

Information for Managers and Team Leaders

Be a voice for safety:

Creating the conditions for team members to feel safe to share concerns and ask questions about safety

Be a voice for safety by enabling the voice of others

Psychological safety is a shared belief that the team is safe for interpersonal risk taking or "being able to show and employ one's self without fear of negative consequences of self-image, status or career". Teams need psychological safety to perform, as healthcare work requires team members to communicate, ask questions and share ideas and concerns with colleagues in a multidisciplinary setting. If psychological safety is compromised, then conversations about patient care, patient safety and quality improvement can be stifled and engagement decreased.

Leaders have a critical role in building and maintaining psychological safety in teams. In NSW Health, leaders can be service and operational managers, team leaders, clinical supervisors and clinicians who do not have supervisory responsibilities but do have a level of influence over others.

Good healthcare is delivered by a team, not by an individual. It is determined by how the multi-disciplinary team works together to provide a positive experience with good health outcomes. A multi-disciplinary team is a group of health care workers who are members of different disciplines, each providing specific services to the patient. The team members independently treat various issues a patient may have, focusing on the issues in which they specialise. The perspectives of the team come together in a variety of activities, such as developing a care plan. A care plan coordinates their services and gets the team working together towards a specific set of goals. Psychological safety is needed in such discussions to ask questions, share concerns and ideas when

different points of view contribute to the discussion about providing the best possible patient care.

Other examples of discussions that require psychological safety are clinical reviews, such as Morbidity and Mortality meetings, clinical handover, post-incident debriefs and rounding.

Creating the conditions for others to feel safe to speak up for safety

Leaders are role models and by role modelling the ideal behaviour, they inspire staff and raise their interest in possible change. They connect an individual sense of identity and self to a goal and to the collective identity and purpose of the team. They can then create an environment where staff can take greater ownership for their work. They do this by understanding the staff strengths and aligning staff with opportunities to use their strengths to achieve the common goal.

The ways leaders can role model behaviours to build and maintain psychological safety are as follows:

- Show your team that you are engaged in the discussion. Be present during conversations, actively listen, maintain eye contact and ask questions to make sure you understand team members' concerns or ideas.
- Show your team that you understand. Use non-verbals (nod, lean in, be mindful of your facial expressions) to show you understand and paraphrase what you heard from your team members and reflect back to demonstrate you heard them correctly.

Information for Managers and Team Leaders

Be a voice for safety:

Creating the conditions for team members to feel safe to share concerns and ask questions about safety

- Avoid blame when something goes wrong. Reframe it into a learning opportunity for the team and not just one individual.
- Be self-aware and expect the same from your team. Take the time to pause and reflect to allow for greater awareness of yourself and what is happening around you. Demonstrate your own self-reflections by verbalising what you have reflected on, what you would do again and what you might change in the future about your behaviour. Make time for your team to do the same.
- Do not use negative language when speaking about others and do not accept your team members talking negatively about others. Negativity decreases psychological safety.
- Create opportunities for team members to make decisions together. There is a time and place for authoritative decision-making in patient care, but not all decisions should be made in isolation. The multidisciplinary team brings perspectives that contribute to the best possible decisions about care. This can include the patient, family or carer, too.
- Be genuine and open to feedback from your team about ways of working and your leadership practice. This includes creating authentic opportunities for your team members to provide that feedback.
- Be a champion for your team. Let them know you support their wellbeing, personal and professional development. Be sure to share the team's work with senior

leadership to increase visibility into what your team is doing and recognise great performance of team members collectively and individually.

When leaders demonstrate these behaviours psychological safety in individuals and teams flourishes. With strong psychological safety, teams perform, culture is positive and reliable, and quality care is delivered.

Consider what are you doing to build and maintain psychological safety in your team

Further information about Frontline Leadership Behaviours that Support Safety:

Safety Fundamentals for Teams

<http://www.cec.health.nsw.gov.au/improve-quality/Safety-Fundamentals-for-Teams>

References

- Antonakis J, Avolio BJ, Sivasubramaniam N. Context and leadership: An examination of the nine-factor full-range leadership theory using the Multifactor Leadership Questionnaire. *The Leadership Quarterly*. 2003 Jun; 14(3): 261-95.
- Bass BM. Two decades of research and development in transformational leadership. *European Journal of Work and Organizational Psychology*. 1999 Mar; 8(1): 9-32.
- H, Powell A, Rushmer R. *Healthcare professionals' views on clinician engagement in quality improvement. A literature review*. London: The Health Foundation; 2007.

Information for Managers and Team Leaders

Be a voice for safety:

Creating the conditions for team members to feel safe to share concerns and ask questions about safety

Edmondson A. Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*. 1999 Jun; 44(2):350-83.

He Y, Wang Y, Payne SC. How is safety climate formed? A meta-analysis of the antecedents of safety climate. *Organizational Psychology Review*. 2019 May; 9(2-3): 124-156.

Parand A, Burnett S, Benn J, Iskander S, Pinto A, Vincent C. Medical engagement in organisation-wide safety and quality-improvement programmes: experience in the UK Safer Patients Initiative. *Quality and Safety in Health Care*. 2010 Oct; 19(5): e44.

Phelps G, Barach P. Why has the safety and quality movement been slow to improve care? *International Journal of Clinical Practice*. 2014 Aug; 68(8): 932-5.