



THE ART OF COMMUNICATION;  
SPEAKING UP FOR SAFETY



Karrie Kernen, MS-HPE, BSN, RN, CNOR

Imelda Wright, PhD, RN, CNOR(E)

# Learning Objectives

1. Outline at least three barriers to effective communication
2. Discuss the concept of psychological safety
3. Outline potential problems with “hierarchical gradients”
4. List at least three avenues to improve communication in the workplace
5. Identify at least one way to manage conflict in the workplace

An illustration of two hands, one on the left and one on the right, holding a heart. The hands are rendered in a dark grey, almost black, color with white outlines. The heart is a lighter grey color. The background is a dark, textured grey. The overall style is simple and graphic.

# Introduction

- Culture of Safety– Vital to protect vulnerable surgical patients
- AHRQ asserts that an underlying reason for an etiolated safety culture is poor teamwork and communication,<sup>2</sup>  
Underscores the salience of effective communication between team perioperative team members
- Speaking up, defined as expressing a concern about ideas or actions that are a threat to patient safety in clinical situations,<sup>6</sup> has been identified as a crucial skill for the quality and safety of patient care.<sup>5,6</sup>
  - Challenges are ubiquitous
  - Dearth of formal education



# Safety matters



- Who is your “picture person”?





This Photo by Unknown Author is licensed under [CC BY-SA](https://creativecommons.org/licenses/by-sa/4.0/)

OUR  
PATIENTS-  
OUR  
“PASSENGERS”

Passengers place explicit trust  
in their flight teams



# Overview of the Problem - Literature Review



# Hierarchical Gradient



Varying positions on hierarchical scale

- social personal risk

Team members hold varying degrees of 'power'

Social domination

Common in professions that have origins in patriarchy

Social Risk – even on a lateral scale  
(6)

# Lack of Psychological Safety



Psychological Safety -initially described in 1990 as an employee's freedom to say and do what was believed to be right without fear of negative repercussions, including damage to self- image or status.<sup>15</sup>



Such a work environment provides security and confidence to speak up for safety as well as promote more cohesive team dynamics,<sup>16</sup>



Some team members are shy, afraid to speak up, and may be concerned about offending others and injuring relationships.<sup>6</sup>



Confidence

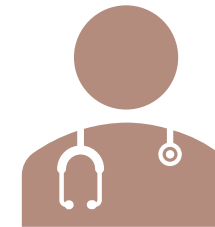


Cultural factors

# Organizational Culture



May be defined as the collective creed and values with associated outward of individuals and the organization. <sup>23</sup>



Nurse leaders have a heavy responsibility to set the tone because it is the most substantial determinant of culture. <sup>13</sup>

Role modeling of professional and safety behaviors

Promotion of positive team dynamics

Setting the precedence that speaking up for safety is an expected practice

# Incivility

Leads to substantial erosion of safety culture  
(18)

Intrapersonal conditions, such as personality traits, and interpersonal factors, including perception of status, and situational triggers.<sup>4</sup>

Disrespectful communication between surgeons and nurses.<sup>4</sup>

Detrimental to teamwork; it can be hurtful and may even deteriorate into bullying that can risk the staff's psychological safety.

# Incivility

Negatively affects:

- Competence
- Confidence
- Morale
- Quality Care/Safety





This Photo by Unknown Author is licensed under [CC BY-NC](https://creativecommons.org/licenses/by-nc/4.0/)

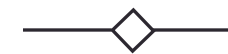
# Why are there Negative Team Dynamics?

Differences in beliefs, values, and priorities

Periop: Complex teams with increased diversity

Rates of conflict increase in high stress environments

Inability to “Read the Room”





## Perioperative Team is Unique

Multidisciplinary

Work in fast-paced, high risk, and high stress area

Communication failure- third leading cause of perioperative errors (following Cognitive factors and lack of competence/knowledge) ( Rodgers et al. 2006)





## Goal



Not necessarily to avoid conflict!

Effective management is a primary goal

Possible positive effects:

- Identifies potential areas for improvement
- Stimulates beneficial change
- If properly managed, it may lead to better outcomes, stronger relationships, increased job satisfaction (Sinskey et al. 2019)

# Phases of Conflict

## 1. Conflict occurs

- Nurse Amy makes a condescending comment to Nurse Brenda about ...and questions her judgement

## 2. Cause of conflict attributed

- Brenda assumes Amy is questioning her overall ability and clinical judgement and feels personally attacked

## 3. Behavioral response towards cause

- Brenda escalates situation, becomes defensive, and fights back...possibly deflecting “blame”

## 4. Outcome of behavioral response

- Interpersonal relationship between Amy and Brenda is damaged; both parties are distracted from their work- patient care

# Pivotal First Steps in Conflict Management

Acknowledging and managing one's own emotions

- Reroute attention – “go to the balcony”
- Counting to 10 (...or 100!) before responding
- Applying emotional intelligence
- Resisting the urge to perceive conflict as a threat

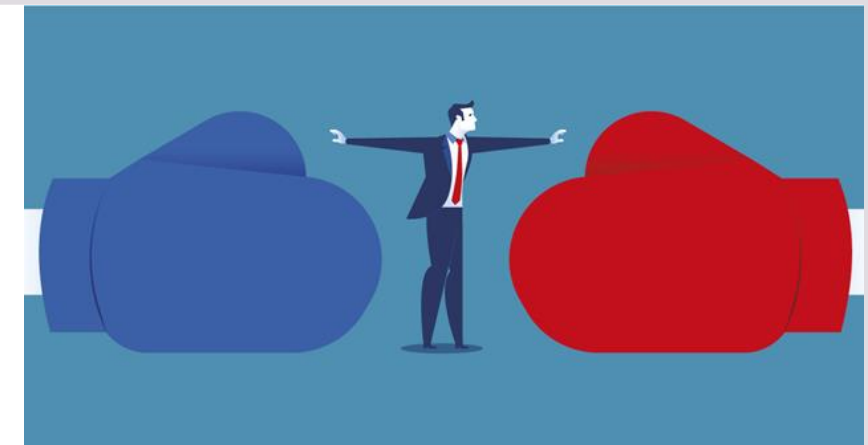
During threats, the amygdala is flooded with stress hormones, leading to a cognitive response that impedes the frontal cortex from forming logical thoughts.

Active listening

- Consider the content of message and emotions that are underlying the content (five core emotions; appreciation; affiliation; autonomy; status; role) (Fischer, 2005)
- Be curious to other party's perspective

Aligning the interest of the parties involved

- Focus on interests not positions
- Consider commonalities instead of differences
- Focusing on “common ground” can shift the mindset from no to yes and smooth transition from conflict to agreement





# Solutions

- Multi-Method Approaches
  - Simulation
  - Didactic
  - Video
- Role Playing



# Hierarchical Gradients

- Establishing lateral relationship norms
- Implementing the use of “CUS” (an acronym representing “Concerned, Uncomfortable, Safety issue”) tool
- Safety advocacy solution put forth by the Agency for Healthcare Research and Quality (AHRQ).<sup>32</sup>
- Use of Team Huddles- Use of structured information-sharing tools by staff



# Improving Psychological Safety



Educational interventions alone may be inadequate due to the challenges associated with modifying deeply ingrained speaking up behaviors.

- Having repetitive and multi-faceted interventions over a longitudinal period is more optimal to the development of psychological safety and speaking up.<sup>17</sup>

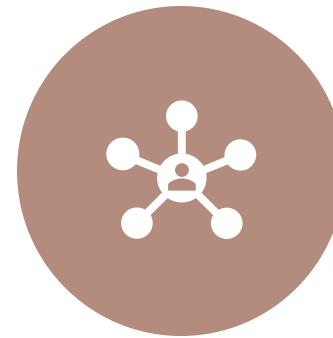
Rooting out barriers to psychological safety, including the promotion of equity, diversity, and inclusion (EDI) can be effective in facilitating speaking up for safety.

- Establishing policies and clear guidelines that normalize a work environment free from harassment and injustices.<sup>13</sup>

# Fortifying Organization Culture



Nursing leadership plays a substantial role in weaving the tapestry of a safety culture on which collective values and norms are shared.<sup>30</sup>



An organizational culture that fosters speaking up is important – facility management need to be perceived as supportive, speaking up was facilitated and normalized.<sup>31</sup>



Creating a “just” culture is a worthy goal –encourages speaking up for safety and being transparent about errors and does not result in punishment or ridicule.<sup>31</sup>



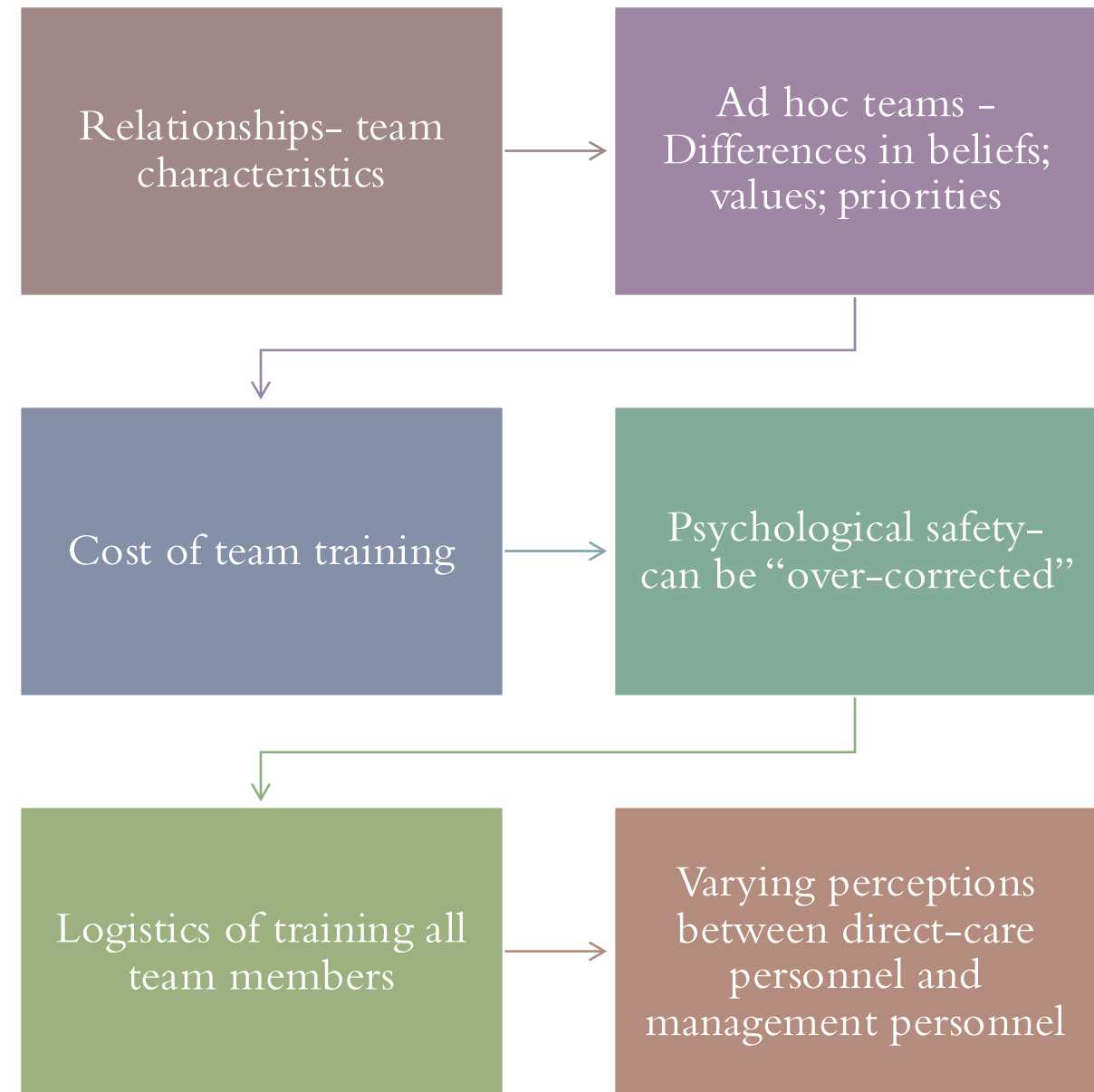
Elevation of organizational commitment to speaking up for safety normalizes speaking up about medical errors and increase patient safety.<sup>24</sup>

# Conflict Management Strategies

- Emphasis on commonalities rather than differences align interests.
  - During conflict, people tend to focus on minor differences instead of considering the commonalities, which is that overall, they agree on most issues,<sup>7</sup> mainly patient safety.



# Considerations





## Conclusion

- Quality of care is a substantial result of effective communication and ability to speak up
- Most facilities focus on the competence of clinical skills that tend to be technical in nature;
- Less emphasis is placed on the acquisition of non-technical skills,
- Strategies to overcome barriers to speaking up include, face-to-face didactic sessions, simulation training, teamwork skills training, and communication techniques
- Having a strong organizational culture that promotes a framework of , assertiveness, effective self-expression, use of effective conflict strategies, sense of belonging to the team, and astuteness of how effective teams work is crucial for patient safety in the OR.
- Future research should consider evaluation of sustained effect on behavior change and patient safety.



# References

- 2) AHRQ. Culture of Safety 2019; <https://psnet.ahrq.gov/primer/culture-safety>. Accessed March 19, 2024
- 5) Başoğul C. Conflict management and teamwork in workplace from the perspective of nurses. *Perspectives in Psychiatric Care*. 2021;57:610-619.
- 6) Lemke R, Burtscher MJ, Seelandt JC, Grande B, Kolbe M. Associations of form and function of speaking up in anaesthesia: A prospective observational study. *British Journal of Anaesthesia*. 2021;127(6):971-980.
- 13) Siad FM, Rabi DM. Harassment in the Field of Medicine: Cultural Barriers to Psychological Safety *Canadian Journal of Cardiology (CJC)* 2021:174-179.
- 23) Castiglione SA, Lavoie-Tremblay M. An Integrative Review of Organizational Factors Influencing Successful Large-Scale Changes in Healthcare. *Journal of Nursing Administration*. 2021;51(5):264-270.
- 24) Levine KJ, Carmody M, Silk KJ. The influence of organizational culture, climate and commitment on speaking up about medical errors. *Journal of Nursing Management* 2020;28(1).
- 30) Mamaril M, Card E. Be the perianesthesia leadership voice for the science of safety - It's more than just a culture. *Journal of PeriAnesthesia Nursing*. 2022;37:987-988.
- 31) Martinez W, Lehmann LS, Thomas EJ. Speaking up about traditional and professionalism-related patient safety threats: A national survey of interns and residents. *BMJ Quality and Safety*. 2017;26:869-880.
- 32) AHRQ. Tool: CUS. 2023; <https://www.ahrq.gov/teamstepps-program/curriculum/mutual/tools/cus.html>. Accessed January 24, 2024.