



Maternal 911 in Action: Psychological Safety

Time to complete: 90-120 minutes (video + discussion)

“High reliability organizations use systems thinking to evaluate and design for safety, but they are keenly aware that safety is an emergent, rather than a static, property.”

(Agency for Healthcare Research and Quality, 2019).

Be sure to read the disclaimer below to your team with each Maternal 911 in Action:

This is not a test of individuals. This is an opportunity to strengthen the process, to identify and fix gaps within the unit — and to improve teamwork, communication and overall reliability.

Let’s get started!

The Maternal 911 in Action on Psychological Safety involves listening to a one-hour online presentation. This presentation can be viewed in full or separated into segments, as indicated when speakers change. The health care team can discuss situations after each segment or at its completion. This would be your choice. If you choose to complete this in several sessions, a section can be viewed on the video and then discuss 2 or 3 of the questions. In this manner each section may take 20-45 minutes.

A great resource to hand out can be downloaded:

<http://modernagile.org/safety>

Discussion questions **prior** to watching the video:

1. What is your role in being psychologically safe?
2. Define your organizations silence. Who gains from being silent?
3. Have each person name a safety issue found on their unit.
4. How comfortable are you at expressing and being yourself at work?

Discussion questions **post-video**

1. Would one of you be willing to discuss a situation you recall where you held back and wished later you would have spoken up?
2. Can everyone agree work is interdependent? So remaining silent does not help anyone and could even cause harm.
 - a. Voice is mission critical
 - b. Given some of the situations from #1, next time, what are some examples of not staying silent? Discuss questions or points where speaking up rather than staying silent could change in the future.
3. Is regulatory capture happening on your unit (Regulatory capture is defined by Ira Glass as “a watchdog who licks the face of an intruder and plays catch with the intruder instead of barking at him”) and if so how can this be remedied?
4. In the VUCA world of medicine, how can we support and welcome deviations (**VUCA** is an acronym that stands for **volatility, uncertainty, complexity and ambiguity**, a combination of qualities that, taken together, characterize the nature of some difficult conditions and situations)?
 - a. As front line employees you know what customers want, what competitors are doing and what the latest technology allows. **SHARE THIS** with administration.
5. Human life is on the line so asking appropriate questions can be key, can you muster this courage because you have crucial knowledge and insight?
 - a. What might we be missing?
 - b. What other ideas could we generate?
 - c. Who has a different perspective?
 - d. If ‘everyone is on board’ – someone is not listening very well because there is always another point of view somewhere, a dissenter.
6. What can we do about a co-worker who does not seem to want to change? The 3 C’s: curiosity, compassion and commitment
 - a. Be curious and ask a genuine question
 - b. Compassion: have the self-discipline to know and remember that everyone faces hurdles
 - c. Commitment: when you demonstrate your dedication to achieving the organizations goals, it can be contagious.



7. Are we able to respond and improve?
 - a. Silence at work leads to harm that could have been prevented
 - b. No one has the *right* to hold a critical opinion without speaking up about it!
 - c. Failure to speak up in a crucial moment cannot be seen.

8. How often are you able to express appreciation at work?

The mini-reward of thanks can go a long way to your co-workers.

9. Have you been in a situation where a colleague said something inappropriate and then added “just kidding”?

Now you can counter with: “Wow, that felt super inappropriate. Can we have a do-over?”

10. Even if you are not the boss what are questions you can ask that may be helpful?

What can I do to help?
What are you up against?
What are your concerns?

11. **Health care organizations have been mandated to formally manage disruptive behaviors and build positive partnerships to improve patient outcomes.** It starts with you! Speak up!

Copyright © 2020 Shelly Betancourt and Michelle Becher

All rights reserved. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher, except in the case of brief quotations embodied in critical reviews and certain other noncommercial uses permitted by copyright law. For permission requests, write to the publisher at the address below.

Maternal 911 Education Systems, LLC
475 West Center St.
Ithaca, MI 48847
www.maternal911.com

Maternal 911 in Action: Psychological Safety

Psychological safety is a continuum, not a 'one and done'. Included here are a list of resources to continue a journey leading to more learning.

Suggested Reading

- Ispach G. Critical care nurses as coworkers: are our interactions nice or nasty? *Crit Care Nurse*. 2007;27(3):10-14.
- American Nurses Association. *ANA Position Statement on Incivility, Bullying, and Workplace Violence*. 2015.
- <http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence/Incivility-Bullying-and-WorkplaceViolence.html>. Accessed December 11, 2015.
- Gerardi D. Conflict engagement: Emotional and social intelligence. *Am J Nurs*. 2015;115(8):56-61.
- Kopperschmidt B, Kientz E, Ward J, Reinholz B. A healthy work environment: it begins with you. *Online J Issues Nurs*. 2010;15:1D.
- Leape LL, Shore MF, Dienstag JL, et al. A culture of respect, part 1 and part 2: the nature and causes of disrespectful behavior by physicians. *Acad Med*. 2012;87(7):845-858.
- Lefton C. Why disruption can be a good thing. *Am Nurs Today*. 2013;8(5):26-29.
- Maxfield D, Grenny J, McMillan R, Patterson K, Switzler A. *Silence Kills: The Seven Crucial Conversations in Healthcare*. 2005. <http://www.silenttreatmentstudy.com/silencekills/SilenceKills.pdf>. Accessed June 15, 2015.
- Moore LW, Leahy C, Sublett C, Lanig H. Understanding nurse-to-nurse relationships and their impact on work environments. *Medsurg Nurs*. 2013;22(3):172-179.
- Nayback-Beebe AM, Forsythe T, Funari T, et al. Using evidence-based leadership initiatives to create a healthy nursing work environment. *Dimens Crit Care Nurs*. 2013;32(4):166-173.
- Patterson K, Grenny J, McMillan R, Switzler A. *Crucial Conversations: Tools for Talking When Stakes Are High*. Concordville, PA: Soundview Executive Book Summaries; 2009.
- Patterson K, Grenny J, McMillan R, Switzler A. *Crucial Conversations: Tools for Resolving Broken Promises, Violated Expectations, and Bad Behavior*. New York, NY: McGraw-Hill;2005.
- Robinson FP, Gorman G, Slimmer LW, Yudkowsky R. Perceptions of effective and ineffective nurse-physician communication in hospitals. *Nurs Forum*. 2010;45(3):206-216.
- Shirey MR. Authentic leadership, organizational culture, and healthy work environments. *Crit Care Nurs Q*. 2009;32(3):189-198.
- Wheeler KK. Effective handoff communication. *OR Nurse*. 2014;8(1):22-26.
- Boykins AD. Core communication competencies in patient-centered care. *ABNF J*. 2014;25(2):40-45.

- Brewer K. Issues up close making interprofessional teams work for nurses, patients. *Am Nurs Today*. 2012;7(3):32-33.
- Dougherty MB, Larson EL. The nurse-nurse collaboration scale. *J Nurs Adm*. 2010;40(1):17-25.
- Gordon S, Mendenhall P, O'Connor BB. *Beyond the Checklist: What Else Health Care Can Learn From Aviation Teamwork and Safety*. Ithaca, NY: Cornell University Press; 2013.
- Leape LL, Shore MF, Dienstag JL, et al. A culture of respect, part 1 and part 2: The nature and cause of disrespectful behavior by physicians. *Acad Med*. 2012;87(7):845-858.
- McCaffrey RG, Hayes R, Stuart W, et al. A program to improve communication and collaboration between nurses and medical residents. *J Contin Educ Nurse*. 2010;41(4):172-178.
- Tang CJ, Chan SW, Zhou WT, Liaw SY. Collaboration between hospital physicians and nurses: an integrated literature review. *Int Nurs Rev*. 2013;60(3):291-302.
- Twibell R, Townsend T. Trust in the workplace: build it, break it, mend it. *Am Nurs Today*. 2011;6 (11):12-16.
- Clark PR, Belcheir ML, Strohfus P, Springer P. Impacting patient safety through the healthy workplace journey. *Crit Care Nurs Q*. 2009;32(4):305-313.
- Eaton-Spiva L, Buitrago P, Trotter L, Macy A, Lariscy M, Johnson D. Assessing and redesigning the nursing practice environment. *J Nurs Adm*. 2010;40(1):36-42.
- Erickson JI. Overview and summary: promoting healthy work environments. *Online J Issues Nurs*. 2010;15(1): Manuscript overview. doi:10.3912/OJIN.VOL115No01ManOS.
- Flynn L, Liang Y, Dickson GL, Xie M, Suh D. Nurses' practice environments, error interception practices, and inpatient medication errors. *J Nurs Scholarsh*. 2012;44(2):180-186.
- Kramer M, Schmalenberg C. Confirmation of a healthy work environment. *Crit Care Nurse*. 2008;28(2):56-63.
- Lucian Leape Institute. *Through the Eyes of the Workforce: Creating Joy, Meaning and Safer Health Care*. Boston, MA: National Patient Safety Foundation; 2013.
- MacPhee M, Wardrop A, Campbell C. Transforming workplace relationships through shared decision making. *J Nurs Manag*. 2010;18(8):1016-1026.
- Nayback-Beebe AM, Forsythe T, Funari T, et al. Using evidence-based leadership initiatives to create a healthy nursing work environment. *Dimens Crit Care Nurs*. 2013;32(4):166-173.
- Prybil LD, Dreher MC, Curran CR. Nurses on boards: The time has come. *Nurse Leader*. 2014;12(4):48-52.
- Altman M, Rosa W. Redefining "time" to meet nursing's evolving demands. *Nurs Manag*. 2015;46(5):46-50.
- Kutney-Lee A, McHugh MD, Sloane DM, Cimiotti JP, Neff Felber D, Aiken LH. Nursing: a key to patient satisfaction. *Health Aff*. 2009;28(4):669-677.
- Schmalenberg C, Kramer M. Perception of adequacy of staffing. *Crit Care Nurse*. 2009;29(5):65-71.

- Bryant-Hampton L, Walton AM, Carroll T, Strickler L. Recognition: a key retention strategy for the mature nurse. *J Nurs Adm.* 2010;40(3):121-123.
- Kelly L, Runge J, Spencer C. Predictors of compassion fatigue and compassion satisfaction. *J Nurs Scholarsh.* 2015;47(6):522-528.
- Nayback-Beebe AM, Forsythe T, Funari T, et al. Using evidence-based leadership initiatives to create a healthy work environment. *Dimens Crit Care Nurs.* 2013;32(4):166-173.
- Shirey MR. Authentic leadership, organizational culture, and healthy work environments. *Crit Care Nurs Q.* 2009;32(3):189-198.
- Kahn SN. Impact of authentic leaders on organization performance. *Int J Bus Manag.* 2010;5(12):168-172.
- Marquis B, Huston C. *Leadership Roles and Management Functions in Nursing: Theory & Application.* Philadelphia, PA: Wolters Kluwer Health; 2015.
- McBride A. *The Growth and Development of Nurse Leaders.* New York, NY: Springer Publishing;2011.
- Nayback-Beebe AM, Forsythe T, Funari T, et al. Using evidence-based leadership initiatives to create a healthy work environment. *Dimens Crit Care Nurs.* 2013;32(4):166-173.
- Porter-O'Grady T, Malloch K. *Quantum Leadership: Building Better Partnerships for Sustainable Health.* Burlington, MA: Jones & Bartlett Learning;2015.
- Sabatier M. Bring back the authentic leaders. *Train J.* 2010;30-32.
- Shirey MR. Authentic leaders creating healthy work environments for nursing practice. *Am J Crit Care.* 2006;15(3):256-267.
- Warshawsky NE, Lake SW, Brandford A. Nurse managers describe their practice environments. *Nurs Adm Q.* 2013;37(4):317-325.
- Wong CA, Cummings GG, Ducharme L. The relationship between nursing leadership and patient outcomes: a systematic review update. *J Nurs Manag.* 2013;21(5):709-724