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Workplace Psychological Safety and Team Cohesion in Private Hospitals in Rivers State

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ABSTRACT : This study investigated the relationship between workplace psychological safety—comprising inclusion safety, learner safety, and contributor safety—and team cohesion, measured through task cohesion and social cohesion, among employees in private secondary care hospitals in Rivers State, Nigeria. A cross-sectional research design was adopted, and data were collected through structured questionnaire administered to a stratified sample of clinical and non-clinical staff. The data were analyzed using Pearson Product Moment Correlation (PPMC). Findings revealed strong and statistically significant positive correlations between all three dimensions of psychological safety and both components of team cohesion. Learner safety showed the highest correlation with task and social cohesion, indicating that when employees feel safe to learn, make mistakes, and grow, team collaboration and interpersonal relationships are greatly enhanced. The study emphasizes the critical role of psychological safety in fostering cohesive, high-performing teams within healthcare environments. It recommends the integration of psychological safety practices into hospital leadership, communication, and staff development strategies to enhance teamwork and organizational performance.
KEYWORDS: *Psychological safety, inclusion safety, learner safety, contributor safety, team cohesion, task cohesion, social cohesion.*

I. INTRODUCTION

In the ever-evolving landscape of Nigerian healthcare, private hospitals in Rivers State grapple with a delicate balance: delivering high-quality patient care while nurturing effective collaboration among professionals. Central to this effort is the notion of team cohesion, the bonds that unite individuals toward shared objectives. In Nigeria, where resource constraints, leadership challenges, and interprofessional conflicts frequently afflict healthcare delivery, the importance of team cohesion cannot be overstated (Uchejeso et al., 2020; Mayaki & Stewart, 2020). A cohesive team not only enhances employee motivation and satisfaction, but also mitigates the discord that threatens both employee wellbeing and patient outcomes (Uchejeso et al., 2020; Mohammed, McDonald, & Ezike, 2022). Yet, when cohesion falters, the consequences are dire: miscommunication, rivalry, inefficiency, and even substandard patient care.

Team cohesion — the sense of unity and mutual support among group members — stands as a cornerstone of organisational performance across diverse sectors. In Nigerian institutions, research highlights its intrinsic link to productivity and morale. A university-based study in Kwara State, for instance, found that teamwork explains nearly 79 percent of organisational performance variance (Oluwatoyin & Akinsola, 2021). Within the health sector, councils and policymakers increasingly recognise that teamwork is far more than collaborative effort — it is an enabler of innovation, resilience, and service excellence. In Nigeria's healthcare context, particularly in tertiary hospitals, interprofessional collaboration is integral to efficient service delivery. However, patterns of rivalry, ambiguous roles, and poor coordination undermine this ideal (Osaro & Charles, 2014; Mohammed et al., 2022) — making team cohesion not a luxury, but a necessity.

When cohesion fractures within healthcare teams, patient welfare is among the first casualties. In a qualitative study of interprofessional conflict, poor teamwork was linked to diminished patient outcomes, strained professional satisfaction, and systemic inefficiencies (Obiekwe et al., 2022). Furthermore, they argued that communication breakdowns breed distrust; unclear roles create tension; and leadership voids aggravate the malaise. Compensation inequality — especially in remuneration disparities between health workers — further erodes team unity and has been implicated in recurrent industrial actions across the sector. In Rivers State specifically, these issues manifest as competition, reduced collaboration, and frustrated teams, all of which attenuate patient-centered care. Team cohesion, or group cohesiveness, refers to the degree of connection and solidarity among group members that propels them toward shared objectives (Forsyth, 2021). Cohesive teams typically exhibit higher motivation, satisfaction, effective communication, and resilience. In healthcare,

cohesiveness manifests through shared trust, mutual respect, and collaborative problem-solving—elements imperative to navigating complex, high-stakes environments.

A burgeoning insight in organisational psychology posits that workplace psychological safety—staff feeling able to voice concerns, errors, and ideas without fear—is a critical precursor to genuine cohesion. Groups marked by psychological safety display openness, trust, and collective learning. Members feel accepted, respected, and unafraid of criticism or punishment for speaking up (Edmondson, 1999). Such environments empower individuals to engage authentically, thereby reinforcing cohesion. In essence, psychological safety nurtures the communicative and relational foundations upon which cohesive teams thrive. Workplace psychological safety, originally conceptualised by Amy Edmondson, describes a climate where individuals believe they can express ideas, admit mistakes, and ask questions without fear of embarrassment or retribution (Edmondson). In such spaces, error reporting, innovation, and collaborative learning flourish. Psychologically safe workplaces are known to bolster creativity, collective efficacy, and adaptability.

Globally, the concept of psychological safety has been widely studied—particularly in learning behavior and team effectiveness (Edmondson, 1999; Newman, Donohue, & Eva, 2017). In healthcare, structured interventions such as tiered huddles have demonstrated effectiveness in fostering such climates, elevating communication and patient safety (Merchant, O'Neal, Montoya, Cox, & Murray, 2022; Lin et al., 2022). However, within Nigeria, empirical investigations specifically examining psychological safety in hospital teams remain scarce. Most literature addresses stressors, conflict, and interprofessional collaboration, rather than psychological safety per se (Nwobodo, Strukcinskiene, Razbadauskas, Grigoliene & Agostinis-Sobrinho, 2023; Obiekwe et al., 2022). This lacuna underscores the urgent need for focused research into how psychological safety—and its interplay with cohesion—operates in Nigerian hospitals.

To date, there appears to be no empirical study directly probing the dynamics of psychological safety and team cohesion in private healthcare institutions within Rivers State. While studies such as Uchejeso et al. (2020) and Njoku et al. (2023) explore interprofessional teamwork at a conceptual level, and some hospital-wide investigations assess conflict dynamics or IPC enablers (Halilu, Maiyegun, Aiyekomogbon, Shirama, Mutalub, & Oyediji, 2024), none specifically target private hospital settings in Rivers State. This gap is especially striking given Rivers State's complex healthcare landscape, where private hospitals play critical roles in urban and rural care delivery. By focusing on psychological safety and team cohesion, your study addresses a vital yet underexplored nexus, offering insights into organisational dynamics that directly influence patient outcomes and workforce morale in these institutions.

Based on the foregoing discussions, this conceptual framework will be a guide to this paper.

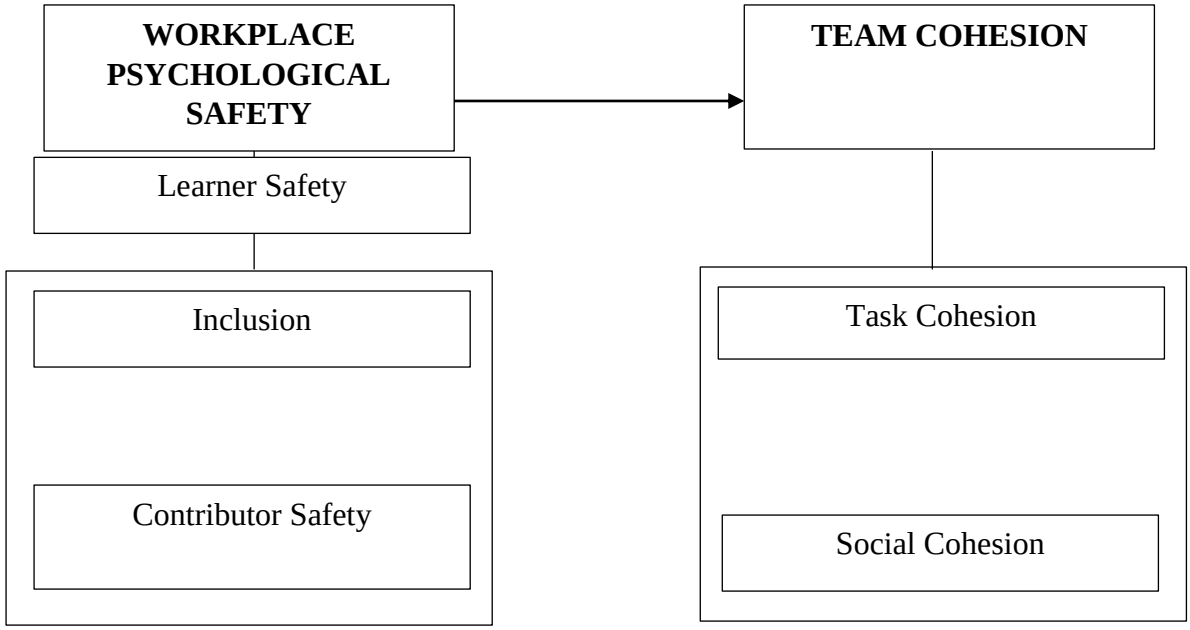

Fig. 1: Researcher's Conceptualization, 2025. Conceptual Framework for the relationship between workplace psychological safety and team cohesion.

Research Objectives

The following objectives will be met by this paper;

i. To examine the extent to which inclusion relates to task cohesion in private hospitals in Rivers State.

ii. To investigate the relationship between inclusion and social cohesion in private hospitals in Rivers State.
iii. To assess the relationship between learner safety and task cohesion in private hospitals in Rivers State.
iv. To analyze how the learner safety relates to social cohesion in private hospitals in Rivers State.
v. To determine whether contributor safety relates to task cohesion in private hospitals in Rivers State.
vi. To evaluate the relationship between contributor safety and social cohesion in private hospitals in Rivers State.

Research Questions

The following questions were developed as a guide for this research;

i. To what extent does inclusion relate to task cohesion in private hospitals in Rivers State?
ii. How does inclusion relate to social cohesion in private hospitals in Rivers State?
iii. What is the relationship between learner safety and task cohesion in private hospitals in Rivers State?
iv. How does learner safety relate to social cohesion in private hospitals in Rivers State?
v. Does contributor safety contribute to task cohesion in private hospitals in Rivers State?
vi. What relationship does contributor safety have on social cohesion in private hospitals in Rivers State?

Research Hypotheses

The following hypotheses were formulated specifically for this study:

H_{o1}: There is no significant relationship between inclusion and task cohesion in private hospitals in Rivers State.
H_{o2}: Inclusion does not significantly relate to social cohesion in private hospitals in Rivers State.
H_{o3}: Learner safety has no significant relationship with task cohesion in private hospitals in Rivers State.
H_{o4}: Learner safety does not significantly relate to social cohesion in private hospitals in Rivers State.
H_{o5}: Contributor safety does not significantly contribute to task cohesion in private hospitals in Rivers State.
H_{o6}: There is no significant relationship between contributor safety and social cohesion in private hospitals in Rivers State.

II. LITERATURE REVIEW

THE CONCEPT OF WORKPLACE PSYCHOLOGICAL SAFETY

Workplace psychological safety, first operationalized by Edmondson (1999), refers to the extent to which employees feel safe to voice ideas, concerns, or mistakes without fear of negative consequences. Ge (2020), for example, in a study of a Chinese manufacturing firm, defines psychological safety as the perception that "the risks of speaking up are low," enabling employees to express opinions freely; this psychological safety indirectly enhanced engagement by encouraging voice behaviors (Ge, 2020). In software development contexts, Buvik and Tkalich (2021) describe psychological safety as a climate boosted by autonomy, clarifying that it positively influences both team reflexivity and performance (Buvik & Tkalich, 2021).

Empirical studies over the past few years consistently demonstrate that workplace psychological safety significantly improves organizational outcomes. For instance, research on psychosocial safety climate (PSC)—a broader concept encompassing organizational policies and support for psychological health—illustrates its positive role in fostering work engagement, creativity, innovation, and performance among software engineers (Huyghebaert et al., 2023; Frontiers report). Huyghebaert et al. (2018) highlight that robust PSC, marked by management commitment, organizational communication, and employee participation, is inversely related to burnout and work–family conflict, while positively associated with engagement and organizational commitment (Huyghebaert et al., 2018). Further, in a large-scale survey of technology teams, Wikipedia's synthesis of recent empirical findings shows that higher psychological safety correlates with increased innovation, productivity, retention, learning, and lower burnout and sickness absence (Wikipedia, 2025). Specifically, teams with high psychological safety are notably more innovative and report higher job satisfaction and reduced conflict (Wikipedia, 2025).

Remote and hybrid work conditions pose challenges to maintaining psychological safety. Tkalich, Smite, Andersen, and Moe (2022) observe that spontaneous office interactions support psychological safety, which is weakened under remote or hybrid arrangements; their study suggests designing synchronized in-office schedules to preserve informal communication and safety (Tkalich et al., 2022). Finally, in open-source software development—a notably decentralized context—psychological safety was found to influence contributors' continued participation. Sesari, Sarro, and Rastogi (2025) demonstrate that higher psychological safety, inferred from collaborative cues in code reviews, predicts sustained short- and long-term involvement in projects (Sesari et al., 2025).

Dimensions of Workplace Psychological Safety

Inclusion

Workplace inclusion in the organisational context is increasingly conceptualized beyond mere demographic representation to encompass managerial accessibility, engagement, and alignment with organisational culture. For instance, Adeoye and Alo (2023) frame inclusion management as the degree to which managers are accessible and performance teams are empowered—finding that both significantly enhance productivity and organisational competitiveness in FMCG firms in Lagos State. Similarly, Ohiokha and Omoluabi (2024) highlight a positive correlation between inclusion and organisational efficiency at United Bank for Africa (UBA) branches in Ikeja, Lagos—especially noting that inclusion, more than diversity, significantly boosts productivity.

Organisational culture also plays a pivotal role. A study of tertiary institutions in Ogun State found that cultural values, norms, and Nigeria's federal character provision positively affect diversity and inclusion management—and, in turn, employee engagement (Ishola & Ifenowo, 2025). Collectively, inclusion in Nigerian workplaces is defined as managerial accessibility, cultural alignment, and equitable policies that foster engagement. Empirical evidence links inclusion to elevated productivity, competitiveness, and engagement—indicating that inclusion is both conceptually grounded and practically consequential for organisational outcomes.

Learner Safety

In contemporary organizational psychology, learner safety—the assurance employees feel when asking questions, admitting mistakes, and seeking growth—is recognized as the second of four critical stages of psychological safety (following inclusion safety) and foundational to organizational learning climates. This notion, articulated by Clark (2025), noted that learner safety is the space where "we feel safe to engage in all aspects of the learning process without fear of being embarrassed or marginalized". Empirical findings emphasize the organizational outcomes of such a learning-oriented psychological safety. For example, nurturing learner safety facilitates risk-taking and innovation by allowing staff to experiment and learn from failure—essential ingredients for adaptability and creativity (Hardie, O'Donovan, Jarvis, & Redmond, 2022). In clinical settings, psychologically safe learning environments—where errors are de-emphasized and reflective practice is encouraged—enhance trainee engagement, belonging, and learning outcomes (Gillespie & Dyshkant, 2020). Beyond healthcare, improved psychological safety correlates with heightened employee engagement, collaboration, creativity, and organizational performance (McClintock & Fainstad, 2022). Collectively, these recent studies and conceptual frameworks reinforce that learner safety—by enabling vulnerability and reflection—is a pivotal dimension of psychological safety, catalyzing not only individual growth but also collective innovation and organizational resilience.

Contributor Safety

Contributor safety, as defined by Clark (2025), is the stage in which individuals feel secure enough to use their skills and insights to make meaningful contributions, supported by autonomy and guidance. Clark emphasizes that "contributor safety satisfies the basic human need to contribute and make a difference ... we lean in … with energy and enthusiasm" and that empowering leaders "give us autonomy with guidance in exchange for results". Empirical research supports the critical linkage between contributor safety and positive organizational outcomes. In agile and software development contexts, studies reveal that psychological safety, of which contributor safety is a central component, fosters team reflexivity, boosts innovation, and enhances overall performance. For instance, autonomy—a key condition for contributor safety—positively influences psychological safety and, in turn, bolsters both reflexivity and team performance (Buvik, & Tkalich, 2021). Furthermore, in technology-driven teams, high psychological safety—including the ability to contribute ideas—correlates with creativity, innovation, and productivity gains (Zadow, Loh, Dollard, Mathisen & Yantcheva, 2023). Through these dynamics, environments offering contributor safety enable employees to confidently voice suggestions, take initiative, and own the value-creation process—resulting in heightened engagement, retention, and collective innovation. When autonomy is balanced with leadership support, organizations cultivate a culture of empowerment where contributions are welcomed, enhancing adaptability and creativity.

III. THE CONCEPT OF TEAM COHESION

Carron, Widmeyer, and Brawley (2002) define team cohesion as the total field of forces that act on members to remain in the group. This definition emphasizes the dynamic nature of cohesion, influenced by both individual and group-level factors. Similarly, Beauchamp, Bray, and Carron (2002) describe cohesion as the tendency for a group to stick together and remain united in the pursuit of goals and objectives. These definitions underscore the multifaceted aspects of cohesion, encompassing interpersonal attraction, task commitment, and group integration. In the Nigerian context, several studies have examined the relationship between team cohesion and organizational outcomes. Banwo, Du, and Onokala (2020) investigated the impact of group cohesion on organizational performance in a Nigerian commercial bank. Their findings indicated that while

group cohesion was strong in both high and low-performing groups, those with higher organizational tenure exhibited better performance, suggesting that experienced teams may leverage cohesion more effectively. Similarly, a study by Ifeanyi et al. (2024) in Imo State University found a significant positive relationship between group cohesion and organizational performance. The research highlighted that interpersonal attraction and social integration were key components of cohesion that contributed to improved collaboration and enhanced creativity among staff and students.

In the fintech sector, Adesina, Adeku, and George (2023) explored the role of team bonding in organizational development. Their study revealed that team bonding significantly influenced innovation management, operational performance, and effective service delivery, with operational performance being the most impacted area. Moreover, a study by Yusuf et al. (2024) in selected universities in Kogi State emphasized the importance of team skill and role clarity in enhancing employee performance. The research found that supportive environments and cohesive teams positively affected employee performance, underscoring the need for organizations to recognize and support teams as mediators between the team and the larger organization.

Measures of Team Cohesion

Task Cohesion

Task cohesion, a critical dimension of team cohesion, refers to the shared commitment among team members to achieve common objectives through coordinated efforts (Carron et al., 1985). In the Nigerian context, studies have highlighted its significance in enhancing organizational performance. For instance, Dike-Worlu (2024) found a strong positive correlation between team cohesion and task accomplishment in food and beverage manufacturing firms in Rivers State, indicating that cohesive teams are more effective in achieving set goals. Furthermore, task cohesion has been linked to improved organizational outcomes such as adaptability and timeliness. The study by Dike-Worlu (2024) demonstrated that teams with high task cohesion exhibited better adaptability and timely output, essential factors for organizational success. Similarly, research by Ifeanyi et al. (2024) at Imo State University revealed that group cohesion positively influenced collaboration and creativity, which are vital components of organizational performance. These findings underscore the importance of fostering task cohesion within teams to enhance organizational effectiveness. Organizations in Nigeria can benefit from implementing strategies that promote shared goals and collaborative efforts among team members to achieve superior performance outcomes.

Social Cohesion

Social cohesion, a critical dimension of team cohesion, highlighting its influence on organizational outcomes. Various scholars have defined social cohesion in the Nigerian context, emphasizing its multifaceted nature. For instance, the Africa Polling Institute (API) (2025) defines social cohesion as the willingness of citizens to cooperate and work together towards ensuring the survival and prosperity of the country, encompassing indicators such as identity, trust, social justice, civic participation, tolerance, gender equity, disability inclusion, impunity, corruption, natural resource governance, polarization, security and peacebuilding, coping strategies, migration, and self-worth and future expectations. The API's 2025 Nigeria Social Cohesion Survey reported a Nigeria Social Cohesion Index (NSCI) of 46.8%, indicating a weak state of social cohesion in the country. This decline in social cohesion has been attributed to factors such as low trust in government institutions, perceptions of injustice, gender inequality, and widespread insecurity (API, 2025). In organizational settings, social cohesion has been linked to improved performance outcomes. A study conducted at Imo State University by Chinecherem (2024) found a significant positive relationship between interpersonal attraction and improved collaboration, as well as between social integration and enhanced creativity. These findings suggest that fostering social cohesion within teams can lead to better organizational performance (Chinecherem, 2024). Additionally, Banwo, Du, and Onokala (2015) examined the impact of group cohesion on organizational performance in Nigeria, revealing that groups with high cohesion, particularly those with longer organizational tenure, outperformed groups with lower cohesion. This underscores the importance of cultivating social cohesion within teams to enhance organizational outcomes.

IV. WORKPLACE PSYCHOLOGICAL SAFETY AND TEAM COHESION

Ujoatuonu, Apex-Apeh, and Onu (2023) titled their work “Team Psychological Safety, Spirit at Work, and Organizational Commitment Among Personnel of Enugu Electricity Distribution Company”. They adopted a Quantitative research design employing a cross-sectional survey. Data were collected from 250 employees using standardized instruments: Team Psychological Safety Scale, Organizational Commitment Questionnaire, and Spirit at Work Scale. Analyses included correlation and multiple regression. The study found that while team psychological safety did not significantly predict organizational commitment, spirit at work was a significant positive predictor. This suggests that fostering a sense of purpose and belonging among employees may enhance their commitment to the organization. Organizations should prioritize initiatives that cultivate a strong spirit at work to enhance employee commitment, even in the absence of high psychological safety levels.

Banwo, Du, and Onokala (2015) examined the impact of group cohesiveness on organizational performance: the Nigerian case. Quantitative approach utilizing a survey design. Data were gathered from 180 employees across four branches of a commercial bank in Nigeria. Instruments included the Group Environment Questionnaire and Role Perception Scale. Statistical analyses involved one-sample t-tests and correlation assessments. The study revealed that group cohesion was prevalent in both high-performing and low-performing teams. This indicates that while cohesion is present, it does not necessarily translate to enhanced performance, suggesting the need for additional factors to leverage cohesion effectively. The study concluded that organizations should not only focus on building team cohesion but also ensure that other elements, such as clear communication and aligned goals, are in place to translate cohesion into improved performance.

Amah (2023) examined employee engagement in Nigeria: The role of leaders and boundary variables, employing a cross-sectional survey design with a sample of 300 employees from organizations in Lagos, Nigeria. Data were analyzed using Structural Equation Modeling (SEM) with SPSS. The study found that leadership styles significantly influence employee engagement, with servant leadership having the most positive effect. Employee voice and perception of organizational support served as mediators in this relationship. Leaders should adopt supportive leadership styles and foster an environment that encourages employee voice and perceived organizational support to enhance engagement and, by extension, team cohesion.

Nonyana, Mmako and Skosana (2025). The mediating role of perceived organizational support on psychological safety in the workplace and its relationship with innovative work behaviour: Context of a South African manufacturing company. Quantitative research design using a survey method. Data were collected from employees in Nigerian manufacturing firms, and analyses were conducted using SEM. The study highlighted that leader support and job autonomy positively influenced employee innovation. While not directly related to team cohesion, these factors contribute to a work environment that can enhance team dynamics and performance. Organizations should empower employees through autonomy and supportive leadership to foster innovation, which can indirectly strengthen team cohesion.

V. METHODOLOGY

This study adopted a cross-sectional research design to investigate the relationship between workplace psychological safety (inclusion safety, learner safety, and contributor safety) and team cohesion (task cohesion and social cohesion) in private hospitals in Rivers State, Nigeria. The cross-sectional design is considered appropriate for this study because it enables the researcher to collect data from a population at a single point in time, allowing for the analysis of current attitudes, perceptions, and experiences of employees regarding psychological safety and team cohesion within their workplace. The population of this study comprises employees working in registered private secondary care hospitals in Rivers State. These include both clinical and non-clinical staff such as doctors, nurses, laboratory scientists, pharmacists, administrative personnel, and support staff. The rationale for focusing on private secondary care hospitals is based on their growing role in healthcare delivery in Rivers State, their diverse workforce, and the relevance of psychological and team dynamics in achieving quality healthcare outcomes.

Table 1: Population Distribution for the Various Secondary Hospitals

S/N	Names of Hospitals	Class/Care	Population
1	St. Catherine Specialist Hospital	Secondary	55
2	Shell P.D.C Hospital	Secondary	64
3	Woji Cottage Hospital	Secondary	59
4	Chijimah Specialist Hospital	Secondary	71
5	New Mile 1 Hospital	Secondary	48
6	Eli-Johnson Specialist Hospital	Secondary	57
7	First Rivers Hospital	Secondary	64
8	Health of the Sick Hospital	Secondary	57
9	Morning Star Hospital	Secondary	43
10	Prime Medical Consultants	Secondary	77
11	Rehoboth Specialist Hospital	Secondary	63
12	Providence Hospital	Secondary	60
13	Riverside Hospital	Secondary	59
14	Teme Hospital	Secondary	78
15	St. Martins Hospital	Secondary	79
16	St. Valentine Hospital	Secondary	64
17	Spring Hospital	Secondary	55
18	Lavinda Specialist Hospital	Secondary	65
19	First Gate Dental Hospital	Secondary	47
	TOTAL		**1165**

Source: Rivers State Ministry of Health, 2025

A multi-stage sampling technique was employed to select participants for the study. First, a purposive sampling technique was used to select a representative number of private secondary care hospitals across key urban centers in Rivers State, such as Port Harcourt City and Obio/Akpor, based on hospital care, accessibility, and staffing structure. Second, a stratified random sampling method was used to ensure proportional representation of both clinical and non-clinical staff within each hospital. Finally, participants were selected through simple random sampling within each stratum.

The sample size was determined using Taro Yamane's formula for finite populations, assuming a 95% confidence level and a 5% margin of error. Based on an estimated population of healthcare workers in the selected private hospitals, the calculated sample size was determined to be adequate to provide reliable and valid data for the analysis. Therefore, the sample size for this study is two hundred and ninety-eight (298). Data were collected using a structured questionnaire developed based on established constructs from relevant literature on psychological safety and team cohesion. Inclusion safety – assessing employees' perception of belonging and acceptance. Learner safety – evaluating the perceived safety to learn, ask questions, and make mistakes, and Contributor safety – measuring the perceived freedom to contribute ideas and add value to the team without fear of rejection or punishment. Also, Task cohesion – assessing the degree of collaboration and shared commitment toward achieving work-related goals, and Social cohesion – evaluating interpersonal relationships, trust, and camaraderie among team members.

All items were measured on a 5-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5). The questionnaire was subjected to expert validation and a pilot test was conducted among a small sample of healthcare workers in similar settings to ensure reliability and clarity. The reliability of the instrument was confirmed using Cronbach's alpha, with all constructs achieving alpha values above the recommended threshold of 0.70. The researcher and trained field assistants administered copies of the structured questionnaire in person to the respondents at their respective hospitals. Prior to distribution, informed consent was obtained, and the purpose of the study was explained to each participant. Anonymity and confidentiality were assured, and participation was entirely voluntary. The data collection process took approximately three weeks to complete.

Data collected from the respondents were coded and entered into the Statistical Package for the Social Sciences (SPSS) software for analysis. The Pearson Product Moment Correlation (PPMC) method was employed to examine the relationships between the dimensions of workplace psychological safety (inclusion safety, learner safety, contributor safety) and the components of team cohesion (task cohesion and social cohesion). The PPMC was chosen because it is appropriate for analyzing the strength and direction of linear relationships between continuous variables. Results from the analysis were interpreted using correlation coefficients (r-values) and significance levels (p-values) to determine whether statistically significant relationships exist among the variables under study.

VI. ANALYSIS AND DISCUSSIONS

To examine the nature and strength of relationships between these variables, the Pearson Product Moment Correlation (PPMC) technique was selected as the appropriate statistical method for data analysis. PPMC is a widely used parametric test that measures the degree of linear relationship between two continuous variables (Pallant, 2020). It is particularly suitable when the objective is to determine whether an increase or decrease in one variable is associated with a corresponding increase or decrease in another (Creswell & Creswell, 2023). In this study, the constructs under investigation—measured using Likert-type scales—are treated as interval-level variables, which meets one of the key assumptions for using PPMC.

Table 2: Description on Range of correlation Pearson values and the corresponding level of association

Range of Pearson value with positive and negative sign values	Strength of Association
± 0.80 – 0.99	Very Strong
± 0.60 – 0.79	Strong
± 0.40 – 0.59	Moderate
± 0.20 – 0.39	Weak
± 0.00 – 0.19	Very Weak

Source: Pallant (2020).

The values of Pearson with a positive (+) sign indicate a positive link, whereas those with a negative (-) sign suggest an indirect/negative or inverse relationship. The direction of association between the two variables is thus explained by the sign of the Pearson value. The aforementioned table serves as our yardstick for assessing the degree of correlation between the dimensions' and measures' understudied variables. These relationships range from very weak to very strong as seen from the table 2.

Table 3: Inclusion safety and team cohesion

		Inclusion	Task	Social
Inclusion	Pearson Correlation	1	.805**	.778**
	Sig. (2-tailed)		.000	.000
	N	298	298	298
Task	Pearson Correlation	.805**	1	.868**

	Sig. (2-tailed)	.000		.000
	N	298	298	298
Social	Pearson Correlation	.778**	.868**	1
	Sig. (2-tailed)	.000	.000	
	N	298	298	298

**. Correlation is significant at the 0.01 level (2-tailed).

Source: Research Data, 2025

The Pearson Product Moment Correlation (PPMC) analysis was conducted to determine the nature and strength of the relationship between inclusion safety (a dimension of workplace psychological safety) and the two components of team cohesion—namely, task cohesion and social cohesion—in private secondary care hospitals in Rivers State.

Inclusion Safety and Task Cohesion

The result of the analysis revealed a strong positive correlation between inclusion safety and task cohesion, with a Pearson correlation coefficient (r) of 0.805 and a p-value of 0.000. The positive coefficient indicates that as employees' perception of inclusion safety increases—meaning they feel accepted, respected, and included as valued members of their teams—there is a corresponding increase in task cohesion within teams. The p-value of 0.000, which is less than the standard significance level of 0.05, indicates that the relationship is statistically significant. This means that the observed strong correlation is unlikely to be due to chance. In practical terms, the more employees feel a sense of belonging and psychological safety within their teams, the more likely they are to collaborate effectively, align with shared goals, and commit to collective task performance.

Inclusion Safety and Social Cohesion

Similarly, the analysis showed a strong positive correlation between inclusion safety and social cohesion, with a Pearson correlation coefficient (r) of 0.778 and a p-value of 0.000. This also reflects a statistically significant relationship, suggesting that higher levels of inclusion safety among hospital staff are associated with stronger interpersonal bonds, trust, and mutual respect among team members. In essence, when employees feel psychologically safe in terms of being included and accepted, they are more likely to build strong social connections with colleagues, engage in open communication, and support one another—thus enhancing the overall social fabric of the team.

The results of the PPMC analysis indicate that inclusion safety has a strong and statistically significant positive relationship with both task cohesion ($r = 0.805$, $p < 0.01$) and social cohesion ($r = 0.778$, $p < 0.01$) among employees in private secondary care hospitals in Rivers State. These findings underscore the importance of fostering an inclusive work environment as a catalyst for promoting both effective teamwork and healthy interpersonal relationships among healthcare professionals.

Table 4: Correlation for learner safety and team cohesion

		Learner	Task	Social
Learner	Pearson Correlation	1	.869**	.870**
	Sig. (2-tailed)		.000	.000
	N	298	298	298
Task	Pearson Correlation	.869**	1	.868**
	Sig. (2-tailed)	.000		.000
	N	298	298	298
Social	Pearson Correlation	.870**	.868**	1
	Sig. (2-tailed)	.000	.000	
	N	298	298	298

**. Correlation is significant at the 0.01 level (2-tailed).

Source: Research Data, 2025

The Pearson Product Moment Correlation (PPMC) analysis was employed to examine the relationship between learner safety—a key component of workplace psychological safety—and the two measures of team cohesion, namely task cohesion and social cohesion, among employees in private secondary care hospitals in Rivers State.

Learner Safety and Task Cohesion

The analysis revealed a very strong positive correlation between learner safety and task cohesion, with a Pearson correlation coefficient (r) of 0.869 and a p-value of 0.000. The strength of this correlation indicates a high degree of association between the two variables. This suggests that as employees feel more psychologically safe to engage in learning—asking questions, admitting mistakes, and exploring new ideas—there is a

corresponding and significant increase in the team's ability to work collaboratively toward common tasks and objectives. The p-value of 0.000, being less than the conventional significance level of 0.05, confirms that this relationship is statistically significant. Therefore, the result is not due to random chance. In practical terms, when hospital staff perceive that their work environment supports learning and intellectual risk-taking without fear of embarrassment or punishment, they are more likely to develop strong task cohesion. This cohesion manifests in better coordination, shared responsibility, and commitment to team goals.

Learner Safety and Social Cohesion

Similarly, the PPMC result shows a very strong positive correlation between learner safety and social cohesion, with a Pearson correlation coefficient (r) of 0.870 and a p-value of 0.000. This suggests that as learner safety increases, so does the strength of interpersonal relationships, trust, and emotional bonding among team members. The statistical significance ($p < 0.01$) reinforces the reliability of the finding. In essence, when employees feel psychologically safe to express their ignorance, share feedback, and take learning risks, they are more likely to experience stronger social ties within their teams. Such an environment promotes empathy, cooperation, and mutual respect—core ingredients for strong social cohesion.

The findings from the PPMC analysis show that learner safety has a very strong and statistically significant positive relationship with both task cohesion ($r = 0.869$, $p < 0.01$) and social cohesion ($r = 0.870$, $p < 0.01$) among employees in private secondary care hospitals in Rivers State. These results highlight the critical role of psychological safety in fostering both the functional and relational aspects of team cohesion. Specifically, when hospital workers feel safe to learn and grow without fear, they are more likely to contribute effectively to their teams and build stronger professional relationships.

Table 5: Correlations for contributor safety and team cohesion

		Contributor	Task	Social
Contributor	Pearson Correlation	1	.775**	.808**
	Sig. (2-tailed)		.000	.000
	N	298	298	298
Task	Pearson Correlation	.775**	1	.868**
	Sig. (2-tailed)	.000		.000
	N	298	298	298
Social	Pearson Correlation	.808**	.868**	1
	Sig. (2-tailed)	.000	.000	
	N	298	298	298

**. Correlation is significant at the 0.01 level (2-tailed).

Source: Research Data, 2025

The Pearson Product Moment Correlation (PPMC) analysis was conducted to examine the relationship between contributor safety—a dimension of workplace psychological safety—and the two components of team cohesion: task cohesion and social cohesion, among employees in private secondary care hospitals in Rivers State.

Contributor Safety and Task Cohesion

The analysis revealed a strong positive correlation between contributor safety and task cohesion, with a Pearson correlation coefficient (r) of 0.775 and a p-value of 0.000. This result indicates that higher levels of contributor safety are associated with higher levels of task cohesion. Contributor safety reflects an employee's perception that they can contribute meaningfully to their team's goals and decision-making without fear of rejection or negative consequences. The statistically significant p-value ($p < 0.05$) confirms that this observed relationship is not due to chance. In practical terms, when employees feel psychologically safe to contribute their skills, ideas, and expertise, they are more likely to engage actively in team tasks, collaborate effectively, and commit to shared goals, thereby enhancing task cohesion.

Contributor Safety and Social Cohesion

Similarly, the results show a strong positive correlation between contributor safety and social cohesion, with a Pearson correlation coefficient (r) of 0.808 and a p-value of 0.000. This indicates that as contributor safety increases, so does the level of social cohesion among team members. Social cohesion refers to the strength of interpersonal relationships, emotional bonds, and mutual trust within a team. The statistical significance of the relationship ($p < 0.01$) affirms that the finding is reliable. This suggests that when employees feel empowered and valued in their contributions, it fosters a positive social environment, increases trust among colleagues, and strengthens the overall unity of the team.

The PPMC analysis demonstrates that contributor safety has a strong and statistically significant positive relationship with both task cohesion ($r = 0.775$, $p < 0.01$) and social cohesion ($r = 0.808$, $p < 0.01$) among staff in private secondary care hospitals in Rivers State. These findings suggest that enabling employees to contribute freely without fear promotes both effective teamwork and strong interpersonal connections. Therefore, enhancing contributor safety can be considered a strategic pathway to improving both the functional and relational measures of team cohesion in healthcare settings.

Discussion of Findings

As the data unfolds, a compelling narrative emerges: psychological safety in its three dimensions—inclusion, learner, and contributor safety—weaves an intricate and reinforcing tapestry with both task cohesion and social cohesion among hospital teams in Rivers State. Rather than beginning with rigid hypotheses, the findings invite a reflective journey—an inductive exploration that reveals how feeling safe to belong, learn, and contribute in the workplace dynamically connects with collaborative effectiveness and interpersonal warmth.

Inclusion safety, though slightly less pronounced than learner safety, still exhibits substantial associations with task cohesion ($r = .805$) and social cohesion ($r = .778$). The capacity to feel accepted as a full member in the workplace—irrespective of background or status—anchors both teamwork efficiency and emotional connection. This is supported by research highlighting how inclusive practices cultivate employees' taking-charge behavior and relational trust through psychological safety (e.g., inclusive leadership fostering initiative via psychological safety; Yeager & Dweck, 2020).

Learner safety, the freedom to ask questions, admit mistakes, and engage in growth, presents itself as the most potent thread in this tapestry. Its remarkably strong correlations with both task cohesion ($r = .869$) and social cohesion ($r = .870$) suggest that where learning is valued and risks of failure minimized, teams coalesce both behaviorally and emotionally. This aligns with contemporary organizational psychology insights, wherein psychologically safe environments enhance team learning, efficacy, and productivity (Patil et al., 2023). The implication is clear: when hospital staff feel unthreatened in their quest to learn, they commit more fully to collective tasks and develop deeper bonds with one another.

Contributor safety—the confidence to offer ideas and participate without fear of rejection—also shows strong positive links to cohesion: $r = .775$ with task cohesion and $r = .808$ with social cohesion. This reinforces the notion that the act of contributing is not merely transactional—it is relational. When employees feel heard and valued, they are more engaged in mission-driven collaboration and experience stronger social ties, echoing broader findings that psychologically safe workplaces enable open communication and innovation (Frazier et al., 2017; Edmondson, 2019).

Importantly, this inductive portrait emphasizes a symbiotic interplay among dimensions of psychological safety and cohesion. Learner safety appears as a powerful catalyst: it nurtures a shared mindset of continuous improvement, unleashing contributors' willingness to speak and reinforcing mutual belonging. Contributor safety reciprocally enables learning and nurtures inclusion, creating a positive cycle. When individuals are accepted and included, they feel safer contributing and learning—thus reinforcing both functional and relational cohesion.

This emerging dynamic reflects theories of positive interdependence, where team members' reliance on each other for success fosters trust, motivation, and collective problem-solving (Wikipedia, 2023). In healthcare settings—where errors must be surfaced, knowledge exchanged, and coordination seamless—this cycle can transform performance outcomes and employee well-being. Moreover, the findings resonate with the concept of psychosocial safety climate (PSC), which emphasizes organizational systems that protect psychological health and support collaborative work (Bailey, Owen, & Dollard, 2021). In the context of Rivers State hospitals, while PSC per se wasn't directly measured, the observed psychological safety–cohesion link suggests that promoting systemic conditions that bolster psychological safety across all three dimensions can enhance team dynamics and, by extension, institutional resilience—a connection supported in broader healthcare research (Amoadu, Ansah, & Sarfo, 2025).

In sum, the inductive narrative that unfolds one of interdependence, growth, and synergy:

- **Inclusion safety** grounds this ecosystem in belonging, making cohesion sustainable.
- **Learner safety** fuels both task and social alignment, forging a collective drive and empathy.
- **Contributor safety** empowers engagement, enabling ideas and trust to circulate freely within teams.

The implication is that healthcare managers in Rivers State—and similar contexts—would do well to foster environments where staff can safely learn, contribute, and belong. Psychological safety is not just a "nice-to-have"; it is the soil from which cohesive teams capable of delivering quality care can flourish.

VII. CONCLUSION AND RECOMMENDATIONS

Conclusion

This study examined the relationship between workplace psychological safety—specifically inclusion safety, learner safety, and contributor safety—and team cohesion, measured through task cohesion and social cohesion, among staff in private secondary care hospitals in Rivers State. The findings revealed that all three dimensions of psychological safety have strong and statistically significant positive relationships with both aspects of team cohesion. Notably, learner safety demonstrated the strongest correlation, suggesting that environments where staff feel free to ask questions, make mistakes, and grow without fear foster not only better teamwork but also deeper interpersonal bonds.

These results underscore the essential role psychological safety plays in shaping the collective performance and unity of healthcare teams. In high-stress, high-stakes environments like hospitals, fostering psychological safety is not merely beneficial—it is essential. Employees who feel included, encouraged to learn, and empowered to contribute are more likely to engage meaningfully in tasks, collaborate effectively, and build resilient teams capable of delivering high-quality patient care.

Recommendations

1. Hospital management should implement regular training programs focused on psychological safety, inclusive leadership, and open communication. Leaders and team supervisors must be equipped with tools to create non-threatening environments where staff feel safe to speak up, ask questions, and contribute ideas without fear of blame or exclusion.
2. Establish mechanisms such as post-shift debriefs, anonymous feedback platforms, and continuous learning sessions that encourage staff to share experiences, reflect on challenges, and learn from mistakes. These structures reinforce learner safety and strengthen team cohesion over time.
3. Encourage inclusive team practices by involving all staff—clinical and non-clinical—in relevant decision-making processes. This enhances contributor safety, validates diverse perspectives, and strengthens both task-related and social bonds within teams.

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