Personal Characteristics and Coaching Leadership on Teamwork of Nurses in Ormoc City

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ABSTRACT

In response to the demands of modern healthcare, effective leadership and cohesive teamwork are essential for ensuring high-quality patient care This study assesses the interrelationship among personal characteristics, coaching leadership, and teamwork of registered nurses working in Ormoc City hospitals. A descriptive-correlational research design was utilized, with data collected from 208 registered nurses across four hospitals in Ormoc City. The sample was selected via stratified random sampling to ensure proportional representation across the participating hospitals. Data collection employed a structured survey instrument divided into three sections: demographic profile, coaching leadership (based on the QUEPTAEEL instrument and teamwork (using the Nursing Teamwork Survey. Results revealed that the nursing workforce is predominantly young and female, with most respondents employed in private hospitals. Coaching leadership was positively perceived, particularly in the areas of communication and feedback, reflecting a supportive environment that encourages professional growth and skill development. Teamwork among nurses demonstrated high levels of mutual trust and shared mental models, although team orientation received moderate scores, suggesting challenges in aligning individual and team goals. Significant correlations were identified between personal characteristics—such as age, gender, and years of experience—and perceptions of coaching leadership and teamwork. Coaching leadership, especially through communication and support, was found to enhance mutual trust, backup behaviors, and shared mental models within nursing teams, ultimately fostering a cohesive and collaborative team environment. The study concludes that coaching leadership practices significantly contribute to teamwork effectiveness among nurses, with implications for healthcare management in promoting a culture of continuous learning, mutual support, and job satisfaction. Recommendations include implementing targeted training programs to enhance communication and delegation skills, developing structured mentorship initiatives to support younger nurses, and establishing team-building activities to strengthen team orientation.

Keywords: Coaching leadership, Teamwork, Personal characteristics, Nurses, Ormoc City, and Leadership.

INTRODUCTION

Coaching leadership calls for employee collaboration, support, and development (LeeKeenan, 2020). In the hospital setting, it could help guide and mentor nurses to improve their skills and patient care and achieve personal and professional growth, promoting continuous learning and empowerment. The critical elements of Coaching Leadership include mentorship and guidance, active listening, goal setting, feedback-promoting empowerment, and constant learning among the team (Susanto & Sawitri, 2022; Jones & Smith, 2022; Karlsen & Berg, 2020). Teamwork is an effort of the organization's members to achieve a common goal (Mantono et al., 2020). This is an essential component of success in any organization, as it increases skills, proficiency, and effectiveness (Alsabri et al., 2022). In the hospital, teamwork is vital as it directly impacts patient care, nurses' satisfaction, and the organization's overall efficiency. Elements of Teamwork are mutual trust, team orientation, backup, a shared mental model, and team leadership (Bragadottir et al., 2023). Coaching Leadership and Teamwork are practiced differently because of many factors; one concrete factor is the demographic profile. For instance, in terms of age or generational differences, old/senior nurses may prefer face-to-face communication, while young nurses lean on digital communication. Regarding gender, cases such as gender stereotypes and biases might affect teamwork, leading to unequal opportunities for team participation. Furthermore, education can also affect teamwork, such that those with higher educational attainment might dominate the organization.

The study of Moraes et al. (2021) compares the nursing technicians' perception with the nurses' self-perception of exercising coaching leadership. Eighty Five nurses and nursing technicians in Campinas, Brazil, answered a perception of coaching leadership questionnaire. Results showed that the mean is high in four coaching leadership styles and is significantly correlated with work satisfaction. The researchers concluded that the more nurses exercise coaching leadership, the better the effects on their work satisfaction are. Also, coaching leadership can be a force for resilience in hospital environments. For instance, Menezes et al. (2022) analyzed the relationship between leadership coaching and resilience among nurses via a cross-sectional study using the Nurse Self-Perception Questionnaire in Leadership Exercise (QUAPEEL) in 144 nurses located in Sao Paulo, Brazil. The study revealed that Nurses' Resilience can be affected by how the leaders coach their nurses. Lastly, coaching leadership can affect teamwork.
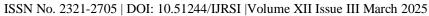
In a survey by Badowski (2019) published in the Journal of Professional Nursing, there is a need for coaching leadership. Without it, it may lead to medical errors and lower the levels of nursing competencies. Coaching leadership and teamwork are imperative to the nurse's function, as well as mutual respect and shared decisions as professional team members. Integrating peer coaching will allow the nurse's staff to do well in the team, such as shared decision-making in solving patient and organizational problems, mutual respect, and open communication. Also, nurses are motivated to do more because they have a leader who coached and teached them the things they need in the hospital.

As a registered nurse who previously worked for two years at the Intensive Care Unit (ICU) in a private hospital in Ormoc, the researcher has seen the immediate need for coaching leadership as, according to the studies, it has exponential growth, especially in teamwork and organizational development. As a private healthcare company that offers quality health services to patients in the city of Ormoc and its neighboring towns and municipalities, it is vital to address coaching leadership and teamwork to offer a safe and sound work environment that benefits healthcare service delivery. The researcher has always believed in extending knowledge and continuing education as vital elements in professional development. As a clinical instructor of almost two years, the researcher faced challenges in adapting to the complex role of advising and teaching students in a clinical context as a novice clinical educator. The initial obstacles included building rapport with students and coworkers, as well as mastering the technical and instructional aspects of the job. Managing the dynamics of collaboration became particularly challenging. The teamwork required in a clinical setting often necessitates the coordination of a diverse team of healthcare experts, each with their own communication preferences and goals. Issues related to teamwork, such as varying levels of expertise, incompatible teaching methods, and differing expectations, can lead to conflict and compromise the overall effectiveness of the clinical training process. As unresolved issues escalated, a significant rift emerged among faculty members, effectively dividing the team into two. Gossip and indirect provocative statements circulated almost daily.

Over time, the dispute between faculty members reached senior management, prompting the Dean to take action. She assembled the entire staff and decided to host a faculty development activity. During this activity, everyone was given the opportunity to express their views and opinions, and the faculty's division became evident. The faculty development activity proved beneficial. Although relationships changed, the faculty resolved to avoid discussing personal topics at work to maintain a healthy working environment.

This study is critical to the healthcare services in Ormoc City and the students at Western Leyte College and other Health Programs offered in the city. The knowledge that can be extracted from this study would serve as guiding principles for the Bachelor of Science in Nursing students, who must always remember the coaching and mentoring aspect when they work in their respective organizations, which could solidify their teamwork.

The scientific literature in academic journals focused on the effects of coaching leadership on teamwork in the hospital setting is limited. No empirical data could explain the relationship between the two variables. Also, the study on coaching leadership and teamwork is specific to the Brazilian context and could only be generalizable internationally if proven by different regional and local studies. To address this gap, the researcher aims to determine how coaching leadership could affect various dimensions of teamwork and how the demographic profile of nursing staff affects their perceptions of the variables. This study is anchored with a specific Sustainable Development Goal (SDG), SDG 3, good health and well-being. The impact of teamwork among nursing staff could lead to improved patient care and decreased mortality.

Research Objectives

This study assessed the interrelationship among personal characteristics, coaching leadership, and teamwork of nurses in the Hospitals in Ormoc City, Leyte, for the 3rd quarter of 2024.

Specifically, answered the following questions.

1. What are the personal characteristics of the nurses in terms of:

1.1 age;

1.2 gender;

1.3 organization;

1.4 graduate course;

1.5 role in the hospital;

1.6 years of experience in the current unit; and

1.7 rotating shifts?

2. What is the coaching leadership of nurse managers as perceived by the nurses in terms of:

2.1 communication;

2.2 give and received feedback;

2.3 delegate power and exert influence;

2.4 support the team in reaching the results?

3. What are the perceptions of teamwork of nurses in terms of:

3.1 mutual trust;

3.2 team orientation;

3.3 backup;

3.4 shared mental model;

3.5 team leadership?

4. Is there a significant relationship between:

4.1 personal characteristics and perceived coaching leadership;

4.2 personal characteristics and teamwork;

4.3 coaching leadership and teamwork?

5. What Nursing leadership and Management Strategic program can be created from the study?

Statement of Null Hypotheses

Ho1: There is no significant relationship between personal characteristics and perceived coaching leadership.

Ho2: There is no significant relationship between personal characteristics and teamwork.

Ho3: There is no significant relationship between perceived coaching leadership and teamwork.

REVIEW OF RELATED LITERATURE AND STUDIES

Coaching Leadership

Coaching leadership is a style of leadership that focuses on developing and mentoring employees to help them reach their full potential (Gavin, 2018). Coaching Leadership in a Healthcare setting is that a nursing leader who listens actively to their staff fosters an environment of trust and respect (Digirolamo & Tkach, 2019). Active listening by leaders can lead to improved job satisfaction and patient care outcomes. When nurses feel heard, they are more likely to share valuable insights and concerns, leading to better problem-solving and innovation in patient care. Effective listening promotes better communication, improves employee morale, and reduces turnover in the organization (Clayton, 2018). Also, it is important that in coaching, there should also be a continuous dialogue between leaders and staff, as it is crucial for maintaining a high standard of care (Ellinor & Girard, 2023). Leaders who show genuine interest and maintain open lines of communication help address issues promptly, ensuring that nurses feel valued and supported. This ongoing interaction can enhance team cohesion and morale, improving patient outcomes.

In addition, orientation and counseling are vital in healthcare to ensure that nurses are well-prepared and confident in their roles (Sonino, 2016; Chen & Rybak, 2017). Leaders who provide tailored guidance help nurses develop their skills and meet professional goals, leading to higher job satisfaction and retention rates (Harris et al., 2016; Wakabi, 2016; Ohunakin et al., 2019; Nguyen, 2020). Clear guidance and feedback are essential for enhancing employee performance and meeting professional needs. Effective communication in healthcare includes both verbal and non-verbal cues. Nurses and leaders must be adept at interpreting body language, facial expressions, and other non-verbal signals to understand each other fully. This comprehensive approach to communication helps build strong relationships and ensures that critical information is accurately conveyed (Zanardi & Zhau, 2020; Li et al., 2021; Sa'adah & Rijanti, 2022). Nurses who actively contribute to effective communication with their leaders help create a collaborative and transparent work environment. This mutual effort in communication can lead to better teamwork and more efficient problem-solving. Leaders who encourage input and feedback from their staff demonstrate a commitment to continuous improvement and employee development (Lyons et al., 2020; King et al. 2021).

Furthermore, practical demonstrations and clear instructions from leaders are essential for ensuring nurses perform their tasks correctly and safely (Vaismoradi et al., 2020; Ellis, 2021; Stamps et al., 2021). This hands-on approach helps minimize errors and enhance the quality of patient care. Regular orientation sessions help nurses stay updated with the latest protocols and procedures. Therefore, prompt and clear explanations from leaders when nurses have questions about their tasks are crucial for maintaining a high standard of care (Hofmeyer & Taylor, 2021). Leaders who are approachable and help with detailed answers nurses understand their responsibilities better, reducing anxiety and increasing confidence in performing their duties (Swani & Eshirwood, 2020; Kullenberg et al., 2022).

Recognition from leaders for nurses' hard work and positive behavior boosts morale and job satisfaction (Tirta & Enrika, 2020; Alias et al. 2020; Baqir et al. 2020). When leaders acknowledge and appreciate their staff, it fosters a positive work environment and encourages continued excellence in patient care (Sherwood et al., 2023). Recognition can be through verbal praise, awards, or other acknowledgment forms. In addition, guidance from leaders when performance does not meet expectations is critical in any organization (Iskamto, 2020; Mohammad et al. 2022). Constructive feedback and orientation on how to improve help nurses develop their skills and align with organizational standards (Joosten-ten et al., 2020). This initiative-taking approach ensures that performance issues are addressed promptly and effectively.

Moreover, regular performance reviews and leader check-ins ensure that nurses receive ongoing support and guidance (Sharma & Dhar, 2016; Wu & Parker, 2017 Curcuruto & Griffin, 2023). These periodic evaluations help identify improvement areas, recognize achievements, and set new goals. Continuous performance

monitoring contributes to professional growth and improved patient care outcomes (Burnnert & Krcmar, 2023: Sreejtth & Mathirajan, 2023: Pargaonkar, 2023). A two-way feedback mechanism between nurses and leaders enhances communication and fosters a culture of continuous improvement. When leaders are open to receiving feedback, they value their staff's opinions and are committed to making necessary changes. This reciprocal communication helps address issues and improve organizational performance (De Vasconcellos et al. 2020).

Leaders who inspire and influence their nurses contribute to their professional development and competence (Bakker et al. 2024; Shang, 2023). Leaders help nurses achieve better results and enhance their skills by setting a positive example and encouraging continuous learning. This influence is crucial in maintaining high standards of patient care and achieving organizational goals. Inclusive decision-making in healthcare ensures that nurses feel involved and valued evident in the research by Fu et al. (2022), based on the statistical outcomes, the researchers found that an inclusive leadership style in a hospital can significantly foster employee creativity. Furthermore, psychological safety and polychronicity were found to mediate this relationship.

A study by Lou et al. (2022) revealed that shared vision from leaders help create a balanced and efficient work environment and sustainable performance. In the context of health care, when nurses are clear about their roles and responsibilities and leaders provide the necessary support, it enhances teamwork and improves patient care outcomes. This approach also ensures that no single individual is overburdened. Leaders who invest in the professional development of their nurses contribute to a more skilled and motivated workforce. Providing opportunities for training, education, and career advancement helps nurses stay updated with the latest practices and enhances their ability to deliver high-quality care (Hakvoort et al., 2022; Rahmah et al., 2022). Accessibility of leaders during professional difficulties is crucial in any organization (Roberson & Perry, 2022). When leaders are available to provide support and guidance, nurses navigate challenges more effectively. This support can reduce stress and ensure that patient care is not compromised.

Valuing employees' opinions in modifying procedures or proposing changes fosters a culture of innovation and continuous improvement (Welch & Yoon, 2023). Leaders who encourage input from their staff demonstrate that they trust and respect their expertise. This collaborative approach can lead to more effective and efficient patient care practices. Also, setting goals collaboratively with leaders ensures that nurses have clear objectives and understand their role in achieving them (Al-ajarmeh et al. 2022; Mc Laney et al. 2022). This goal-setting process helps align individual performance with organizational goals and enhances motivation and productivity.

Regularly reviewing and discussing results with leaders helps nurses stay on track with their goals and identify areas for improvement. This ongoing accompaniment ensures that any issues are addressed promptly and that nurses receive the support they need to succeed (Sexton et al., 2018). Finally, clear timelines for achieving goals help nurses plan and prioritize their tasks effectively (Khoshhal & Guraya, 2016). The literature review of the study taken from the published articles from 2000-2015 revealed that leaders with confidence, diverse views and listening skills, emotional intelligence and can provide specific timeframes to ensure that nurses know expectations and can manage their workload accordingly. This clarity helps maintain focus and achieve desired outcomes.

Coaching Leadership of Nursing in the Philippines

Coaching Leadership was not only seen as an important aspect in leadership, but it has been the critical factor that influences organizational performance, and teamwork. In the Philippines, there are 951, 105 registered nurses as of 2023 according to the Professional Regulation Commission (Dela Pena, 2023). These registered nurses may be leaders and staff in their respective health care organizations. Therefore, one way or the other they have experienced coaching in their nursing career. Since 2015, there are numerous published materials regarding coaching leadership in the Philippines. For instance, Raguindin (2015) assessed the level of competencies of academic nurse manager in the High Education Institution in Bicol Region. The participants were composed of manager-leader, practitioner, and researcher. The researcher utilized a mixed method, and the instrument underwent a construct and content validity. The results revealed the academic nurse managers were excellent in their level of competencies. Also, Aquino (2015) looked at the effectiveness of leadership styles managers and supervisors to coaching employees in cooperative organizations in the Philippines. There were 150 random staff selected randomly. The instrument content was on the leadership interaction characteristics of

the managers to their subordinates and its effect on the employee's performance. Results of the study revealed that managers are participative and engaging the employees through regular coaching as a way of leading employees. Lazarte's (2016) study revealed that there is a significant difference between self-evaluation of two groups on innovative core competency evaluation and competency -based staff development training. Research conducted in Ateneo de Manila University; Philippines by Balgos and Franco (2016) revealed that display of personal touch to motivate and develop people, leading by doing as well as championing execution-supportive organizational values are key values to in coaching employees in the Philippines. In the study of Labrague et al. (2018) it revealed that one of the critical factors is poor leadership, and the absence of coaching leadership. In the study of Lamasan and Oducado (2019), it revealed that there are twelve significant categories identified from the interview transcripts. Millennial nurse administrators view leadership as involving (a) directing, (b) guiding and coaching, (c) empowering, and (d) serving as role models for their staff. They described their practice environment as one that (e) fosters harmonious relationships while (f) maintaining professionalism among healthcare team members, (g) upholding standards, and (h) ensuring client satisfaction as a key measure of quality care. These administrators reported feeling (i) overwhelmed initially, but (j) ultimately finding their roles fulfilling. They also faced challenges in (k) managing older staff and (l) taking full responsibility and accountability for their units. Results from the study of Labrague et al. (2021) showed that authentic leadership was associated with nurse's motivation to engage in formal leadership roles. Also, Practice Environment such as Coaching and Guiding partially mediated authentic leadership and motivation.

Personal Characteristics and Coaching Leadership

Age plays a significant role in coaching leadership, as older nurses, with their extensive experience and understanding of the healthcare system, often emerge as more effective leaders, capable of managing diverse teams through their life and professional experiences (Li et al, 2021; Peng et al. 2019). In contrast, younger nurses might bring innovative coaching methods and fresh perspectives but could face challenges in leading older colleagues due to generational differences in expectations and work approaches (Yoder-wise & Sportsman, 2022; Martins & Vealey, 2024). Gender also influences coaching leadership, particularly in nursing, a predominantly female profession (Cunningham et al. 2019; Wasend & Lavoi, 2019). Female leaders may prioritize empathy and collaboration, while male leaders, who are less common in nursing, might encounter different expectations or biases but could introduce unique leadership styles.

The organization's culture is another critical factor, as it shapes leadership styles (Khan et al. 2020). In hospitals with a collaborative culture, coaching leadership may thrive, whereas a more hierarchical structure could limit its effectiveness (Saeed et al. 2022). Additionally, a nurse's educational background, particularly those with graduate degrees, enhances their understanding of leadership theories and coaching techniques, making them more respected and capable leaders (Cummings et al., 2021). The role within the hospital significantly impacts leadership capacity; for instance, head nurses or unit managers have more authority to implement coaching strategies and foster a coaching culture (Guibert-Lacasa & Vazquez-Calatayud, 2022). Years of experience in the current unit also bolster a nurse's leadership effectiveness, as familiarity with the unit's dynamics and needs increases credibility and reliability in coaching (Thomas et al., 2021). Lastly, rotating shifts can pose challenges to coaching leadership, as the lack of continuity may disrupt mentorship relationships and hinder the development of a cohesive team, thereby affecting the overall effectiveness of coaching efforts (Permana et al., 2019).

Teamwork

Teamwork refers to the collaborative effort of a group of individuals working together to achieve a common goal or complete a task in the most effective and efficient way (Montebello et al., 1993). There are international studies that explore teamwork as a variable from different contexts. For instance, Simulation and team-based learning are effective strategies in nursing education, yet their combined impact is less explored. The study of Roh et al. (2020) showed significant improvements in knowledge, team performance, and teamwork. Participants scored higher in the Group Readiness Assurance Test than in the Individual Readiness Assurance Test, indicating enhanced collaborative skills.

Furthermore, the implicit rationing of nursing care negatively impacts both patients and nurses, making it a vital

research focus. In the study of Zhao et al. (2020), the review identified seventeen studies highlighting how effective teamwork can mitigate implicit rationing. Seven key subthemes emerged: (a) improving knowledge and skills, (b) promoting effective communication, (c) building mutual trust, (d) reducing turnover intention, (e) reasonable staffing, (f) clear division of responsibilities, and (g) cultivating team consciousness. The study found that while teamwork is essential in reducing implicit rationing, the interventions were often singular. Future research should explore multifaceted approaches to further enhance teamwork and reduce implicit rationing.

Findings in the study of Goh et al. (2020) indicated that both ENs and RNs scored highest on the shared mental model subscale and lowest on the team orientation subscale. Influencing factors included qualification level, years of experience, perceived staffing adequacy, and job satisfaction. Key themes from the qualitative data were role expectations, delegation practices, and interpersonal relationships. Differences in role expectations and delegation power struggles highlighted the need for open communication. ENs and RNs understand their roles but can enhance teamwork through a shared mental model, mutual workload support, better delegation practices, effective communication, and improved team orientation. In the study of Costello et al. (2021), the findings underscored the importance of teamwork in healthcare settings, highlighting areas for consolidation and improvement. Participants reflected on their positions and perceived responsibilities toward patients and team members.

In addition, teamwork has also a significant impact to turnover, therefore, reducing nurse turnover is a global priority, with evidence indicating that a favorable work environment and strong interprofessional teamwork are crucial for nurse retention. The study of Al Sabei et al. (2022) found that interprofessional teamwork directly reduced nurses' intentions to leave. Job satisfaction and burnout mediated this relationship, showing that improved teamwork boosts job satisfaction and reduces burnout, thereby lowering the likelihood of nurses intending to leave. Lastly, a study by Nene (2024) identified three main themes: team coordination and support improve collaboration, lack of involvement from the nursing team hinders teamwork, and enhanced collaboration can improve healthcare quality. The study concluded that involving all team members in operational activities is crucial for fostering effective teamwork and collaboration, thereby improving healthcare services in mining clinics.

Coaching Leadership and Teamwork

Medical care's increasing complexity poses potential safety risks, underscoring the critical roles of leadership and teamwork in ensuring patient safety (Keats, 2019). He defined that leadership is pivotal in creating a vision and setting organizational direction within a patient-centric culture, while teamwork enhances safety by establishing communication norms and situational awareness. In his study, he assumed that Physicians, by their training and experience, are inherently seen as leaders by patients and colleagues, regardless of their work setting. Effective teamwork, essential due to the complexity of modern medical care, relies on foundational concepts that ensure efficient and safe patient care delivery. The integration of leadership and teamwork is crucial, particularly in complex environments like obstetrics and gynecology, where standardized, evidence-based care within a patient safety culture is paramount. Furthermore, Giudici and Filimonau (2019) indicated that effective managerial coaching leadership is crucial for facilitating intra-team communication and teamwork. Leadership is strongly correlated with managers' personal and interpersonal skills, where poor motivational and interaction abilities can hinder team performance, and insufficient recognition of individual and team efforts can act as inhibitors. The study emphasizes that successful event delivery relies on the interplay between leadership and teamwork, with leadership enhancing communication norms and situational awareness within the team. Also, the study of Suwandana (2019) revealed that transformational leadership not only enhances team effectiveness directly but also strengthens the impact of emotional intelligence and communication within teams.

The study of Mughal (2020) revealed that working environment, coaching leadership, and teamwork and peer support significantly impact employee engagement. However, employee engagement did not significantly influence employee performance. The study by Furukawa and Kashiwagi (2021) revealed that emotional intelligence leadership behaviours, particularly staff nurturing and support, and care for patients, positively correlated with teamwork competencies in skill, knowledge, and attitude. In contrast, only human resource management among administrative behaviours showed a significant relationship with teamwork competency knowledge.

In the Philippines, there are not many studies pertaining to the relationship between leadership, specifically, coaching leadership and teamwork. However, there has been published researchers presenting the relationship of two variables but in different contexts. Despite its context, the researchers could not discount the fact that the results of the previous studies had undergone rigorous methods and may have an implication to nursing and or health care management. One study that talks about the relationship between coaching leadership and teamwork is the study of Guhao and La Quines, (2021), the result revealed significant relationship between leadership and teamwork attitudes indicating that good leaders partly explain the connection between teamwork attitudes and their dedication to work. The study of Reyes and Apostol (2024) indicated a very high level of leadership, self-regulation, and teamwork skills. Additionally, significant relationships were found between leadership and self-regulation, leadership and teamwork skills, and teamwork skills and self-regulation. Furthermore, teamwork skills partially mediated the relationship between leadership and the self-regulation of teachers.

Personal Characteristics and Teamwork

The demographic characteristics of nurses significantly influence teamwork in nursing, affecting how effectively teams function and collaborate within a hospital setting. Age plays a crucial role in shaping team dynamics, as older nurses often serve as mentors, guiding younger team members with their extensive experience and knowledge (Schwarzmann et al., 2024). However, generational differences can lead to varying perspectives on work approaches, communication, and problem-solving, which may cause friction or misunderstandings within the team (Becker et al., 2022). Younger nurses, while bringing energy and new ideas, may require support from their more experienced colleagues to integrate smoothly into the team dynamic. Gender also influences teamwork by contributing to the diversity of thought and approach within the team (Beigpourian & Ohland, 2022). In a predominantly female profession, the presence of male nurses can introduce different perspectives, enriching teamwork, but may also create challenges if biases or stereotypes exist. Teams that embrace gender diversity tend to be more innovative and flexible, but it is essential to navigate gender dynamics carefully to ensure all voices are heard and valued equally (Saeed et al., 2024). The organization in which nurses work plays a critical role in shaping teamwork, with hospitals that foster a strong culture of collaboration and support tending to have better teamwork. Conversely, in organizations emphasizing competition or hierarchy, teamwork may suffer as nurses focus more on individual performance. A nurse's educational background, including graduate courses, can impact teamwork by enhancing their ability to contribute effectively to the team (Goh et al., 2020). Nurses with advanced education often bring more knowledge about evidence-based practices, improving the overall competency of the team, though disparities in educational levels can create challenges that need to be addressed to maintain a cohesive team dynamic. The role a nurse holds in the hospital also significantly affects teamwork. Leadership roles, such as head nurses or unit managers, are pivotal in setting the tone for teamwork, fostering a collaborative environment, and ensuring alignment with unit goals (Furukawa & Kashiwagi, 2021). Staff nurses, while not in formal leadership positions, contribute to teamwork through their daily interactions and collaboration with colleagues. Clear roles and responsibilities are crucial for effective teamwork, helping prevent conflicts and ensuring tasks are completed efficiently. Experience within a specific unit greatly influences teamwork, as nurses with more time in a unit typically have a deep understanding of its operations and dynamics, acting as stabilizing forces and mentoring newer members (Von Knorring et al., 2020). A mix of experience levels within a team can be beneficial, combining fresh perspectives with seasoned insights, leading to more balanced and effective teamwork. Finally, rotating shifts can present significant challenges to teamwork, as inconsistent schedules disrupt the continuity of care and the development of strong working relationships (Cho et al., 2022). Nurses on different shifts might struggle to build rapport or understand each other's working styles, hindering collaboration. Effective communication across shifts is vital to align all team members with the team's goals and procedures, despite varying schedules.

Synthesis

Coaching leadership is vital in healthcare, emphasizing the development and mentoring of employees to reach their full potential. This leadership style fosters trust, enhances communication, and creates a supportive work environment, leading to improved job satisfaction and reduced turnover. In the Philippines, research highlights the positive impact of coaching leadership on nurse competencies and retention, with effective leaders playing a crucial role in guiding and empowering nursing staff. This approach is particularly effective in addressing issues, maintaining high standards of care, and fostering team cohesion. Effective teamwork is essential for

patient safety and high-quality care, with leadership being a key factor in promoting collaboration and communication among healthcare professionals. The integration of coaching leadership and teamwork is shown to enhance patient outcomes and boost employee morale and skills. In the Philippine context, studies demonstrate the significant relationship between strong leadership, teamwork, and nurse engagement, underscoring the importance of good leadership in fostering a dedicated and effective nursing workforce.

RESEARCH METHODOLOGY

Design

This quantitative research utilized a descriptive-correlational research design. The descriptive design was employed to examine the personal characteristics of nurses and their perceptions of coaching leadership and teamwork. The correlational design assessed the interrelationships among personal characteristics, perceived role and support of preceptors, and work rule functions of nurses

Environment

The study was conducted in Ormoc City. Specifically in, Hospital A, a Level 2 facility, has a bed capacity of 100, Hospital B a Level 1 also accommodates 100 beds and features a Malasakit Center alongside various specialized services, including general, orthopedic, and minimally invasive surgeries, as well as pediatrics and internal medicine. Hospital C another Level 1 facility with a 75-bed capacity, serves up to 100 patients, offering services such as general surgery, orthopedic and minimally invasive surgeries, pediatrics, and more. Hospital D, a Level 3 facility with 150 beds, delivers comprehensive healthcare through a robust range of specialty services, including General and Neuro Surgery, Urology, Surgical Oncology, Pediatrics, Gastroenterology, Cardiology, and Psychiatry, among others. With over 50 years of experience, the hospital is a respected institution recognized for its commitment to quality healthcare and service excellence.

Respondents

The study's respondents consist of 208 registered nurses from Ormoc City, Leyte, distributed across four major hospitals. The total nursing population within these hospitals amounts to 449 nurses, segmented as follows: Hospital A 173 nurses, representing approximately 38.53% of the total nursing workforce. Hospital B has 92 nurses, accounting for 20.49% of the overall nursing staff, while Hospital C, with 61 nurses, comprises around 13.59%. Finally, Hospital D has 123 nurses, representing roughly 27.38% of the total nursing personnel.

To determine an accurate sample size, a web-based calculator (Raosoft) was utilized with parameters set to a 0.5% margin of error and a 95% confidence level.

Sampling Design

The researcher employed a proportionate random sampling method.

Inclusion and Exclusion Criteria

The study includes nurses employed at the four hospitals in Ormoc City who meet specific criteria. Eligible participants must be between 18 and 59 years of age, able to communicate effectively in both speech and writing, and demonstrate a good understanding of the study's subject matter. Additionally, they must be free from communicable diseases, not classified as Persons with Disabilities, have provided informed consent, and have been employed at their respective hospital for a minimum of one year. Nurses who do not meet these criteria will be excluded from participation, ensuring a well-defined and capable sample for the study's focus on coaching leadership and teamwork perceptions.

Instruments

This study utilized a three-part instrument to gather data. The first section focused on the demographic profile of respondents, capturing essential background details. The second part addressed *Coaching Leadership*,

developed from the perspective of nurses, following Pereira-Cardoso et al. (2014) and based on situational leadership theory. This section draws from the Questionnaire on Self-Perception of Nurses of Nurse Technicians and LPNs of Exercise of Leadership (QUEPTAEEL) and includes a 5-point Likert scale for responses. The coaching leadership component examines determinants of effective leadership through 20 items divided into four dimensions: communication, feedback exchange, delegation and influence, and team support. Each item evaluates leader behaviors like listening, guidance, effective communication, and support in professional development. The instrument demonstrates high internal consistency, with a Cronbach's alpha of 0.952, suggesting reliability. The analysis revealed that items related to providing support during professional challenges had the strongest correlations, while items related to communication displayed slightly lower correlations, highlighting areas where variability exists in the perceived effectiveness of communication efforts.

In tested dimensions of coaching leadership, leaders and followers displayed slight discrepancies in their perceptions. Leaders rated their communication and feedback abilities highly, although followers noted areas for improvement, especially in feedback processes. Similarly, in delegation and influence, leaders rated themselves moderately effective, but followers perceived some variability in this effectiveness, pointing to differences in experiences. Support in achieving results was rated lowest by both groups, suggesting room for enhanced support structures within teams.

The third section of the instrument focused on *Teamwork*, using the Nursing Teamwork Survey (NTS) by Bragadottir et al. (2023). This section assesses five dimensions essential to teamwork in nursing: mutual trust, team orientation, backup, shared mental model, and team leadership, each measured on a 5-point Likert scale. The NTS instrument, with a Cronbach's alpha reliability ranging from 0.737 to 0.911, indicated strong reliability and data fit within a five-factor model, validated through confirmatory factor analysis. The high scores across dimensions indicate a well-functioning team dynamic, though the moderate team orientation suggests areas where alignment on collective goals might be strengthened.

The instrument was designed for efficient completion, with respondents able to finish within 5-10 minutes, making it a practical tool for gathering comprehensive data on coaching leadership and teamwork perceptions among nurses.

Data Gathering Procedures

The study process began with the submission of three proposed research titles for consideration. Once a title was approved, a Research Adviser was assigned to guide the project. Permissions were then sought from the Dean of the College of Allied Health Sciences and the Medical Chief of the hospital to secure institutional support. Following these permissions, the study underwent a design hearing before a panel of experts, who reviewed the research framework and provided feedback. After the researcher addressed the panel's suggestions and recommendations, the refined manuscript was submitted to the University of the Visayas Institutional Review Board (UV-IRB) for ethical clearance. This structured review and approval process ensured that all research activities adhered to ethical standards and upheld the integrity of the study. When University of the Visayas Institutional Review Board issued the notice to proceed, recruitment of participants commenced. The researcher personally conducted data collection using a survey instrument, employing a face-to-face intercept approach. Recruitment took place in the workplace, with participation facilitated during the respondents' break periods, before the start of their shifts, or after the end of their shifts to minimize any disruption to their duties. This recruitment continued until the required sample size was met. Respondents were informed that their participation was voluntary, and they could withdraw from the study at any point if they felt uncomfortable with the questions, without facing any penalties. All data were collated in an Excel file for systematic organization and analysis. Appropriate statistical treatments were applied to ensure accurate interpretation of results. Findings were presented in tables, accompanied by relevant interpretations, implications, and supported by literature and studies to provide a comprehensive understanding. Upon completion of the study, all answered questionnaires were securely shredded to protect respondent confidentiality and ensure data privacy.

Statistical Treatment of Data

The following Descriptive and inferential statistics were used in the study: (a) Frequency Distribution and Simple

Percentage was used to present the data on the personal characteristics of the nurses; (b) Mean Score and Standard Deviation was used in determining the teamwork perception and coaching leadership of the nurses; (c) Chi Square was used to assess the significant relationship between the personal characteristics and teamwork perception as well as the personal characteristics and the coaching leadership of the nurses; (d) Cramer's V was used to find out the strength of the relationship should there be a relationship using the chi square; and (e) Pearson r was used to assess the relationship between teamwork perception and coaching leadership.

Ethical Considerations

The study will be submitted for ethical approval for both the university and the hospital. See the appendices for the ethical considerations.

PRESENTATION, INTERPRETATION AND ANALYSIS OF DATA

Table 1Personal Characteristics of the Nurses

Personal characteristics	f	%
Age		
Less than 30 years old	137	65.90
30 – 39 years old	53	25.50
40 – 49 years old	7	3.40
50 years old and above	11	5.30
Gender		
Male	37	17.80
Female	171	82.20
Hospital classification		
Public	45	21.60
Private	163	78.40
Graduate Course		
Yes	197	94.70
No	11	5.30
Role in the hospital		
Emergency Nurse	55	26.40
Renal Nurse	30	14.40
Others	123	59.10
Years of experience in the unit		

Up to 2 years	125	60.10
Greater than 2 years to 5 years	39	18.80
Greater than 5 years to 10 years	24	11.50
Greater than 10 years	20	9.60
Rotating shifts		
Fixed shift	50	24.00
Rotating shift	158	76.00

Note: *n=208.*

Results of the respondents' demographic profile is presented in table 1. In terms of age the findings revealed that the majority of nurses in this study are below 30 years old (65.9%), with only a small percentage aged 50 and above (5.3%). This younger age distribution reflects global trends in the nursing workforce, where younger nurses constitute a significant portion. This demographic may suggest that nurses are generally adaptable to new leadership approaches, such as coaching leadership, though they may face challenges due to limited experience in leadership roles. Consequently, younger nurses may bring innovative ideas but require targeted support to navigate leadership complexities, particularly in settings with diverse age groups. Tailoring leadership programs to bridge generational gaps, while fostering the confidence of younger nurses, can be beneficial. Supporting this perspective, Li et al. (2021) and Peng et al. (2019) underscore the potential of younger nurses to contribute fresh perspectives, though they may need structured development to effectively lead older, more experienced colleagues.

Furthermore, the gender composition in this sample is predominantly female (82.2%), consistent with the general trend in nursing. This gender distribution indicates that coaching leadership and teamwork may be influenced by a female-centered perspective, potentially impacting communication styles and team interaction. Female-led teams may exhibit strengths in empathy and collaborative problem-solving, which are often associated with female leadership styles in healthcare. Integrating male perspectives into training, however, might enhance diversity in approaches to teamwork and leadership, fostering a more balanced team dynamic. This aligns with findings by Cunningham et al. (2019) and Wasend and Lavoi (2019), who observed that female leaders often favor collaborative coaching methods, although a mix of perspectives can enhance team innovation.

With 78.4% of respondents working in private hospitals compared to 21.6% in public facilities, there is a notable dominance of private healthcare institutions. This skew suggests that coaching leadership strategies may be more prevalent or advanced in private hospitals due to the competitive practices and organizational flexibility that private institutions often encourage. In contrast, public hospitals may operate within more rigid, hierarchical structures that could limit the effectiveness of such adaptive leadership practices. According to Khan et al. (2020) and Saeed et al. (2022), private healthcare settings with collaborative cultures are more conducive to effective leadership than hierarchical public institutions, where leadership innovations may face institutional constraints.

The educational background of nurses shows that a vast majority (94.7%) have pursued graduate education, which implies a strong foundation for implementing evidence-based leadership practices and teamwork improvements. This advanced education level likely enhances the openness of nursing staff to coaching leadership strategies, which can significantly elevate the quality of patient care. By leveraging this level of education, healthcare institutions can introduce more sophisticated leadership programs and allow nurses to take on leadership roles that benefit from their educational backgrounds. Cummings et al. (2021) support this observation, noting that graduate education in nursing strengthens leadership and coaching capabilities, contributing positively to teamwork and care quality.

The role composition within the hospitals indicates that staff nurses comprise the largest group (59.1%), forming
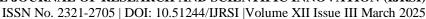
the primary caregivers in patient care. Given their direct role in patient outcomes, their perceptions of leadership are essential to the successful implementation of coaching and teamwork strategies within clinical settings. Fostering coaching leadership skills in staff nurses is likely to enhance patient outcomes due to their integral role in team-based care. Guibert-Lacasa and Vazquez-Calatayud (2022) emphasize that developing leadership within hospitals is crucial, as it cultivates a coaching culture that significantly impacts staff nurse effectiveness and, by extension, patient care quality.

Experience within the current unit shows that 60.1% of nurses have up to two years of experience, while only 9.6% have over ten years. The limited experience could pose a challenge for leadership and teamwork, as newer nurses may lack the established rapport with team members and familiarity with unit-specific protocols, which are essential for effective team functioning and leadership. Hospitals may need to provide additional coaching and mentorship programs for newer nurses to help them develop leadership skills, increase cohesion, and reduce turnover. Thomas et al. (2021) support the notion that familiarity with the unit's dynamics enhances credibility and coaching effectiveness, which newer nurses may need time and mentorship to acquire.

Finally, the data reveals that the majority of nurses (76%) work rotating shifts, which could disrupt the continuity needed for stable mentorship relationships and effective teamwork. Rotating shifts often hinder team cohesion and the establishment of consistent leadership, which are vital for cohesive team operations. Healthcare facilities may consider stabilizing shift patterns where possible to ensure consistent teamwork and mentorship, allowing for a more stable foundation for coaching leadership. Permana et al. (2019) emphasize that rotating shifts can disrupt team dynamics and continuity, ultimately affecting overall team cohesion and the effectiveness of leadership, which are critical in healthcare environments.

Table 2 Coaching Leadership of Nurse Managers

Dimensions	Mean score	SD	Interpretation
Communication			
1 My leader listens to me.	3.95	0.864	Often
2 I receive attention and interest from the leader in keeping dialogue.	3.95	0.829	Often
4 I use verbal communication and pay attention to non-verbal communication in the dialogue with my leader.	4.06	0.787	Often
5 I contribute towards effective communication in work relations with my leader.	4.24	0.740	Always
18 My leader defines with me the goals to be reached.	4.13	0.749	Often
Factor mean	4.07	0.619	High
Give and received feedback			
7 I receive explanations from my leader when I have questions regarding my tasks.	4.24	0.707	Always
11 I receive from and give feedback to the leader.	4.06	0.723	Often
13 My leader shares decisions with me.	4.03	0.816	Often
17 My leader values my opinion in modifying a procedure or proposing an operational change.	4.10	0.745	Often
Factor mean	4.11	0.621	High

Delegate power and exert influence			
8 I am recognized and valued by the leader, for what I do or for the way I behave.	4.16	0.756	Often
9 I am oriented to follow a new path when I do not correspond to the performance expected.	4.09	0.769	Often
12 I am influenced by my leader, expanding my competences in the search for effective results.	4.14	0.833	Often
14 I receive orientation from my leader in order to exert activities and I perceive the sharing of responsibilities.	4.09	0.697	Often
20 I know the timeframe for me to reach my goals	4.04	0.708	Often
Factor mean	4.10	0.619	High
Support the team			
3 I am given orientations and counseling from the leader when I need to meet my professional needs.	3.97	0.865	Often
6 I receive orientation from my leader and demonstrations of how I should perform the tasks, according to my needs.	4.04	0.842	Often
10 I am accompanied periodically in my performance.	3.86	0.860	Often
15 My leader contributes towards my development.	4.11	0.721	Often
16 My leader is at my disposal to help me when I am facing a professional difficulty.	4.11	0.754	Often
19 My leader periodically accompanies the results I present.	4.13	0.730	Often
Factor mean	4.04	0.634	High
Grand mean	4.08	0.573	High

Note: *n=208*.

Legend: 1.00 - 1.80 – very low (never), 1.81 - 2.60 – low (rarely), 2.61 - 3.40 – moderate (sometimes), 3.41 - 4.20 – high (often), and 4.21 - 5.00 – very high (always).

The results in Table 2 indicate that the dimension of communication, with a factor mean score of 4.07, reflects that leaders "often" demonstrate high coaching leadership in all dimensions, actively engaging in both verbal and non-verbal dialogue with their team members. This high score suggests that leaders effectively foster a supportive and interactive work environment, where nurses feel heard and included in discussions. Open communication is essential in coaching leadership as it allows nurses to share valuable insights and concerns, ultimately contributing to enhanced patient care outcomes. In the context of Ormoc hospitals, maintaining open communication is vital for building trust and cohesion between nurses and leaders. This is particularly important within a cultural setting where hierarchical structures might sometimes inhibit open dialogue. It is encouraging to observe that nurses feel comfortable engaging in discussions with their leaders, as this promotes job satisfaction and optimizes clinical performance. Digirolamo and Tkach (2019) and Ellinor and Girard (2023) support these findings, suggesting that leaders who prioritize active listening and encourage open communication foster team cohesion and morale, aligning well with the outcomes observed in this study.

The dimension of giving and receiving feedback yielded a factor mean score of 4.11, suggesting that respondents

"often" feel valued and involved in decision-making processes. This high score indicates that leaders are committed to providing constructive feedback and valuing nurses' input, which contributes to their professional growth and promotes innovation in patient care. Effective feedback mechanisms are central to coaching leadership, as they align staff with organizational goals and boost individual performance. In Ormoc hospitals, feedback processes serve to empower nurses, encouraging them to take a proactive role in patient care decisions. Leaders who actively participate in reciprocal feedback mechanisms foster a culture of continuous improvement, crucial in healthcare settings that demand high-quality patient outcomes. Supporting studies by Lyons et al. (2020) and King et al. (2021) affirm that reciprocal feedback enhances communication and professional development, reinforcing team performance and supporting the findings of this research.

The factor mean for delegation and influence was recorded at 4.10, indicating that respondents "often" feel recognized and supported by their leaders in taking on responsibilities and developing competencies. These high scores suggest that leaders are effective in empowering nurses by delegating authority and encouraging skill development. This approach aligns with coaching leadership principles, which prioritize skill enhancement and autonomy, fostering a sense of ownership among nurses and promoting informed decision-making. In Ormoc, where traditional hierarchical structures are prevalent, leaders' willingness to delegate and involve nurses in decision-making cultivates a culture of shared responsibility and accountability. This approach benefits the healthcare system by fostering a motivated and skilled workforce. Fu et al. (2022) found that inclusive leadership positively impacts employee creativity and accountability, echoing the findings of this study, where delegation enhances commitment and ownership among nursing staff.

The support dimension received a factor mean score of 4.04, indicating that respondents "often" receive guidance and regular assessments from their leaders. These high scores reflect a proactive approach from leaders in meeting nurses' professional needs, providing mentorship, periodic evaluations, and direct support during challenging situations. This is consistent with coaching leadership, which emphasizes continuous support and developmental guidance to optimize performance. In the high-stress environment of Ormoc hospitals, regular support from leaders can mitigate burnout and ensure that nurses feel prepared and confident in their roles, thereby improving patient outcomes. Studies by Harris et al. (2016) and Vaismoradi et al. (2020) suggest that leaders who support their teams and provide specific guidance create a stable work environment that enhances job satisfaction and quality of care, supporting these findings.

The overall grand mean of 4.08 across all dimensions of coaching leadership demonstrates that nurse managers in Ormoc hospitals exhibit a high level of coaching leadership behaviors. These behaviors likely contribute to a positive organizational climate by fostering trust, empowerment, and a culture of continuous learning. Such practices are instrumental in reducing turnover and increasing job satisfaction among nurses, ultimately benefiting the quality of patient care. Gavin (2018) asserts that coaching leadership, centered on mentorship and empowerment, is vital for employee development and morale, while Clayton (2018) found that coaching leadership reduces turnover and strengthens organizational commitment, corroborating the high scores observed in this study.

Table 3 Perceptions of Teamwork of Nurses

Dimensions	Mean score	SD	Interpretation
Mutual trust			
1. Team members trust each other	4.25	0.663	Always
2. Team members readily share ideas and information with each other	4.31	0.730	Always
3. Team members communicate clearly what their expectations are of others	4.22	0.761	Always

4. When someone does not report to work or someone is pulled to another unit, we reallocate responsibilities fairly among the remaining team members	4.22	0.790	Always
5. Team members value, seek and give each other constructive feedback	4.17	0.877	75% of the time
6. My team readily engages in changes in order to make improvements and new methods of practice	4.18	0.783	75% of the time
7. Team members clarify with one another what was said to be sure that what was heard is the same as the intended message	4.21	0.874	Always
Factor mean	4.22	0.644	Very high
Team orientation			
1. When a team member points out to another team member an area for improvement, the response is often defensive	3.07	1.330	50% of the time
2. If the staff on one shift is unable to complete their work, the staff on the on-coming shift complains about it	3.05	1.338	50% of the time
3. Team members are more focused on their own work than working together to achieve the total work of the team	2.91	1.437	50% of the time
4. Some team members spend extra time on breaks	2.78	1.382	50% of the time
5. Feedback from team members is often judgmental rather than helpful	2.71	1.398	50% of the time
6. Practical nurses and nurses do not work well together as a team	2.57	1.469	25% of the time
7. Team members ignore many mistakes and annoying behavior of teammates rather than discussing these with them	2.56	1.460	25% of the time
8. Staff members with strong personalities dominate the decisions of the team	2.75	1.420	50% of the time
9. Most team members tend to avoid conflict rather than dealing with it	2.80	1.419	50% of the time
Factor mean	2.80	1.174	Moderate
Backup			
1. My team believes that to do a quality job, all of the members need to work together	4.29	0.830	Always
2. Team members willingly respond to patients other than their own when other team members are busy or overloaded	4.19	0.737	75% of the time
3. Within our team, members are able to keep an eye out for each other without falling behind in our own individual work	4.17	0.820	75% of the time

4. The nurses who serve as charge nurses or team leaders are available and willing to assist team members throughout the shift	4.22	0.748	Always
5. Team members frequently know when another team member needs assistance before that person asks for it	4.17	0.728	75% of the time
6. Team members notice when a member is falling behind in their work	4.24	0.749	Always
Factor mean	4.21	0.637	Very high
Shared mental model			
1. Team members understand the role and responsibilities of each other	4.26	0.749	Always
2. When the workload becomes extremely heavy, team members pitch in and work together to get the work done	4.20	0.791	75% of the time
3. Team members respect one another	4.27	0.759	Always
4. Team members know that other members of their team follow through on their commitment	4.28	0.748	Always
5. All team members understand what their responsibilities are throughout the shift	4.32	0.771	Always
6. The shift change reports contain the information needed to care for the patients	4.20	0.821	75% of the time
7. Team members are aware of the strengths and weaknesses of other team members they work with most often	4.24	0.797	Always
Factor mean	4.25	0.623	Very high
Team leadership			
1. The nurses who serve as charge nurses or team leaders give clear and relevant directions as to what needs to be done and how to do it	4.38	0.671	Always
2. The nurses who serve as charge nurses or team leaders balance workload within the team	4.28	0.694	Always
3. The nurses who serve as charge nurses or team leaders monitor the progress of the staff members throughout the shift	4.28	0.756	Always
4. When changes in the workload occur during the shift (admissions, discharges, patients problems etc.), a plan is made to deal with these changes	4.28	0.781	Always
Factor mean	4.31	0.633	Very High
Grand mean	3.96	0.452	High

Note: *n=208*.

Legend: 1.00 - 1.80 – very low (rarely), 1.81 - 2.60 – low (25% of the time), 2.61 - 3.40 – moderate (50% of the time), 3.41 - 4.20 – high (75% of the time), and 4.21 - 5.00 – very high (always).

The analysis of Table 3 reveals a strong foundation of teamwork among nurses in Ormoc hospitals, particularly in the dimension of mutual trust, which scored a very high factor mean of 4.22. This score indicates that team members consistently trust each other, share ideas openly, and clarify expectations, creating a collaborative environment where nurses feel confident in each other's abilities. In healthcare, mutual trust is essential as it supports effective teamwork, open communication, and seamless task delegation, which are all critical to delivering high-quality patient care. This supportive environment may be especially beneficial in Ormoc hospitals, where high workloads pose challenges; the presence of mutual trust could mitigate burnout and enhance job satisfaction. Zhao et al. (2020) support these findings, demonstrating that trust within teams not only strengthens teamwork but also mitigates the implicit rationing of care, positively influencing patient outcomes.

The team orientation dimension, with a moderate score of 2.80, suggests that nurses sometimes struggle to prioritize collective team goals over individual tasks. This challenge could stem from factors such as hierarchical dynamics, workload pressures, or varying personal work styles. For Ormoc hospitals, implementing team-building initiatives or training on conflict resolution may strengthen team cohesion and reduce defensive or individualistic tendencies. Goh et al. (2020) highlight that team orientation is particularly crucial in nursing, where aligning personal goals with those of the team can significantly enhance patient care outcomes, mirroring the implications found in this study.

Backup scored a very high factor mean of 4.21, indicating that nurses are readily willing to assist each other, especially during high-pressure situations. This level of support reflects a team culture where members proactively contribute to maintaining task continuity and workload balance, critical elements for patient safety and operational efficiency. For Ormoc hospitals, sustaining this high level of backup support is vital, particularly in times of staffing shortages or shift transitions. Costello et al. (2021) affirm that strong backup within teams positively impacts staff satisfaction and patient care, supporting the study's findings on the importance of support mechanisms.

The shared mental model dimension scored a very high factor mean of 4.25, indicating that nurses have a synchronized understanding of each other's roles, responsibilities, and overall team goals. This shared understanding facilitates effective task execution and reduces miscommunication, essential in high-demand healthcare environments like those in Ormoc hospitals. In such settings, maintaining a clear and shared mental model helps ensure consistency in care delivery and builds resilience when patient volumes are high. Roh et al. (2020) confirm that a shared mental model strengthens team performance by aligning members' roles and responsibilities, findings that resonate with this study.

Team leadership, with a factor mean of 4.31, demonstrates that charge nurses in Ormoc hospitals provide clear directions, balance workloads, and manage workload shifts effectively. This high score suggests that leaders play a crucial role in fostering a stable, high-quality patient care environment by guiding teams through workload fluctuations and maintaining balance within the team. Strong leadership promotes accountability and adaptability, enabling nurses to handle unexpected challenges confidently. Nene (2024) underscores the importance of team leadership in enhancing collaboration and healthcare quality, aligning closely with the findings in this study.

The overall grand mean of 3.96 across all teamwork dimensions, categorized as "high," reflects a generally strong perception of teamwork among nurses. This high rating signifies that collaborative and supportive practices are embedded within the organizational culture of Ormoc hospitals, which contributes to job satisfaction and patient care effectiveness. Consistently strong teamwork scores indicate that Ormoc hospitals are well-positioned to uphold high standards of patient care and a supportive work environment, likely aiding in nurse retention and reducing turnover. Al Sabei et al. (2022) found that effective teamwork and interprofessional collaboration reduce burnout and turnover, findings that support this study's high teamwork scores and suggest a lower turnover intent among nurses in this locale.

Table 4 Relationship between Personal Characteristics and Perceived Coaching Leadership

Variables	chi value	*p* value	Cramer's V	Decision	Interpretation
Communication					
Age	46.544	.190	--	Failed to reject Ho	Not significant
Gender	44.056	.015	.298	Reject Ho	Significant
Hospital classification	36.914	.076	--	Failed to reject Ho	Not significant
Graduate course	8.216	.829	--	Failed to reject Ho	Not significant
Role in the hospital	39.771	.041	.309	Reject Ho	Significant
Years of experience in the current unit	65.197	.005	.323	Reject Ho	Significant
Rotating shifts	44.907	.747	--	Failed to reject Ho	Not significant
Give and received feedback					
Age	30.061	.463	--	Failed to reject Ho	Not significant
Gender	32.628	.037	.280	Reject Ho	Significant
Hospital classification	35.717	.017	.283	Reject Ho	Significant
Graduate course	4.877	.899	--	Failed to reject Ho	Not significant
Role in the hospital	36.124	.015	.295	Reject Ho	Significant
Years of experience in the current unit	50.752	.010	.285	Reject Ho	Significant
Rotating shifts	60.152	.021	.538	Reject Ho	Significant
Delegate power and exert influence					
Age	61.507	.005	.314	Reject Ho	Significant
Gender	40.246	.020	.440	Reject Ho	Significant
Hospital classification	27.042	.302	--	Failed to reject Ho	Not significant
Graduate course	45.056	.000	.465	Reject Ho	Significant
Role in the hospital	61.153	.000	.383	Reject Ho	Significant
Years of experience in the current unit	71.442	.000	.338	Reject Ho	Significant
Rotating shifts	44.774	.606	--	Failed to reject Ho	Not significant
Support the team in reaching the results					
Age	60.995	.056	--	Failed to reject Ho	Not significant

Gender	63.772	.000	.392	Reject Ho	Significant
Hospital classification	35.604	.221	--	Failed to reject Ho	Not significant
Graduate course	16.837	.329	--	Failed to reject Ho	Not significant
Role in the hospital	57.504	.002	.372	Reject Ho	Significant
Years of experience in the current unit	84.240	.000	.367	Reject Ho	Significant
Rotating shifts	1.090E2	.000	.362	Reject Ho	Significant
Overall Coaching leadership					
Age	3.335E2	.000	.731	Reject Ho	Significant
Gender	3.499E2	.000	.917	Reject Ho	Significant
Hospital classification	1.273E2	.980	--	Failed to reject Ho	Not significant
Graduate course	1.200E2	.003	.780	Reject Ho	Significant
Role in the hospital	2.847E2	.000	.827	Reject Ho	Significant
Years of experience in the current unit	3.968E2	.000	.797	Reject Ho	Significant
Rotating shifts	4.350E2	.000	.723	Reject Ho	Significant

Legend: Significant if *p* value is < .05. Dependent variable: Coaching leadership Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

Results of the relationship between personal characteristics and perceived coaching leadership is presented in Table 4. The communication in coaching leadership showed significant associations with gender, hospital role, and years of experience, with p-values of .015, .041, and .005, respectively, indicating these factors influence communication quality and style. Gender's significance suggests that differences in communication style, such as empathy and collaboration often associated with female leaders, may shape perceptions of effective coaching communication (Cunningham et al., 2019). Reason could be, that women are often perceived as more emotionally attuned, which positively impacts their ability to communicate effectively in leadership contexts (Jewkes and Laws, 2021). Moreover, hospital role and experience further impact communication, as senior roles and greater experience generally offer more authority and confidence in engaging in meaningful leadership dialogue. In Ormoc hospitals, enhancing communication training for less experienced roles may bridge experiential and generational gaps, thereby fostering cohesion in coaching dynamics. Li et al. (2021) similarly underscore that gender and experience contribute to communication efficacy in leadership, aligning with the present findings.

The findings also highlighted significant relationships between feedback practices and gender, hospital classification, role, years of experience, and rotating shifts, with rotating shifts showing the strongest association (p = .021, Cramer's V = .538). This suggests that rotating shifts, by disrupting feedback continuity, challenge the consistent application of coaching feedback. Additionally, gender, experience, and classification reflect differences in feedback exchange, shaped by hierarchical and cultural expectations within the hospital. To address these challenges, Ormoc hospitals might implement structured feedback processes to ensure regular coaching feedback despite shift changes. Lyons et al. (2020) emphasize the necessity of consistent feedback for effective leadership, particularly highlighting how hierarchy and shift patterns can affect feedback quality, supporting these results.

Delegation and influence were significantly impacted by age, gender, graduate course, role, and years of

experience, with all factors showing strong associations (p < .05, Cramer's V > .3). The high influence of age and experience suggests that older, more experienced nurses often feel more equipped to handle leadership tasks, while gender and education level may affect confidence in exerting influence within teams. In response, Ormoc hospitals could tailor leadership development programs to strengthen delegation skills among younger nurses and address any gender-related barriers to leadership equity. Peng et al. (2019) argue that age and experience bolster leadership confidence, supporting this study's emphasis on these factors' importance in developing delegation competencies.

Team support was significantly associated with gender, role, years of experience, and rotating shifts, with years of experience showing a strong association (p < .001, Cramer's V = .367). Experienced nurses are likely to have a deeper understanding of team needs, while rotating shifts can hinder consistent support, impacting team dynamics. Gender-related differences in support perception may arise from varied communication styles, impacting overall team morale. Ormoc hospitals could implement structured support mechanisms, such as mentorship programs, that maintain continuity despite rotating shifts. Zhao et al. (2020) highlight that team support is essential for high morale and that shift disruptions can challenge this, reinforcing the significance of experience and shift stability observed here.

Overall coaching leadership was significantly associated with age, gender, graduate course, role, years of experience, and rotating shifts, with gender showing the highest significance (p = .000, Cramer's V = .917). This suggests that gender, age, and experience are intertwined with coaching effectiveness, indicating that coaching leadership relies on a mix of personal characteristics, educational background, and professional roles. This also mean that the higher the age, the higher the respondents perceived coaching leadership. Operational factors like rotating shifts also impact leadership perception, as they affect continuity and leader accessibility. For Ormoc hospitals, coaching programs could benefit from tailoring leadership training to consider gender and generational differences and implementing shift-stable leadership approaches. Yoder-Wise and Sportsman (2022) highlight that gender and experience are critical in developing effective leadership, supporting the importance of these variables for overall coaching effectiveness in this study.

Table 5 Relationship between Personal Characteristics and Teamwork

Variables	chi value	*p* value	Cramer's V	Decision	Interpretation
Mutual trust					
Age	1.111E2	.000	.422	Reject Ho	Significant
Gender	73.922	.000	.422	Reject Ho	Significant
Hospital classification	26.246	.884	--	Failed to reject Ho	Not significant
Graduate course	19.353	.370	--	Failed to reject Ho	Not significant
Role in the hospital	70.415	.001	.411	Reject Ho	Significant
Years of experience in the current unit	91.988	.001	.384	Reject Ho	Significant
Rotating shifts	73.968	.414	--	Failed to reject Ho	Not significant
Team orientation					
Age	1.770E2	.000	.533	Reject Ho	Significant
Gender	1.046E2	.003	.501	Reject Ho	Significant
Hospital classification	1.212E2	.000	.540	Reject Ho	Significant

Graduate course	39.243	.246	--	Failed to reject Ho	Not significant
Role in the hospital	1.218E2	.000	.541	Reject Ho	Significant
Years of experience in the current unit	1.983E2	.000	.564	Reject Ho	Significant
Rotating shifts	3.407E2	.000	.640	Reject Ho	Significant
Backup					
Age	77.407	.001	.352	Reject Ho	Significant
Gender	56.248	.001	.368	Reject Ho	Significant
Hospital classification	18.397	.916	--	Failed to reject Ho	Not significant
Graduate course	10.031	.760	--	Failed to reject Ho	Not significant
Role in the hospital	85.087	.000	.452	Reject Ho	Significant
Years of experience in the current unit	1.002E2	.000	.401	Reject Ho	Significant
Rotating shifts	74.899	.047	.300	Reject Ho	Significant
Shared mental model					
Age	73.435	.005	.343	Reject Ho	Significant
Gender	33.945	.283	--	Failed to reject Ho	Not significant
Hospital classification	21.226	.881	--	Failed to reject Ho	Not significant
Graduate course	33.208	.004	.400	Reject Ho	Significant
Role in the hospital	54.284	.004	.361	Reject Ho	Significant
Years of experience in the current unit	59.832	.068	--	Failed to reject Ho	Not significant
Rotating shifts	45.621	.915	--	Failed to reject Ho	Not significant
Team leadership					
Age	38.672	.011	.249	Reject Ho	Significant
Gender	37.253	.001	.299	Reject Ho	Significant
Hospital classification	31.009	.006	.273	Reject Ho	Significant
Graduate course	11.655	.112	--	Failed to reject Ho	Not significant
Role in the hospital	19.893	.134	--	Failed to reject Ho	Not significant
Years of experience in the current unit	36.644	.018	.242	Reject Ho	Significant
Rotating shifts	36.948	.120	--	Failed to reject Ho	Not significant

Overall Teamwork					
Age	3.852E2	.000	.786	Reject Ho	Significant
Gender	2.384E2	.000	.757	Reject Ho	Significant
Hospital classification	1.863E2	.186	--	Failed to reject Ho	Not significant
Graduate course	1.397E2	.000	.819	Reject Ho	Significant
Role in the hospital	2.754E2	.000	.814	Reject Ho	Significant
Years of experience in the current unit	3.803E2	.000	.781	Reject Ho	Significant
Rotating shifts	4.977E2	.000	.773	Reject Ho	Significant

Legend: Significant if *p* value is < .05. Dependent variable: Teamwork. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

Results of the relationship between personal characteristics and teamwork is presented in table 5. The analysis of mutual trust in teamwork among nurses highlights significant associations with age, gender, hospital role, and years of experience, underscoring the role of demographic factors in fostering trust within nursing teams. Older and more experienced nurses often naturally take on mentorship roles, leveraging their interpersonal skills to strengthen team cohesion. Gender diversity further contributes to trust-building by enriching collaborative processes with varied perspectives. In the context of Ormoc hospitals, structured mentorship programs that prioritize trust-building can support younger or less experienced nurses, fostering a supportive environment. Schwarzmann et al. (2024) corroborate this, noting that older, experienced nurses often act as stabilizing forces in teams, promoting trust and cohesion. Mutual trust within nursing teams is not merely a result of individual personalities but is significantly shaped by demographic factors such as age, gender, role, and experience. Older and experienced nurses serve as anchors of stability within teams, using their interpersonal skills to guide and mentor younger members. Gender diversity adds another layer to trust dynamics, enriching teamwork through varied communication styles and collaborative approaches.

Team orientation, a vital component of teamwork, is significantly influenced by factors like age, gender, hospital classification, role, years of experience, and rotating shifts, with rotating shifts presenting a notable challenge. These shifts disrupt communication and hinder unified focus, impacting consistent team orientation. Senior roles and experience levels also shape team orientation, as experienced team members generally guide collaborative efforts. Implementing team orientation training for those on rotating shifts in Ormoc hospitals could improve alignment with shared goals. This is supported by Cho et al. (2022), who observed that rotating shifts often disrupt team cohesion, echoing the patterns seen in this study. Experienced nurses and senior team members naturally take on roles as team anchors, helping stabilize orientation during periods of disruption. However, reliance on informal leadership from senior nurses alone is insufficient. Training programs tailored to address the challenges posed by rotating shifts can play a critical role in improving team alignment.

The backup dimension, which involves team members supporting one another's workloads, is strongly linked to age, gender, role, years of experience, and rotating shifts. Experienced nurses tend to recognize when others need assistance, but rotating shifts can interfere with backup efforts by limiting opportunities for consistent support. Ormoc hospitals could enhance backup behaviors by introducing flexible support protocols and cross-training initiatives to foster mutual assistance. Goh et al. (2020) emphasize the importance of backup support in nursing to ensure seamless care across shifts, aligning with this study's focus on experience and shift stability.

The shared mental model dimension, reflecting a team's understanding of roles and responsibilities, is significantly influenced by age, graduate education, and hospital role. Experienced and educated nurses often strengthen shared mental models, promoting clarity in roles and reducing miscommunication. In Ormoc hospitals, fostering shared mental models through role clarity and regular communication training, such as joint

briefings, can reinforce team alignment. Roh et al. (2020) support this finding, noting that shared mental models align roles and reduce errors, which is consistent with this study.

Team leadership, encompassing guidance from senior team members, is linked to age, gender, hospital classification, and years of experience. Older, more experienced nurses typically take on leadership roles, offering guidance to less experienced members. The influence of hospital classification further indicates that organizational culture shapes leadership practices. Leadership programs in Ormoc hospitals could target younger nurses, equipping them with skills in workload management and adaptive communication. Furukawa and Kashiwagi (2021) affirm the impact of experience and age on effective nursing leadership, supporting these findings.

Lastly, overall teamwork is shaped by age, gender, education, hospital role, years of experience, and rotating shifts. These demographic factors influence collaboration and communication within teams, while rotating shifts present challenges to consistent teamwork. To support teamwork, Ormoc hospitals could establish continuity programs that accommodate shift variability and conduct team-building activities that respect demographic diversity. Al Sabei et al. (2022) found that strong teamwork can mitigate burnout and turnover, reinforcing this study's emphasis on the importance of demographic considerations and teamwork consistency for nurse retention and effective patient care.

Table 6 Relationship between Coaching Leadership and Teamwork

Variables	r value	*p* value	Decision	Interpretation
Mutual trust				
Communication	.454	.000	Reject Ho	Significant
Give and received feedback	.479	.000	Reject Ho	Significant
Delegate power and exert influence	.454	.000	Reject Ho	Significant
Support the team in reaching the results	.536	.000	Reject Ho	Significant
Overall Coaching leadership	.524	.000	Reject Ho	Significant
Team orientation				
Communication	-.018	.794	Failed to reject Ho	Not significant
Give and received feedback	-.041	.561	Failed to reject Ho	Not significant
Delegate power and exert influence	-.001	.985	Failed to reject Ho	Not significant
Support the team in reaching the results	-.032	.647	Failed to reject Ho	Not significant
Overall Coaching leadership	-.026	.712	Failed to reject Ho	Not significant
Backup				
Communication	.486	.000	Reject Ho	Significant
Give and received feedback	.476	.000	Reject Ho	Significant
Delegate power and exert influence	.488	.000	Reject Ho	Significant
Support the team in reaching the results	.531	.000	Reject Ho	Significant

Overall Coaching leadership	.517	.000	Reject Ho	Significant
Shared mental model				
Communication	.490	.000	Reject Ho	Significant
Give and received feedback	.387	.000	Reject Ho	Significant
Delegate power and exert influence	.488	.000	Reject Ho	Significant
Support the team in reaching the results	.531	.000	Reject Ho	Significant
Overall Coaching leadership	.517	.000	Reject Ho	Significant
Team leadership				
Communication	.405	.000	Reject Ho	Significant
Give and received feedback	.409	.000	Reject Ho	Significant
Delegate power and exert influence	.459	.000	Reject Ho	Significant
Support the team in reaching the results	.527	.000	Reject Ho	Significant
Overall Coaching leadership	.491	.000	Reject Ho	Significant
Overall Teamwork				
Communication	.505	.000	Reject Ho	Significant
Give and received feedback	.471	.000	Reject Ho	Significant
Delegate power and exert influence	.531	.000	Reject Ho	Significant
Support the team in reaching the results	.585	.000	Reject Ho	Significant
Overall Coaching leadership	.570	.000	Reject Ho	Significant

Legend: Significant if *p* value is < .05. Dependent variable: Teamwork. Pearson r value: A value of .90 to 1.00 (-.90 to -1.00) is very high positive (negative) correlation, .70 to .90 (-.70 to -.90) is high positive (negative) correlation, -50 to .70 (-.50 to .70) is moderate positive (negative) correlation, .30 to .50 (-.30 to -.50) is low positive (negative) correlation, and .00 to .30 (.00 to -.30) or negligible correlation.

Table 6 reveals significant positive correlations between coaching leadership dimensions communication, feedback, delegation, and team support and mutual trust within nursing teams. This indicates that coaching leadership, marked by consistent communication and constructive feedback, is essential for fostering mutual trust in healthcare teams. Such an environment of trust is particularly valuable in complex healthcare settings, where effective teamwork is closely tied to patient safety. In Ormoc hospitals, cultivating coaching leadership that prioritizes open communication, and feedback can strengthen mutual trust, which is fundamental to enhancing teamwork effectiveness and supporting safer patient care practices. This aligns with Giudici and Filimonau (2019), who emphasize that coaching leadership fosters intra-team trust through strong communication norms, which is instrumental in team cohesion and performance. Although coaching leadership strongly influences mutual trust, it does not directly impact team orientation, suggesting that additional interventions, such as conflict resolution or team-building exercises, may be needed to strengthen collective goals and team cohesiveness. This aligns with Mughal (2020), who highlights that alongside leadership, work environment and peer support play a role in team orientation.

Coaching leadership also positively affects backup behaviors within teams, indicating that effective delegation and supportive practices encourage team members to assist each other readily. This collaborative environment is crucial for managing high patient loads and ensuring the consistency of care. For Ormoc hospitals, reinforcing coaching practices that promote backup behaviors, especially during shift changes, can help balance workloads and sustain high-quality patient care. Keats (2019) emphasizes that teamwork supported by sound leadership is essential for patient safety, aligning with the study's findings on coaching leadership's role in fostering team backup. Moreover, coaching leadership also significantly correlates with shared mental models among team members, suggesting that practices like role clarification and effective communication enhance collective understanding, which is critical for reducing errors in healthcare. Suwandana (2019) supports this by noting that transformational leadership fosters shared mental models, which enhances teamwork effectiveness.

Team leadership behaviors show significant positive correlations with all coaching leadership dimensions, indicating that coaching practices empower team members to assume leadership roles and guide peers effectively. By promoting coaching leadership in Ormoc hospitals, younger or emerging leaders can develop essential skills, thus creating a resilient leadership structure within nursing teams. Furukawa and Kashiwagi (2021) found that emotionally intelligent leadership behaviors improve teamwork and leadership skills among nursing staff, further supporting the relationship between coaching leadership and team leadership seen in this study.

Generally speaking, teamwork is strongly influenced by all coaching leadership dimensions, with the most substantial effect seen in support. This highlights the critical role of coaching leadership in fostering teamwork through effective communication, feedback, and support. Strengthening coaching leadership in Ormoc hospitals can improve teamwork practices, which in turn boosts job satisfaction and patient care outcomes. Reyes and Apostol (2024) found that teamwork mediates the relationship between coaching leadership and professional self-regulation, reinforcing the significant role of coaching leadership in promoting teamwork, as reflected in the current study.

CONCLUSION, AND RECOMMENDATIONS

Conclusion

The study concludes that moderate correlations between motivation and practice, and between attitude and practice, further validate the theory, suggesting that positive motivational and attitudinal foundations lead to active engagement in mentorship roles.

The findings of this study align with Social Cognitive Theory, which emphasizes that personal characteristics, motivation, attitudes, and behaviors interact to shape an individual's actions and experiences. The study demonstrated significant correlations between mentorship motivation, attitude, and practice, supporting the theory's assertion that motivation and personal beliefs (attitudes) influence behavior (mentorship practice). Specifically, the strong positive correlation between mentorship motivation and attitude aligns with Social Cognitive Theory's concept of reciprocal determinism, where personal motivation drives a positive attitude, leading to proactive mentorship behaviors.

Recommendations

Based on the findings of the study, the research recommends the following actions into practice, policy, education, and research.

Practice. The study recommends implementing the coaching leadership strategies and teamwork initiatives identified, with a focus on promoting communication, feedback, and mutual support within nursing teams. Nursing managers and senior nurses should actively engage in quarterly coaching leadership development programs, enabling them to model effective leadership behaviors and reinforce a culture of support and collaboration. Additionally, to address moderate team orientation levels, hospitals should conduct bi-annual team-building workshops to align individual and team goals. Emphasizing these practices in daily operations is expected to foster a cohesive environment that promotes trust, reduces turnover, and ultimately enhances patient

care quality.

Policy. To sustain the positive impact of coaching leadership and teamwork, hospitals should consider formalizing policies that mandate regular leadership and teamwork training sessions for all nursing staff. Policies should also outline structured feedback mechanisms that allow nurses to communicate openly with their leaders and peers, regardless of hierarchical status. Hospitals can benefit from developing policies to support mentorship programs where experienced nurses mentor less experienced team members, enhancing knowledge-sharing and trust. Additionally, implementing a policy for recognizing teamwork achievements through a structured rewards program can improve morale and motivation among nursing staff, further reinforcing a collaborative culture.

Education. Educational institutions should integrate coaching leadership and teamwork concepts into nursing curricula, with a focus on practical applications that prepare future nurses for collaborative work environments. Training in communication, conflict resolution, delegation, and team dynamics should be embedded in both undergraduate and graduate nursing programs. Additionally, clinical practicums should incorporate opportunities for nursing students to practice these skills under guided supervision. Partnering with local hospitals for training workshops could help nursing students gain real-world experience in teamwork and leadership, preparing them to transition smoothly into professional roles upon graduation.

Research. Future research should explore areas beyond coaching leadership to further enhance teamwork in healthcare settings. Recommended research studies include:

1. "The Impact of Emotional Intelligence on Team Dynamics and Leadership Effectiveness in Nursing" - This study could examine how emotional intelligence influences team cohesion, conflict resolution, and leadership practices.

2. "Effects of Rotating Shifts on Team Orientation and Communication in Nursing" - Research could explore how shift work impacts team alignment and collaboration, identifying strategies to mitigate its effects.

3. "Exploring the Mediating Role of Teamwork in the Relationship between Coaching Leadership and Job Satisfaction" - This study would investigate how teamwork moderates the relationship between coaching leadership and nurses' job satisfaction, providing insights for future retention strategies.

NURSING LEADERSHIP AND MANAGEMENT STRATEGIC DEVELOPMENT OUTPUT

Rationale

The rationale for the proposed coaching leadership and teamwork strategies is grounded in the study's key findings, which underscored the critical role of coaching leadership practices specifically communication, feedback, delegation, and team support in fostering effective teamwork among nursing staff in Ormoc hospitals. These strategies aim to address identified areas for improvement, focusing on enhancing team cohesion, building mutual trust, and fostering collaboration, ultimately improving the quality of patient care. Enhancing communication skills through quarterly training equips leaders to communicate more effectively with their teams, reducing misunderstandings and promoting a supportive environment. Developing feedback and delegation skills is essential for building trust and mutual respect, allowing nurses to confidently engage in strategic feedback and task delegation. Additionally, fostering team cohesion and mutual trust through bi-annual team-building workshops aligns individual goals with team objectives, creating a harmonious and collaborative environment.

The training in conflict resolution and emotional intelligence directly addresses the challenges posed by varied work styles and rotating shifts, fostering empathy and resilience among staff members. A structured mentorship program leverages the experience of senior nurses to mentor junior staff, facilitating knowledge transfer, enhancing job satisfaction, and creating a culture of continuous learning. A recognition program acknowledges and rewards teamwork achievements, reinforcing a culture that values collaboration and motivates staff.

Enhancing shared mental models and role clarity through pre- and post-shift briefings ensures alignment in roles and responsibilities, reducing errors and ensuring smooth transitions. Cross-training for flexible role coverage enables nurses to support each other during high-demand periods, reducing burnout and ensuring continuous quality care. Lastly, developing leadership pathways for emerging leaders prepares junior nurses for future roles, fostering a resilient leadership pipeline that strengthens team cohesion and ensures continuity in leadership practices. These strategies create a structured approach to strengthening leadership and teamwork within nursing teams, essential for patient-centered care and sustainable workforce development.

Generic Objective

To enhance coaching leadership and teamwork skills among nursing staff, fostering a collaborative, supportive, and effective work environment that improves team cohesion, trust, and patient care quality.

Specific Objectives

1. Enhance Communication Skills in Coaching Leadership

To equip senior nurses and team leaders with effective communication techniques, enabling them to foster open dialogue, reduce misunderstandings, and build a supportive environment for nursing staff.

2. Develop Feedback and Delegation Skills

To strengthen the ability of nursing staff to give and receive constructive feedback, as well as to delegate tasks effectively, promoting accountability, trust, and mutual respect within teams.

3. Foster Team Cohesion and Mutual Trust

To create opportunities for team-building and goal alignment, enabling nursing staff to align individual and team goals, build mutual trust, and enhance cohesion within the nursing unit.

4. Equip Staff with Conflict Resolution and Emotional Intelligence Skills

To provide nurses with tools for managing interpersonal conflicts constructively and developing emotional resilience, fostering a work environment characterized by empathy, understanding, and effective conflict resolution.

5. Strengthen Mentorship within the Nursing Staff

To establish a mentorship program that pairs experienced nurses with junior staff, facilitating knowledge transfer, skill-building, and a culture of continuous learning and support within the nursing teams.

6. Establish a Recognition Program to Reward Teamwork

To implement a monthly recognition program that celebrates and rewards teamwork achievements, enhancing motivation, morale, and collaborative behavior among nursing teams.

7. Enhance Shared Mental Models and Role Clarity

To reinforce shared understanding of roles and responsibilities through regular pre-shift briefings and post-shift debriefings, promoting consistent teamwork and seamless patient care transitions.

8. Cross-Training for Flexible Role Coverage

To implement cross-training sessions that prepare nursing staff for flexible role coverage, ensuring continuous support, backup, and workload balance during high-demand periods.

9. Develop Leadership Pathways for Emerging Leaders

To create structured leadership pathways for junior nurses, equipping them with essential leadership skills and preparing them for future leadership roles within the nursing team.

Specific Objectives	Activities	Persons Involved	Resources	Budget (PHP)	Time Frame	Success Indicators
1. Enhance Communication Skills in Coaching Leadership	Quarterly training sessions on effective communication techniques and active listening	Senior Nurses, Team Leaders	Training materials, facilitator, venue	PHP 25,000 *(Justification: Trainer fee, venue rental, and materials)*	Quarterly	Improved communication effectiveness as reported in feedback surveys and reduced communication-related conflicts
2. Develop Feedback and Delegation Skills	Interactive workshops on feedback methods and delegation strategies; role-playing exercises	Senior Nurses, Nursing Staff	Workshop materials, facilitator, role-play scripts	PHP 30,000 *(Justification: Facilitator fee, materials, and refreshments for participants)*	Quarterly	Increased staff confidence in providing and receiving feedback; observed improvement in delegation practices and peer reviews
3. Foster Team Cohesion and Mutual Trust	Bi-annual team-building events and goal-alignment workshops	All Nursing Staff	Event supplies, facilitator, venue	PHP 40,000 *(Justification: Venue, facilitator fee, materials, and refreshments)*	Bi-Annually	Enhanced team cohesion and mutual trust as reported in team surveys; reduction in conflicts and stronger team orientation
4. Equip Staff with Conflict Resolution and Emotional Intelligence Skills	Annual training on conflict management and emotional intelligence	All Nursing Staff	Training materials, certified trainer	PHP 35,000 *(Justification: Certified trainer fee, materials, and refreshments)*	Annually	Improved emotional resilience and reduced conflict incidents; positive feedback on handling of interpersonal challenges
5. Strengthen Mentorship within the Nursing Staff	Mentorship training program for senior nurses to mentor junior staff; monthly mentoring	Senior Nurses, Junior Nursing Staff	Mentorship guide, meeting materials	PHP 20,000 *(Justification: Materials for mentor-mentee sessions and initial*	Annually	High engagement in mentorship program, increased job satisfaction among junior staff, improved skill transfer and

	meetings			*training)*		knowledge-sharing
6. Establish a Recognition Program to Reward Teamwork	Monthly recognition and rewards program for teams demonstrating exemplary teamwork	Nursing Teams, Nurse Managers	Certificates, awards, small incentives	PHP 15,000/month *(Justification: Certificates, team awards, and nominal incentives)*	Monthly	Increased team motivation and morale, regular nominations for awards, and overall improvement in teamwork performance
7. Enhance Shared Mental Models and Role Clarity	Pre-shift briefings and post-shift debriefings to align understanding of roles and responsibilities	Team Leaders, All Nursing Staff	Briefing materials, meeting space	PHP 10,000 *(Justification: Materials and minimal administrative costs for briefings)*	Daily (Ongoing)	Improved clarity in roles and responsibilities, reduced misunderstandings, seamless shift transitions as reported by staff
8. Cross-Training for Flexible Role Coverage	Bi-annual cross-training sessions to enable staff to handle multiple roles during peak times	All Nursing Staff	Cross-training materials, trainers	PHP 30,000 *(Justification: Trainer fee and materials for cross-training sessions)*	Bi-Annually	Increased adaptability and support across shifts; improved team backup support reported, and enhanced team satisfaction during high-demand periods
9. Develop Leadership Pathways for Emerging Leaders	Annual leadership pathway program with coaching sessions for junior nurses	Senior Nurses, Junior Nurses	Leadership materials, mentor sessions	PHP 50,000 *(Justification: Training, coaching sessions, and materials for leadership pathway)*	Annually	Increased interest in leadership roles, improved leadership skills among junior staff, and high satisfaction ratings in leadership development

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