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**Supporting Nurses to Speak Up For Patient Safety**

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## Supporting Nurses to Speak Up For Patient Safety

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### **Abstract**

A recent calculation by healthcare industry researchers identified medical error as the third leading cause of death in the United States. Having nurses speak up, when they have a patient care concern is recognized as a means of preventing medical error. Yet studies show nurses are hesitant to do so. This mixed methods study sought to understand the challenges the phenomenon of verbalizing a patient care concern has, and identify factors that hospitals can use to better support nurses to speak up.

### **Aim**

The research brief addresses the role that nurses' speaking up has on preventing medical error and communicates the findings of this dissertation study which focused on helping hospitals better support nurses in speaking up. A recent calculation by healthcare industry researchers has identified that medical error is the third leading cause of death in the United States, ranking it just below heart disease and cancer (Makary & Daniel, 2016). It is widely accepted that communication is a key element lessening the occurrence of medical error, and speaking up, a subset of communication, is similarly recognized as a means to improve patient safety, yet studies have shown that nurses are hesitant to do so (Kaufman & McCaughan, 2013; Maxfield, Grenny, Lavandero, & Groah, 2010). The topic of speaking up was selected as the focus for this study to further understand the experience of speaking up and answer the central question, how can hospital leadership and management better support nurses in speaking up?

### **Methodology**

A mixed methods approach with an explanatory sequential design was used, where quantitative analysis occurs first and then qualitative analysis is employed to elaborate on the quantitative findings. In the quantitative phase, hospital staff ( $n=321$ ) responses from seven inpatient nursing units at ABC Hospital were used to calculate Spearman's correlations for 63 items on an Employee Engagement (EE) survey. In doing so 21 EE survey items were found to strongly link with a nurse's willingness to speak up. These strongly linked items were then grouped into topics and quality/process improvement and safety were selected for additional exploration in the qualitative phase because both topics were represented multiple times in the strongly linked Spearman's correlations, seven and four respectively. The third focus was on perceptions of staff-physician relationships because this survey item had the weakest link effecting a nurse's willingness to speak up. This focus was selected because the literature review indicated that these staff-physician relationships have been found to be important for speaking up.

Five individual interviews were then conducted with nurses from ABC Hospital, two filled leadership positions and three practiced at the bedside. In coding responses six major themes emerged with one, Professional Integrity, having seven sub themes. While some themes were previously noted in the literature, new findings were also identified.

### **Results**

This study identified the following five factors not previously addressed in the literature as opportunities for impacting nurse willingness to speak up:

1. Nurse's perceiving that the hospital was focused on quality/process improvement.
2. A charge nurse's response after a nurse speaks up to him/her, and the charge nurse's willingness to support other nurses when they desire to speak up
3. Having common goals, when organizational/leader goals match a nurse's own goals.
4. Nurse perception that their voice is valued by leaders and the organization.
5. Whether the nurse believes that rules are upheld and applied in an equitable manner.

It is understood that there are a number of factors that either increase, such as rewarding speaking up, or decrease, such as lack of confidentiality, a nurse's willingness to speak up. This study also found that for some nurses' specific factors are more influential on their decision to speak up because of experiences they have had. For example, one interviewee shared an experience where their confidentiality was breached after speaking up and this theme of feeling that confidentiality will be maintained surfaced more than any other theme for this interviewee. The frequency with which this theme emerged can be interpreted as indicating that the need for confidentiality is more important than any other factor when deciding to speak up. Therefore, leaders must recognize that speaking up is not only complex with multiple factors impacting the nurses' decision, but is also individualized in that nurses may have specific factors they consider most important and will be most effecting when they are deciding whether or not to speak up.

### **Recommendations for Future Research**

Further research into speaking up in nursing is warranted and should be focused on three major areas. First, more data is needed regarding the charge nurse role, and whether this finding generalizes beyond ABC Hospital. Second, this study leaves the question of how speaking up may be effected in vulnerable or minority nurse populations and a cross-cultural study design examining this topic would be beneficial. Lastly, additional research concentrated on events after a nurse speaks up is needed, because even if the practice of speaking up is established its impact will be inadequate if those who need to respond fail to do so.

### **Conclusion**

In conclusion, speaking up is recognized as a means to positively impact patient safety but is also known to be a complex phenomenon where an individual considers multiple factors when choosing whether to voice concerns (Lyndon et al., 2012). While this and other studies have identified factors that impact willingness to speak up, further support and intervention is necessary so that the practice of speaking up in nursing can be firmly established.

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#### **Author Biography**

Nicole Hall has been in the healthcare industry for nearly 15 years as a labor and delivery nurse, educator, and quality professional. She has been published on topics such as adjunct clinical staff and ways to support nurse educators. Most recently she moved to a university academic setting where she was hired to teach in the nursing undergraduate and graduate degree programs.