

ORIGINAL ARTICLE

Psychological Safety Among Primary Healthcare Practitioners: A Descriptive Qualitative Analysis

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ABSTRACT

Introduction: Workplace psychological safety is characterized by an environment where employees feel free to ask questions, acknowledge mistakes, and express concerns without fear of social repercussions or other adverse consequences. This context is especially important given that healthcare workers often face high levels of stress and burnout despite their crucial role in patient care. A lack of psychological safety practices in healthcare settings poses significant risks to employees' well-being and can compromise the quality of patient care delivery. **Objective:** This study aims to explore the barriers and facilitators of psychological safety among primary healthcare practitioners. **Methodology:** This study employed a descriptive qualitative design and utilized semi-structured interviews with eight primary healthcare workers recruited from multiple clinics. **Findings:** Data analysis of the interviews identified three overarching themes of psychological safety; (i) safeguard assessment, (ii) threat assessment, and (iii) resilience resources. **Conclusion:** The outcomes of this study are categorized across organizational, team-based, and individual levels. Thus, the findings of this study will benefit primary healthcare providers in clinics as well as future researchers. *Malaysian Journal of Medicine and Health Sciences* (2026) 22(SUPP3): 9-16. doi:10.47836/mjmhs.22.s3.2

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INTRODUCTION

Healthcare workers play a crucial role in providing quality patient care; however, they are frequently exposed to stress and burnout due to the nature of their jobs. Previous studies have suggested that psychological safety in the workplace can significantly impact healthcare workers' well-being and performance (1). Scholars have highlighted the significance of psychological safety in creating an environment in which individuals feel comfortable expressing themselves without fear of negative consequences (2, 3). Ensuring psychological safety (PS) is crucial, particularly for individuals who work in high-risk sectors such as healthcare. Alongside ensuring the physical safety of employees, it is equally important to prioritize fostering psychological safety among workers at the workplace. PS in the workplace refers to an environment in which

employees are not afraid of social repercussions (4). In addition, workers feel comfortable speaking up about their ideas and sharing them without hesitation or adverse consequences (4). The lack of PS practices in the workplace is harmful and adversely affects either the worker's health or the quality of patient delivery (5). For example, when healthcare workers actively listened to their patients and demonstrated that they were taking their concerns seriously, it helped establish a positive patient-provider relationship (1). This is because it helps build trust between the healthcare workers and patients. In conclusion, prioritizing PS in the healthcare industry could improve patient safety outcomes, encourage stronger physician involvement with patients, and foster a more innovative learning environment (6). This has directly offered better patient's experiences (7).

PS was also critical in preserving workers' psychosocial behaviour and interpersonal connections because it created an environment in which people felt comfortable expressing themselves without fear of judgment or negative consequences. For example, in a healthcare setting, when employees feel psychologically safe, they are more likely to speak up about safety concerns or mistakes, share their ideas and opinions, and collaborate

with others to improve patient care (5). This interactive communication and cohesive teamwork could lead to enhanced trust, respect, and sense of belonging among healthcare workers, thus having a positive impact on their physical and emotional well-being (8).

Finally, PS is important as it could contribute to promoting high-quality care and services from the clinician to the patient (6). This is because PS helps maintain one's psychological behaviours and relationships with the people around them. For example, if healthcare workers were unable to communicate effectively with their patients, they might not have been able to fully understand their needs or concerns. Consequently, they might not have been able to provide appropriate care or treatment, which could have had negative consequences for the patient's health and well-being (1). Usually, patients who feel that their healthcare provider is attentive, empathetic, and respectful are more likely to trust and engage with them in their care (1). As a result, patients are more likely to adhere to treatment plans, follow-up appointments, and seek medical care when needed. This could lead to better patient outcomes such as improved health status, reduced complications, and better overall quality of life.

MATERIALS AND METHODS

Sample collection

This study used a descriptive qualitative research design. This type of research has been extensively used and has become one of the growing research designs in many fields, including health sciences, such as nursing (7). This qualitative research design was evidently well suited for novice researchers to produce positive and successful experiences (9). This study involved face-to-face interviews, which took about 45–60 minutes per session, using semi-structured interviews with open-ended questionnaires to explore the facilitators and barriers of psychological safety among primary healthcare workers. Informed consent was obtained from all participants before the data collection session.

Study sample

A purposive sampling approach was adopted to ensure that participants selected had direct knowledge and experience relevant to the research focus. This strategy is frequently applied in qualitative inquiry as it enables researchers to deliberately recruit individuals who can offer rich and meaningful accounts related to the study questions (10). To support accessibility and feasibility, elements of convenience sampling were also incorporated, allowing the research team to approach eligible healthcare staff available within the study setting. This approach is widely recognized in qualitative research for enabling the selection of participants who are most knowledgeable and relevant to the research questions (11). In addition, convenience sampling was utilized to ensure practical accessibility to eligible

participants working within the selected healthcare setting. Only healthcare workers who had been employed in their current role for at least one year were invited to participate, ensuring adequate experience and contextual familiarity. Participant recruitment continued until data saturation was achieved. Data saturation refers to the point at which no new themes, categories, or meaningful insights emerge from subsequent interviews (12). Previous methodological research suggests that saturation in homogeneous populations is often achieved with relatively small sample sizes, typically between six and twelve interviews (13). In this study, saturation was determined when additional interviews yielded redundant information, and no new concepts or perspectives emerged. This approach is consistent with established qualitative guidance that emphasizes conceptual completeness over numerical target (14). Accordingly, eight primary healthcare workers from various clinics were enrolled, reflecting accepted methodological guidance that depth and completeness of data—not sample size alone—determine adequacy in qualitative designs.

Instruments

Semi-structured interviews (SSIs) were utilized for data collection, allowing participants to freely express their responses within a guided framework. This approach facilitated open sharing of information in bilingual sessions conducted in English and Bahasa Melayu. The interview guides, collaboratively designed by the researcher and experts, structured questions into six sections: social-demographic information (Eg: gender, age (Yrs), years of employment), role and responsibilities (Eg: "What is your job grade?" ; "please share your routine"), collaboration (Eg: How would you describe the teamwork culture within your clinic?), hierarchy (Eg: Do you feel the hierarchy supports or restricts your ability to carry out your duties?), communication (Eg: Do you feel your opinions and contributions are valued by the team?), and psychological safety.

Data analysis

The Atlas TI software tool was used for data management in this study. Atlas TI served as a platform for coding and analysing coding (15). Following the interview sessions, the data obtained was transcribed and categorized into a limited number of coding categories.

RESULTS

Demographic characteristics of respondents

Eight respondents that participated in the semi-structured interviews were identified as Participant 1 (P1), Participant 2 (P2), Participant 3 (P3), Participant 4 (P4), Participant 5 (P5), Participant 6 (P6), Participant 7 (P7) and Participant 8 (P8). The majority (75%) were female, with an average age (SD) of 36.13. Regarding the job grade, 62.5% held positions in management and others for supports. Regarding service tenure, 50% had

11–15 years of service, 37.5% had 1–3 years, and 12.5% had 6–10 years. The demographic data and stroke onset characteristics of these participants are summarized in Table I.

Table I: Sociodemographic characteristics of respondents (N=8)

Variables	N	(%)
Age (Years)		
25-30	1	12.5
31-35	2	25
36-40	3	37.5
41-45	2	25
Gender		
Female	6	75
Male	2	25
Job Grade		
Support	3	37.5
Administrative	5	62.5
Years of employment		
1-5 years	3	37.5
6-15 years	5	62.5

Data analysis of the responses from the participants revealed two (2) main overarching themes that represented the psychological safety of the healthcare workers at their respective workplaces. Two main overarching themes were extracted from the study objectives. These were (i) safeguard assessment, (ii) threat assessment, and one new emerging theme of (iii) resilience resources (coping mechanisms), as shown in Table II.

Table II: Themes and subthemes of the findings

No.	Themes	Subthemes
1.	Safeguard Assessment	1.1 Teamwork cohesiveness 1.2 Positive communication 1.3 Leader-members inclusiveness 1.4 Work attitude 1.5 Work system improvisation
2.	Threat Assessment	2.1 Poor job autonomy 2.2 Communication breakdown 2.3 Organizational culture 2.4 Inconducive facilities
3.	Resilience Resource	3.1 Personality 3.2 Leadership styles

Previous studies have indicated that psychological safety emerges from multiple interacting factors at individual, team, and organizational levels (6,16,24). To better understand how such environments are shaped, scholars have increasingly examined both protective and risk-inducing workplace conditions. This aligns with safeguard assessment, which refers to the positive workplace mechanisms—such as supportive leadership, trust-based communication, and teamwork cohesion—that facilitate psychological safety and encourage constructive voice behaviors (6,8,16,18). For instance,

team cooperation and leader inclusiveness have been consistently documented as central facilitators of psychological safety in clinical teams, enabling staff to express concerns, share knowledge, and engage in reflective practice (6,8,16).

Safeguard assessment

The safeguard assessment in this study encompasses elements that foster psychological safety, including teamwork cohesiveness, positive communication, inclusive leadership, constructive work attitudes, and continuous workflow improvement. These safeguards reflect foundational characteristics of psychologically safe work environments and align with previous empirical evidence in healthcare and organizational research.

Teamwork cohesiveness

Nearly all participants highlighted strong cooperation between team members as crucial for PS during the interviews. P1 expressed utmost satisfaction with the team's collaboration, while P4 emphasized the importance of cooperation from all team members. P6 echoed this sentiment, noting the ease of receiving help when required. Additionally, when discussing supportive team members, P5 praised seamless role execution during absences, P1 emphasized mutual support among team members, and P6 commended collective responsibility to ensure coverage and support. Interactions within the small team further exemplify a non-calculative, supportive atmosphere, where team members encourage each other to take leave when needed, ensuring patient care without judgment. Overall, these accounts reflect a collaborative and supportive environment within the FSK-Clinic staff, contributing to a positive workplace atmosphere.

The participants said:

“Alhamdulillah, I've never felt stressed thinking, ‘Hey, help me out, it's always just me doing the work.’ We never feel that way.” —P1

“But the approach to get cooperation is what's important. So far, the cooperation given is very good.” —P4

“...so basically, in terms of cooperation, there are no issues, so like when we ask for help with anything, they will help, they are very easy.” —P6

Positive communication

Almost all participants from the FSK-Clinic staff, when asked about 'communication' in the interview, underscored the importance of effective communication among team members as a key factor in promoting PS. Some respondents said the following:

“So far here, one thing is that if we want to give an opinion, there's no one judging, so if there's something

that needs to be improved, we can work on it together, discuss and work on it" —P6

Furthermore, several participants shared that an open and positive culture was crucial for fostering PS within primary healthcare teams. The participants said:

"So far, not really, because we're all open here, if you don't like something just say it, there's no problem." — P1

Leadership and member inclusiveness

Leadership emerged as a significant factor in fostering PS in the primary care teams. Several participants emphasized that a competent leader enables open communication without fear. For example, P5 observed that some leaders easily get along with the staff. Others noted that their leaders adopted a democratic style, promoting a culture where team members feel encouraged to voice their opinions and leaders actively listen to their ideas. They said:

"Sometimes there are leaders in this area who can get along with the staff here." —P5

"So far, my leader is a democratic person, listens to others' opinions." —P4

"Even though I'm the manager and I have veto power to make decisions; I won't do that unless it's necessary. If there's anything, we will go through a meeting, everyone knows, and everyone will discuss, and we come out with one solution." —P7

Work attitude

Some participants shared personal experiences regarding their work attitude. For instance, P6—who is young and relatively new to the clinic—believes in setting hierarchy aside and treating everyone as equals, even though P6 holds a high-ranking position. P6 explained that while those at the top are important because they oversee everything, it is essential to recognize that everyone, regardless of role, plays a vital part in running the organization. The participants said:

"Since I'm young and still quite new here, I tend to put hierarchy aside even though we're at the top, we need to think of everyone as equal, but still, everyone at the top is important because they control everything." —P6

Adaptive work system

Certain members of the primary healthcare staff from various teams have mentioned that they actively implement adjustments to their work system. This is done to enhance the efficiency of their workflow and ensure that roles and responsibilities are appropriately aligned. The focus is on managing the faculty programs, overseeing student activities in the laboratory, and facilitating patient consultations. The participants said:

"I've restructured some roles and responsibilities compared to last year's. So, I've planned what job scope each person should do. As of now, everything is running according to the plan." —P7

P7, serving as a leader in one of the Rehabilitation Clinic teams, mentioned undertaking a restructuring of roles and responsibilities compared to the previous year. The participant implemented a well-thought-out plan delineating specific job scopes for each team member. Taken together, these safeguard elements illustrate how supportive work structures, inclusive leadership, cohesive teamwork, and open communication form an interconnected framework that promotes psychological safety. These findings reaffirm existing evidence that psychologically safe workplaces enable staff to voice concerns, learn from mistakes, and innovate without fear, ultimately leading to improved employee well-being and better patient outcomes (1, 6, 8, 16).

Threat assessment

This study identified four (4) threat assessments that are referred to as barriers to psychological safety: poor job autonomy, communication breakdown, organizational culture, and inadequate facilities, as shown in Table 2.

Poor job autonomy

Most participants mentioned that authoritarian leadership contributed to barriers in achieving PS within the primary healthcare workforce. They said:

"If the leader herself is autocratic, then the people inside will become more passive." —P4

"The decision-maker thinks their opinion is better. In the end, they just ignore other opinions." —P2

Both P4 and P2 expressed concerns about the impact of autocratic leadership on team dynamics. P4 emphasized that an autocratic leader tends to foster passivity among team members. Meanwhile, P2 highlighted the issue of decision-makers disregarding alternative opinions, suggesting a lack of inclusivity and collaboration in decision-making processes led by autocratic leaders.

In addition, during the interview, certain participants mentioned that they occasionally feel hesitant to voice their opinions due to a lack of confidence stemming from limited knowledge on the subject, especially when surrounded by individuals with greater expertise. The participant said:

"Plus, what lecturers say is different from what CIs say, the terms they use are different. There are many abbreviations that we don't understand. The language of academics and clinicians is different, haha. So, if we don't understand, we just keep quiet." —P1

Communication breakdown

Based on the responses of most participants regarding 'communication,' it appears that ineffective communication between team members and higher-ups is prevalent, primarily due to miscommunication and misunderstanding. P2 noted that relying on online communication without face-to-face interaction can lead to increased misunderstandings. The participant said:

"We don't meet every time. This means that a lot of communication is online. So, if communication is not face-to-face, there's more room for misunderstanding." —P2

Organizational culture

The subtheme of organizational culture emerges from the interview discussions, with a majority of participants from various teams expressing a tendency to become more passive when confronted with unhealthy dynamics among certain team members. P1 expressed concern about two-faced individuals who speak differently in front and behind someone's back. They said:

"If there are two-faced people who say one thing in front and another behind your back." —P1

Inconducive Facilities

Despite encountering various obstacles to PS, some staff members also considered environmental and external factors when discussing these barriers during the interviews. P8 expressed the need for a more conducive working environment to enhance the overall work experience. The participants said:

"The environment, the environment needs to be a bit more conducive. It makes it a bit nicer to work." —P8

Resilience resource of psychological safety

The new overarching theme identified in the study is the resilience resources, which pertains to how participants tackle emerging problems. In short, it is the coping mechanism that can help in initiating PS among team members. Within this theme, there are two subthemes, which are personality and leadership styles that contribute to this emerging subtheme.

Personality

During the interview session, participants stressed individual responsibility, advocating against blaming others and encouraging self-reflection even when others are at fault. They said:

"Indeed, my personality is such that if there's any discussion or meeting and there's something that needs to be informed, I like to be clear cut right there." —P4

"When I really feel confident about my point, I will automatically speak up in a way that doesn't hurt

anyone's feelings." —P1

The quotes show that P4 preferred clarity and directness in communication during discussions or meetings. Meanwhile, P1 shared a strategy of confidently expressing opinions in a considerate manner when feeling strongly about a point, aiming to avoid causing harm to others' feelings. These diverse approaches underscored the individualized nature of how participants navigate and resolve situations based on their unique personalities.

Leadership styles

From the interview, there were a few leaders who showed support and encouraged the team members to speak up. They said:

"We need to encourage our staff to speak up. I mean, give their opinion. Even if it's something quite simple, we might ask our staff for suggestions, it's not 100% coming from us." —P4

P4 advocates encouraging staff to freely express their opinions and contribute suggestions, even on seemingly simple matters, and emphasizing a collaborative decision-making approach.

DISCUSSION

Psychological safety has been widely examined across organizational, healthcare, and educational settings as a key determinant of open communication, collaborative learning, and employee well-being (2,16). Edmondson's foundational work emphasized that psychological safety enables individuals to speak up, raise concerns, and share ideas without fear of embarrassment or punishment, ultimately fostering team learning and performance (2). In healthcare, where clinical environments are complex and high-stakes, psychological safety plays a critical role in ensuring staff well-being, reducing errors, and improving patient care quality (1,6,8). Research shows that psychologically safe healthcare teams demonstrate greater communication transparency, heightened readiness to report mistakes, and stronger interprofessional collaboration (1,5,6,8).

Facilitators of Psychological Safety

Facilitators of psychological safety refer to organizational, interpersonal, and individual factors that encourage open communication, mutual respect, trust, collaboration, and a willingness to share ideas or concerns without fear of negative repercussions (4). Across the semi-structured interviews with rehabilitation staff, several subthemes were identified under the safeguard assessment category: teamwork cohesiveness, positive communication, leader-member inclusiveness, work attitude, and an improvised work system. These factors served as facilitators of psychological safety. Enhancing psychological safety in healthcare fosters an environment where workers feel empowered to share

creative ideas and provide feedback, including upward criticism, thereby promoting innovation and team unity (16). Consequently, this environment can help organizations strengthen patient safety outcomes and increase physician engagement (7).

Teamwork cohesiveness emerged as a crucial theme, with participants emphasizing teamwork and mutual support. Team cohesion refers to how closely members of a group connect with each other (17). This bond encourages active participation and motivation to achieve shared goals. Positive communication, characterized by supportive and constructive interactions, helps in building trust among team members.

Positive communication, characterized by constructive and supportive interactions, was also highlighted as essential for building trust among team members. It plays a pivotal role in fostering psychological safety, promoting transparent discussions, and resolving conflicts. Positive communication practices include active listening, clear and concise language, constructive feedback, empathy, effective non-verbal communication, and open dialogue (18). Smaller group dynamics were perceived to support open communication and enhance comfort and trust among staff, aligned with findings by Remtulla et al. (6). An open and positive organizational culture further contributed to an environment where staff felt free to express opinions and concerns without fear (16).

Next is work attitude, which refers to how individuals feel and act about their job, coworkers, and the place they work. Having a good work attitude means being enthusiastic, committed, taking initiative, being professional, working well with others, being flexible, and wanting to improve (19). This means an individual's personality is influenced by the job characteristics, perceptions of fairness within the organization, the psychological safety practices, and interactions with colleagues and leaders (19). Work system improvisation reflects an organizational commitment to process improvement and adaptability. Improvements in workflow, role clarification, and task management can strengthen psychological safety by reducing role ambiguity and reinforcing clarity and fairness (20).

Barriers to psychological safety

Barriers to psychological safety are workplace conditions, behaviours, and cultural dynamics that prevent individuals from feeling safe to speak up, ask questions, report errors, or express concerns without fear of negative consequences. These barriers create environments where employees anticipate punishment, embarrassment, judgment, exclusion, or career repercussions, leading to silence, disengagement, and reduced organizational learning.

The hierarchy within a team poses a significant barrier to psychological safety, hindering teamwork, and

collaboration. Social groupings often align with existing hierarchies, limiting individuals' willingness to freely express their opinions; thus, creating a barrier to open communication (21). This lack of inclusiveness among different positions within the clinic fosters a negative work atmosphere, making it challenging to build healthy relationships and a positive team culture. Participants also hesitated to voice opinions due to a perceived lack of knowledge, particularly when surrounded by individuals with greater expertise. This stems from differences in language and terminology between academic and clinical contexts, making it challenging for clinicians to express opinions confidently, especially in meetings in which lecturers used terminologies that were unfamiliar to them. This knowledge gap creates difficulties for clinicians, including Clinical Instructors (CIs), in actively contributing to discussions, leading to passivity and limited participation. Additionally, new team members may struggle to participate because of their limited experience, further exacerbating the knowledge gap within the team.

Additionally, concerns have been raised about the autocratic leadership styles that lead to passivity among team members. Autocratic leaders enforce strict control, marginalize input from team members, and hinder collaboration and inclusivity (22). This top-down approach stifles alternative opinions in decision-making processes, discouraging team members from actively participating and contributing. Challenges in communication, particularly through nonverbal communication mode such as WhatsApp, Telegram, and Facebook, were discussed due to the lack of face-to-face interactions leading to misunderstandings and the inability to discern tone (23). This poses risks to effective communication within healthcare teams. Additionally, participants raised concerns about organizational politics negatively impacting psychological safety, citing instances of negative interactions and two-faced behaviour. These factors contribute to a workplace environment where employees feel less psychologically safe. Furthermore, barriers related to culture and external factors were mentioned, highlighting issues such as a negative workplace culture that discourages speaking up. As the participants shared experiences of feeling silenced and criticized, they illustrated the detrimental effects of toxic workplace environments on employee engagement and psychological safety. This aligns with the results of the quantitative study conducted by Rasool et al. (24), which affirmed that a toxic workplace environment adversely affects employee engagement.

Resilience resource of psychological safety

The new emerging theme documented was the resilience resources that highlighted on personality and leadership styles. Resilience involves effectively adjusting to tough life situations, particularly by demonstrating mental, emotional, and behavioural flexibility in response to both external and internal pressures, leading to

successful adaptation (25). The presence of resilience resources is vital in an organization for workers. The findings of this study offer evidence that personality plays a significant role in resilience resources at an individual level. The presence of positive personality of workers will facilitate workers to adapt with challenges at work, hence promoting the highest understanding towards the patients' needs and increasing the quality of care (1). On the other hand, at the organizational level, leadership styles play a crucial role for the resilience resources. Leadership styles, such as democratic leadership, always encourage leaders to practice inclusiveness among leader and members. For example, the leader will encourage the team members to voice their opinions for any decision-making processes (6). This practice promotes diverse perspectives, increases engagement, and ultimately leads to more informed and effective decision-making outcomes (26).

CONCLUSION

In conclusion, this study explored the nuanced landscape of psychological safety within primary healthcare teams, identifying five key facilitators. At the organizational level, collaboration and communication emerged as crucial components for nurturing an atmosphere where individuals can confidently articulate their thoughts. Competent leadership—both in overarching organizational oversight and in local team management—was acknowledged as a cornerstone for establishing PS throughout the healthcare institution. The findings also highlight the importance of individual personality traits and supportive team dynamics in fostering PS. They emphasize the role of an organizational culture that promotes openness and continuous improvement. Additionally, effective work systems and task organization were found to influence psychological safety.

However, this study also identified numerous barriers to PS across organizational, team-based, and individual levels. These barriers include authoritarian leadership, rigid hierarchical structures, organizational politics, and a negative workplace culture. Unhealthy peer relationships and personal challenges (such as certain personality traits and external stressors) likewise hinder PS. To address these barriers, healthcare organizations need to implement leadership training, promote open communication, cultivate positive team dynamics, and foster a culture of continuous learning. By doing so, they can create an environment that values PS, ultimately benefiting both healthcare professionals and patients.

The findings of this study carry important implications for strengthening psychological safety within primary healthcare settings in Malaysia. Malaysia's National Strategic Plan for Mental Health 2020–2025 sets out a comprehensive framework to promote mental well-being, prevent mental disorders, strengthen workforce

capacity and integrate services across sectors. For healthcare workers (HCWs) in MOH settings, these policy goals are directly relevant because they work in high-stress, high-responsibility roles that entail significant psychosocial risk. Though not a MOH policy exclusively, the Guidelines on Psychosocial Risk Assessment and Management at the Workplace (PRISMA 2024) under the Ministry of Human Resources provides workable frameworks for psychosocial risk in the workplace. MOH facilities must integrate these guidelines into clinic/hospital occupational safety and health (OSH) systems, ensuring mental-health risk is managed alongside physical safety.

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COMPETING INTERESTS

The authors declare that they have no competing interests.

ETHICAL CLEARANCE

This study received ethics approval from the Faculty Ethics Review Committee (FERC) University Institute Teknologi Mara. The reference number for ethics approval is FERC/FSK/MR/2023/00249.

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