

Understanding Leadership Decision Making That Influences Patient Safety Practices in Nursing Teams

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ARTICLE INFO

Keywords: Nursing Leadership, Decision Making, Patient Safety, Nursing Team, Safety Culture.

Received : 27, December

Revised : 29, January

Accepted: 28, February

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ABSTRACT

Patient safety is the main indicator of the quality of nursing services and is greatly influenced by the quality of leadership and decision-making processes in the nursing team. In the past five years, the increasingly complex dynamics of healthcare have demanded nursing leaders to make decisions that are not only quick and precise, but also evidence-based and patient-safety-oriented. This study aims to understand how the leadership decision-making process affects patient safety practices in the nursing team. This research uses a qualitative approach with a phenomenological design. Participants consisted of a purposively selected nurse and a nurse manager manager. The results of the study identified several key themes, namely participatory leadership styles, effective clinical communication, the use of scientific evidence in decision-making, and organizational support for patient safety culture. The findings suggest that nursing leaders who involve team members in the decision-making process and encourage open communication are more likely to create a safer work environment that is responsive to patient safety risks. The conclusion of this study confirms that effective leadership decision-making is a key factor in strengthening patient safety practices in nursing teams. The implications of this research are expected to be the basis for the development of nursing leadership policies and training programs that focus on improving patient safety

INTRODUCTION

Patient safety is the main foundation in the implementation of health services and is a key indicator in the assessment of the quality of nursing services. The World Health Organization affirms that patient safety incidents are still a significant and preventable global problem, with serious impacts on clinical outcomes, public trust, and health system sustainability (World Health Organization [WHO], 2021). Various studies in the last five years have shown that patient safety incidents in nursing practice are often related to individual and system factors, including communication failures, high workloads, suboptimal clinical decision-making, as well as a weak patient safety culture in nursing work environments (Brady et al., 2020; Kim & Lee, 2021). In this context, nurses as health workers with the largest proportion and direct involvement in patient care have a strategic role in maintaining consistent and sustainable patient safety practices.

Nursing leadership plays a central role in shaping a safe work environment and supporting the implementation of patient safety practices. Nursing leaders are not only responsible for resource management and service coordination, but also for decision-making that affects the behavior, attitude, and performance of nursing team members toward patient safety risks. Nursing managers' perceptions and commitment to patient safety have been shown to be influential in creating a safe work environment, increasing compliance with safety standards, and strengthening a culture of open incident reporting (Nurse managers' perceptions of patient safety, 2023; Wei et al., 2022).

In recent years, certain leadership styles, specifically transformational and participatory leadership, have been identified as effective approaches in improving patient safety. Empirical studies show that transformational leadership is positively associated with nurses' job satisfaction, work engagement, and patient safety outcomes, including a decrease in adverse patient outcomes (Boamah et al., 2021). In addition, a systematic review confirms that a leadership style oriented towards empowerment, emotional support, and shared vision is consistently associated with a stronger culture of patient safety in nursing practice (Specchia et al., 2021; Anugrah et al., 2024).

Conversely, leadership decision-making that is authoritarian, less engaged than team members, or not evidence-based can create an unsafe work environment and increase the risk of errors in nursing services. Cross-country research shows that leadership styles that do not support open communication and team collaboration contribute to a low patient safety culture and an increased risk of safety incidents (Alshahrani et al., 2023). Effective clinical communication also acts as an important mediator between leadership decisions and patient safety outcomes, where deficiencies in communication can exacerbate the impact of limited resources and workloads on patient safety (Kim & Lee, 2021; Permatasari et al., 2025).

Although the relationship between nursing leadership and patient safety has been extensively researched, most studies still focus on quantitative measurement of leadership styles and have not in-depth explored the process of leadership decision-making in the real-life context of nursing practice. The

limitations of qualitative research that delves into the first-hand experiences of nurse practitioners and nurse managers cause the understanding of how leadership decisions are taken, communicated, and implemented in patient safety practice is still not comprehensive (Nursahid & Iswanti, 2025). Therefore, this study aims to deeply understand the leadership decision-making process that affects patient safety practices in nursing teams. With a qualitative approach, this research is expected to make a theoretical contribution to the development of patient safety-based nursing leadership models, as well as practical contributions to policy formulation, strengthening safety culture, and developing nursing leadership education and training programs relevant to today's healthcare challenges.

THEORETICAL REVIEW

Patient Safety in Nursing Practice

Patient safety is a fundamental principle in nursing practice that aims to prevent avoidable injuries due to health services. In the last five years, patient safety is no longer understood solely as compliance with standard operating procedures, but as an integral part of the health care system that is oriented towards the quality, effectiveness, and sustainability of nursing care (World Health Organization [WHO], 2021). Nurses have a central role in the implementation of patient safety practices due to their direct involvement in clinical risk management, medication administration, interprofessional communication, and ongoing monitoring of patient conditions. Studies have shown that patient safety incidents are often affected by a combination of individual and systemic factors, including workload, ineffective communication, as well as weaknesses in organizational leadership and culture (Brady et al., 2020; Kim & Lee, 2021).

Nursing Leadership and Decision Making

Nursing leadership is defined as the ability of a leader to influence, direct, and facilitate team members to achieve the goal of quality and safe nursing services. One of the most crucial aspects of leadership is the decision-making process, particularly in complex and high-risk clinical situations. Current literature suggests that effective leadership decision-making is collaborative, evidence-based, and considers the clinical context and dynamics of the nursing team (Specchia et al., 2021). Nursing leaders who are able to integrate scientific evidence, professional experience, and input from the nurse practitioner tend to produce more adaptive decisions and have a positive impact on patient safety (Nursahid & Iswanti, 2025).

Leadership Style and Its Implications for Patient Safety

A variety of leadership styles have been examined in the context of nursing, with transformational and participatory leadership being the main focus in the past five years of research. Transformational leadership is characterized by the leader's ability to inspire, provide vision, and empower team members, which has been shown to be positively related to nurse job satisfaction and patient safety outcomes (Boamah et al., 2021; Hamdan, 2024). In addition, participatory leadership encourages the active involvement of nurses in the

decision-making process, thereby increasing a sense of responsibility, trust, and open communication within the nursing team (Anugrah et al., 2024). In contrast, a leadership style that is authoritarian or less supportive of collaboration is often associated with a low culture of incident reporting as well as an increased risk of clinical error (Alshahrani et al., 2023).

Safety Culture and the Role of Nursing Leaders

Patient safety culture refers to shared values, attitudes, and behaviors within an organization that places safety as a top priority in every aspect of healthcare. Nursing leaders have a strategic role in shaping and maintaining a culture of safety through fair, transparent, and learning-oriented decision-making. Studies show that leadership decisions that encourage unpunished incident reporting as well as systematic team reflection contribute significantly to strengthening a patient safety culture (Wei et al., 2022; Permatasari et al., 2025). In this context, the nursing leader serves as a role model that determines how patient safety is perceived and internalized by the nursing team members.

Research Gaps and Conceptual Frameworks

Although the relationship between nursing leadership and patient safety has been extensively researched, there is still a research gap regarding an in-depth understanding of the leadership decision-making process in daily nursing practice. Most studies have focused on quantitative measurement of patient safety leadership style or outcomes, while internal decision-making mechanisms as well as nurses' subjective experiences in responding to leadership decisions have been poorly explored (Specchia et al., 2021; Nursahid & Iswanti, 2025). Therefore, qualitative research is needed that delves deeply into how nursing leaders make decisions and how those decisions affect patient safety practices in nursing team dynamics. The existing literature is the conceptual foundation for this research in linking leadership, decision-making, and patient safety as a mutually influencing unit.

METHODOLOGY

This study uses a qualitative approach with a phenomenological design to deeply understand the leadership decision-making process that affects patient safety practices in the nursing team. The phenomenological approach was chosen because it allows the exploration of lived experiences, perceptions, and meanings constructed by individuals in the context of their professional practice (Creswell & Poth, 2018). This approach is considered best suited to explore the complexities of patient leadership and safety dynamics that cannot be quantitatively measured and require a deep contextual understanding.

The study participants consisted of nurse managers and nurse implementers who had hands-on experience in nursing services as well as active involvement in patient safety practices. The selection of participants was carried out purposively with inclusion criteria including a minimum of two years of service and experience working in a nursing team. The purposive sampling strategy is used to ensure participants have knowledge and experience relevant to the phenomenon being studied (Polit & Beck, 2021). The number of participants is determined based on the principle of data saturation, which is

when additional interviews no longer produce meaningful new information or themes (Guest et al., 2020).

Data collection was conducted through semi-structured in-depth interviews using interview guidelines developed based on literature review and research objectives. The semi-structured interview approach allows flexibility for researchers to explore the issues that arise during the interview while maintaining a focus on the research topic (DeJonckheere & Vaughn, 2019). Interviews are conducted face-to-face or online according to conditions, recorded with the consent of the participants, and transcribed verbatim. To increase the credibility of the data, the researcher conducted member checking by confirming a summary of the results of the interview to the participants (Lincoln & Guba, 1985).

Data analysis was carried out using thematic analysis by following the initial coding stages, category development, and identification of themes that represent the meaning patterns of the data (Braun & Clarke, 2021). The analysis process is carried out iteratively and reflectively, where the researcher repeatedly reviews the data and themes to ensure consistency and depth of interpretation. The validity of the data is maintained through the application of trustworthiness criteria, including credibility, dependability, confirmability, and transferability, with source triangulation techniques, trail audits, and discussions with colleagues who are experienced in qualitative nursing research (Polit & Beck, 2021).

This research has obtained ethical approval from the authorized health research ethics committee. All participants were given an explanation of the purpose of the research, research procedures, data confidentiality, and the right to resign at any time without consequences. The principles of research ethics, including anonymity, confidentiality, and respect for participant autonomy, are applied consistently throughout the research process in accordance with health research standards (World Medical Association, 2018).

RESEARCH RESULTS

Thematic analysis of the interview data revealed four main themes that represented participants' experiences of leadership decision-making and its implications for patient safety practices in nursing teams, namely: participatory leadership as a foundation for safe decisions, clinical communication as a link between safety decisions and practices, integration of scientific evidence and clinical experience in leadership decisions, and the role of leaders in building an ongoing culture of patient safety.

Participatory Leadership as the Basis for Safe Decision Making

This theme shows that participants consistently emphasize the importance of team member involvement in the decision-making process. Nursing leaders who encourage open discussion and value the input of the nurse practitioner are perceived to be able to produce more contextual and applicative decisions in patient safety practice.

An implementing nurse revealed:

"If the head of the room involves us before making a decision, usually the decision is more realistic and easier to implement. We also feel more responsible for patient safety." (P3, March 12, 2024).

A similar view was expressed by nurse managers who assessed that team participation helped identify potential risks that leaders might miss:

"Input from the implementing nurses is important because they are directly in the field. Many safety risks are only seen if we discuss them together." (M1, March 18, 2024).

These findings show that participatory leadership not only improves the quality of decisions, but also strengthens a sense of ownership and collective responsibility for patient safety.

Clinical Communication as a Mediator of Patient Safety

The second theme affirms that the effectiveness of clinical communication plays a key mediator between leadership decisions and the implementation of patient safety practices. Participants assessed that decisions delivered in a clear, open, and consistent manner minimized errors and improved the team's preparedness for clinical risks. One participant stated:

"The leader's decision is actually good, but if the delivery is not clear, the interpretation can be different in the field. That's often the source of safety problems." (P6, March 22, 2024).

In contrast, two-way communication allows for more effective clarification and anticipation of risks:

"If the leadership explains the reason and gives us the opportunity to ask questions, we will understand better why safety procedures must be strictly followed." (P1, March 25, 2024).

These findings indicate that clinical communication is not just a means of decision-making, but an integral part of patient safety strategies within nursing teams.

Use of Evidence and Experience in Leadership Decisions

The third theme illustrates that the quality of leadership decision-making is greatly influenced by the leader's ability to integrate scientific evidence, clinical experience, and learning from previous incidents. Participants assessed that evidence-based decisions increased team trust and strengthened patient safety practices.

A nurse manager explained:

"Every time there is an incident, we evaluate it and use it as a basis for the next decision. If the decision is based solely on intuition without looking at the data, the risk is greater." (M2, April 2, 2024).

The nurse practitioner also emphasized the importance of an evidence-based approach:

"We are more confident in making decisions if we know it is based on guidance or experience from previous events." (P4, April 4, 2024).

These findings confirm that reflective and evidence-based leadership decision-making contributes directly to the prevention of patient safety incidents.

The Role of Leaders in Building a Culture of Patient Safety

The fourth theme relates to how leaders' decisions and responses shape the culture of patient safety in the nursing team. Participants emphasized that a leader's approach that is fair, supportive, and does not blame individuals encourages open, learning-oriented incident reporting. One participant revealed: "*If there is a mistake and the leadership immediately blames us, we are afraid to report. But if the focus is on improvement, we are more open.*" (P7, April 10, 2024).

Other nursing leaders added:

"The decisions we make should make staff feel safe to learn from mistakes, not fear of punishment." (M3, April 12, 2024).

These findings suggest that leadership decisions have a long-term impact on the formation of a culture of patient safety and the sustainability of safety practices within nursing teams.

DISCUSSION

The findings of this study confirm that leadership decision-making is a core process that shapes patient safety practices in the nursing environment. Current literature emphasizes that nursing leaders' decisions act as a link between organizational policies and clinical practice at the service unit level. Leadership that encourages team involvement in decision-making has been shown to increase adherence to safety practices as well as decrease the variation in risky behaviors in nursing care (Sfantou et al., 2021; Wong et al., 2020). Thus, participatory decision-making can be understood as a leadership strategy that strengthens patient safety through increased shared ownership of clinical decisions.

Findings regarding the role of clinical communication reinforce the view that patient safety is strongly influenced by the quality of interaction and information exchange within the nursing team. Recent studies have shown that leadership decisions that are not clearly and consistently communicated have the potential to create understanding gaps, increase the cognitive burden of nurses, and trigger errors in clinical practice (Manser, 2021; Müller et al., 2023). In this context, communication is not just a means of delivering decisions, but a key mechanism in ensuring that the decision is understood, translated, and implemented securely by all team members.

The integration of scientific evidence and clinical experience identified in this study reflects the characteristics of adaptive and reflective nursing leadership. The literature shows that leaders who rely on evidence-informed decision-making are better able to anticipate risks and respond proactively to changes in clinical conditions (Melnyk et al., 2022). In addition, the leader's ability to reflect on past experiences, including patient safety incidents, contributes to organizational learning and the strengthening of error prevention systems in the future (Okpala, 2022).

A culture of patient safety built through fair and supportive leadership decisions is an important dimension in the findings of this study. Previous research has shown that leaders' responses to mistakes greatly influence nurses' courage to report incidents and near misses (Labrague & De Los Santos, 2021). Leadership decisions that emphasize learning over punishment encourage the creation of

psychological safety, which is an important prerequisite for strengthening a culture of patient safety in nursing organizations (Edmondson & Lei, 2019; Halligan & Zecevic, 2020).

Overall, the results of this study broaden the understanding that leadership decision-making in nursing is a strategic practice that has a direct and indirect impact on patient safety. These findings reinforce the perspective that patient safety cannot be achieved through procedural standards alone, but requires leadership that is able to make decisions in a participatory, effectively communicated, and evidence-based manner and continuous learning. Thus, this research makes a relevant conceptual contribution to the development of nursing leadership that is more responsive to the complexity and demands of patient safety in the modern healthcare system (Wong et al., 2020; Sfantou et al., 2021).

CONCLUSIONS AND RECOMMENDATIONS

Understanding of how leadership decision-making affects patient safety practices in nursing teams. The findings of the study show that participatory, communicative, and evidence-based decision-making plays a key role in strengthening patient safety practices. Nursing leadership is not only defined by leadership style, but by the quality of the decision-making process that is able to integrate team input, clinical experience, and a dynamic healthcare context.

The results of this study confirm that effective clinical communication is an important mediator between leadership decisions and the implementation of patient safety practices. Decisions are delivered in a clear, open, and two-way manner to increase the understanding, compliance, and preparedness of nurses in anticipating patient safety risks. Additionally, the use of scientific evidence and learnings from previous incidents strengthens the team's confidence in leadership decisions and encourages the implementation of consistent safety practices.

The study also highlights the strategic role of nursing leaders in building a culture of patient safety. Equitable, supportive, and learning-oriented leadership decisions create a psychologically safe work environment, thereby encouraging incident reporting and continuous improvement. The leadership decision-making model proposed in this study enriches theoretical understanding of the relationship between leadership and patient safety, as well as provides a conceptual framework that can be used in practice and subsequent research.

Overall, this study confirms that strengthening patient safety in nursing teams requires building the capacity of nursing leaders in participatory, evidence-based, and clinically context-sensitive decision-making. These findings are expected to inform policy development, nursing leadership training programs, and organizational strategies focused on improving patient safety in an ongoing manner.

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