size (f^2), and VIF;
- Hypothesis testing using bootstrapping procedures to evaluate the significance of each path.

The flow diagram below illustrates the conceptual and analytical pathway of the study:

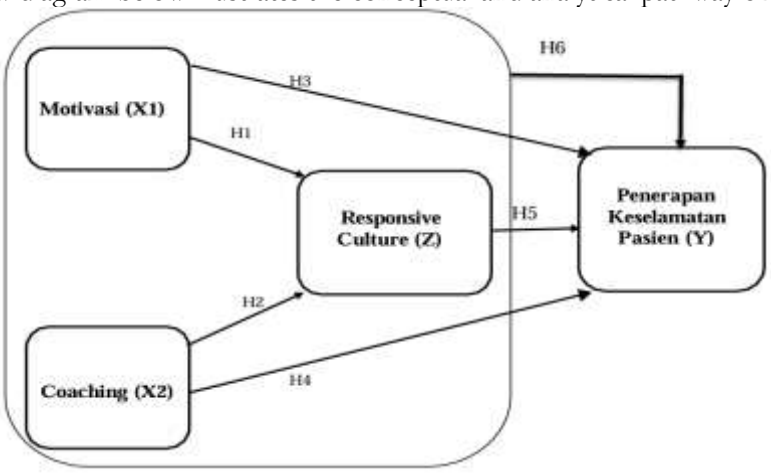

Figure 1. Research Constellation

3.1. Algorithm/Pseudocode

Algorithm 1. Assessing the Impact of Motivation and Coaching on Patient Safety through Responsive Culture

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INPUT: Motivation level (M), Coaching effectiveness (C), Organizational Culture (R)
OUTPUT: Patient Safety Score (P)
Begin
Measure input variables: M, C, R
If M and C > threshold, then assess interaction effect on R
Compute intermediate variable: RC = f(M, C)
Evaluate final outcome: P = g(RC, M, C)
Return Patient Safety Score (P)
End
```

4. Results and Discussion

This section presents the results of the SEM-PLS analysis used to examine the relationship between motivation, coaching, responsive culture, and patient safety. The software used for the statistical analysis was SmartPLS version 3.0, while data preparation was done using Microsoft Excel. The dataset consisted of 162 responses collected from nurses in

inpatient wards at Hospital X - Bekasi. The variables were operationalized based on validated indicators using a 4-point Likert scale.

Initial Data Analysis: The demographic profile of respondents showed that 58% were female and 46% male. The majority age between 31 to 36 y.o, with percentage is 40,7%. Descriptive statistics indicated that motivation and coaching had high average scores, indicating positive perceptions from the nurses.

Measurement Model (Outer Model): Convergent validity was assessed through outer loadings, and all indicators had values above 0.70. Composite reliability and Cronbach's alpha values for all constructs were greater than 0.80, demonstrating internal consistency.

Structural Model (Inner Model): The R^2 value for responsive culture was 0.492, and for patient safety was 0.591, indicating substantial explanatory power. Path coefficients and t-values from bootstrapping confirmed that:

- Motivation → Responsive Culture (β = 0.339, t = 5.418)
- Coaching → Responsive Culture (β = 0.418, t = 6.975)
- Responsive Culture → Patient Safety (β = 0.382, t = 5.314)
- Motivation → Patient Safety (β = 0.193, t = 2.145)
- Coaching → Patient Safety (β = 0.293, t = 3.403)

Table 1. Path Coefficients and T-Values from SEM-PLS Bootstrapping

Path	Coefficient (β)	t-Value
Motivation → Responsive Culture	0.339	5.418
Coaching → Responsive Culture	0.418	6.975
Responsive Culture → Patient Safety	0.382	5.314
Motivation → Patient Safety	0.193	2.145
Coaching → Patient Safety	0.293	3.403

Source of data processed (2024)

Discussion: The results support all proposed hypotheses. Motivation and coaching significantly influence the development of responsive culture, which in turn mediates their impact on patient safety. These findings align with Maslow's and Herzberg's theories, suggesting that motivated employees are more engaged in patient safety practices. Furthermore, the role of coaching supports previous studies that highlight its importance in enhancing nurse performance and communication.

The mediating role of responsive culture is crucial. It fosters an adaptive, proactive environment that translates motivation and coaching into effective patient safety practices. These results emphasize the need for healthcare institutions to strengthen both individual and organizational-level interventions.

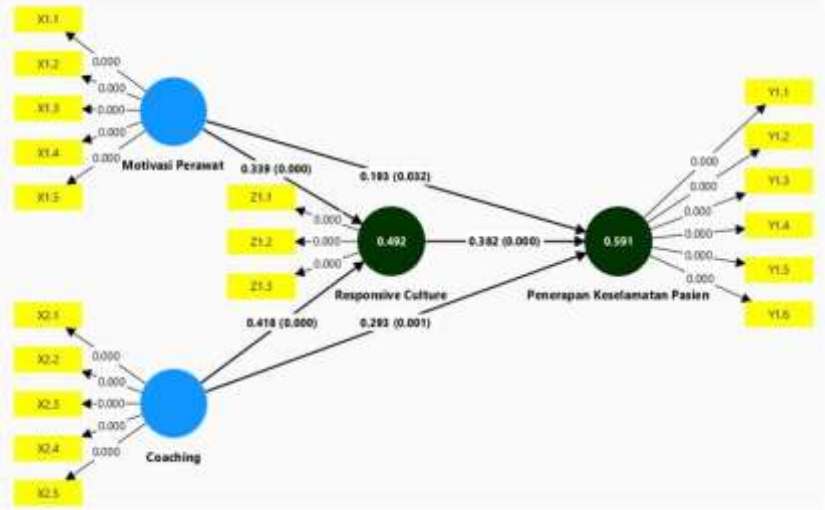

Figure 2. Structural Model Output from SmartPLS

These findings provide practical insights into how structured motivation and coaching efforts can contribute to the enhancement of safety behavior in hospitals through the establishment of a responsive culture. Hospitals are encouraged to implement coaching programs and design motivation strategies while cultivating a cultural environment that is dynamic, team-based, and adaptive.

5. Comparison

Compared to prior studies on patient safety, this research presents a more integrated approach by simultaneously analyzing the influence of motivation and coaching with responsive culture as a mediating factor. Previous studies often treated these constructs in isolation. For instance, Chegini (2020) emphasized the direct effect of coaching on reporting behavior, while Rini (2020) focused on organizational culture transformation. This study advances those findings by empirically demonstrating how motivation and coaching can operate synergistically within a responsive culture framework. Moreover, the use of SEM-PLS allows for nuanced understanding of both direct and indirect effects. The relatively high R^2 values indicate a stronger predictive model than those seen in many prior studies. Thus, the contribution of this study lies in its conceptual integration, methodological rigor, and practical relevance to public hospital settings in Indonesia.

6. Conclusions

This study concludes that motivation and coaching significantly influence the implementation of patient safety practices, both directly and indirectly, through responsive culture. The SEM-PLS analysis confirmed that responsive culture plays a strong mediating role in translating motivational and coaching efforts into improved safety outcomes. These findings align with theoretical frameworks such as Maslow's motivation theory, Whitmore's coaching model, and the responsive culture dimensions of Rini (2020).

The implications of these findings are multifold. First, healthcare managers should prioritize building a responsive organizational culture that encourages openness, adaptability, and team collaboration. Second, structured coaching programs and motivation-enhancing initiatives such as recognition and career development should be institutionalized. This will enable nurses to engage more proactively with safety protocols and contribute to continuous improvement.

However, the study has certain limitations. The sample was limited to one hospital, which may reduce generalizability. Future research should expand the sample across multiple institutions and explore additional variables such as leadership style, workload, or burnout. It is also recommended to integrate qualitative data to gain deeper insights into behavioral patterns and cultural dynamics.

Overall, this research provides a strong theoretical and empirical foundation for advancing patient safety practices through integrated human and organizational development strategies.

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