

Psychological Safety: A Missing Component in Empowering Healthcare Professionals' Speaking Up Skills

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Background: Patient safety is incumbent on healthcare professionals' ability to voice concern when recognizing mistakes or judgment lapses in others. Speaking up depends on activation of motivation and on timely and effective articulation of one's concerns. What makes speaking up challenging in healthcare is the power structure that inhibits those in lower positions from raising patient safety concerns to those with more authority. Educational programs promoting speaking up skills development serve an important function in ensuring patient safety.

Aim: We examined both the types of interventions reported in the literature that focused on healthcare professionals' speaking up motivations and skills and the conceptual frameworks of power hierarchy guiding the studies. [1]

Method: A scoping literature review was conducted. Out of 4,002 articles identified from databases (e.g., PubMed, CINAHL, EMBASE, PsychINFO, Web of Science, Business Source Complete), 91 articles were screened by a team of clinicians and educators, resulting in 10 articles that reported educational interventions targeting speaking up skills.

Results: Formal conceptual frameworks of power dynamics were largely absent from the reviewed studies. Interventional educational strategies included workshops that incorporated real-life vignettes and simulations of team dynamics in operating rooms. Speaking up behaviors in subjects of lower power status (i.e. nurses, junior physicians) were observed during their interactions with confederates of various statuses. These confederates were trained to demonstrate encouraging behaviors ('Your opinion is important'), or discouraging behaviors ('Do what I say'). Other variables were openness (i.e. empathetic) vs. strictness (i.e. unfriendly expressions), or hierarchical (i.e. short, dismissive responses) vs. non-hierarchical (i.e. use of first names). Interventions promoted the use of models such as advocacy-inquiry in the context of speaking up. Mixed findings reported in the studies make it difficult to fully assess the effectiveness of the interventions.

Conclusion: Given the deeply rooted nature of power dynamics in healthcare, it is curious that this topic remains an underexplored research inquiry. The current studies exclusively target individuals' verbal skills and lack rigorous theoretical grounding. Organizational psychology or business may offer paths for future research. For example, psychological safety provides the most relevant foundation for further examining how speaking up motivations and behaviors are influenced by perceived power distance, leader inclusivity, and individual empowerment.[3] Constructs such as courage, risk taking, resilience, and trust become important dimensions in understanding behaviors of those in lower power status.

Moreover, research and educational efforts should also focus on the behaviors of those in power positions that foster active listening and furthermore, a culture of safety for all.

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