Are Institutions Educating Baccalaureate Students to Feel Comfortable Speaking Up for Patient Safety?

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Speaking up in the clinical setting occurs when nurses serve as patient advocate by verbalizing their concerns with the aim of resolving issues and enhancing patient safety (Fagan, Parker, & Jackson, 2016; Kent, Anderson, Ciocca, Shanks, & Enlow 2015; Omura, Maguire, Levett-Jones, & Stone, 2017). Speaking up is recognized as a duty that nurses have and as a means to prevent failures in patient safety and occurrence of adverse events. Even with these understandings, research has shown that nurses face multiple barriers when deciding whether or not to speak up (Hall, Klein, Betts, & DeRanieri, 2018). While teamwork and communication have been highly emphasized in the healthcare setting to improve safety, it is important to note that one study in the aviation profession found an over emphasis on team can actually serve as another barrier by discouraging individuals from speaking up (Bienefeld & Grote 2012).

Assuming that teamwork in any enterprise may share the same dynamic, it could be that too much education focus and training on teamwork in healthcare may also negatively influence the nurse who is deciding whether or not to speak up. Okuyama et al. (2014) found when education was specifically focused on speaking up, it proved to be an effective way to positively influence behaviors of participants. This highlights an opportunity whereby speaking up can be taught to nursing students during their undergraduate years for the purpose of enhancing their comfort, and increasing the likelihood they will, in fact, employ this skill set, with the end goal of improving patient safety. Thus, an answer to the question 'What curriculum is being taught in baccalaureate nursing programs to help students feel comfortable speaking up?' gives nursing education researchers an evidence-based place to move forward with investigating this topic.

Our review of literature uncovered only three studies related to the research question. Knowing that teaching speaking up can improve participants comfort while a focus on teamwork can be a negative influence, we propose that future research be focused on gathering data to determine whether nursing programs are actively teaching their students how to speak up, and how this is being done.
References:


Abstract Summary:

Speaking up is recognized as a duty that nurses have and as a means to improve patient safety yet there are barriers to it being utilized. There is an opportunity to educate nursing students so they are more comfortable speaking up when they have a patient concern.

Content Outline:

After viewing this poster, the reader will be able to:

1) Explain speaking up and its role in nursing

Nursing and the healthcare industry lack an agreed-upon meaning for speaking up. This is because speaking up, in healthcare settings, has been defined using different terms in research articles, and no standardized definition currently exists. Within research articles, there are similarities in the definitions provided, and by combining them, it can be understood where, how, and for what purpose speaking up occurs. By pulling these elements together we can understand speaking up as occurring in the clinical setting where one takes action by giving voice to a question, opinion, information, correction, clarification, or challenge, to someone with authority to act, aiming for resolution and patient safety (Fagan et al., 2016; Kent, et al., 2015;
It is largely recognized that the practice of speaking up by nurses is part of their role as patient advocate whereby the nurse has a duty to act in a manner to ensure patients receive high-quality, safe care. Not only is speaking up identified as a core responsibility of the nurse, it is also recognized as a way to prevent adverse events, and yet nurses do not consistently practice speaking up due to individual, contextual and other barriers (Okuyama et al., 2014).

2) Discuss how education focused specifically on speaking up is of benefit

There is much focus on education to improve teamwork and communication in the clinical setting for the purposes of improving patient safety. And much of the education focused on patient safety in healthcare has stemmed from lessons learned from the aviation industry. It is critical to point out, then, that Bienefeld and Grote (2012) found in aviation that an overemphasis on a positive team environment could actually further inhibit speaking up. Assuming that teamwork in any enterprise may share the same dynamic, it could be that too much focus and training on teamwork in healthcare may also negatively influence the nurse who is deciding whether or not to speak up.

If teamwork education and training is not an ideal means for better establishing speaking up, then a different tactic needs to be implemented. Okuyama et al. (2014) found when education was specifically focused on speaking up, it proved to be an effective way to positively influence behaviors of participants. Participants in these studies included interns, residents, and already-practicing nurses (Okuyama et al., 2014). This highlights an opportunity whereby speaking up can be taught to nursing students during their undergraduate years for the purpose of enhancing their comfort, and increasing the likelihood they will, in fact, employ this skill set, with the end goal of improving patient safety.

3) Summarize speaking-up education in the undergraduate nursing setting

Knowing that teaching speaking up in the healthcare setting can positively influence participant comfort with its utilization, it is important to know whether this skill is being taught in the pre-licensure setting for nurses. To guide this literature review, the following question was developed: What is being taught in baccalaureate nursing curricula to help students feel comfortable speaking up?

Three studies were found that related to the research question, and met inclusion criteria of publication in English and publication in the year 2000 or later. Of these studies, only the study by Kent et al. (2015) had both course content specifically focused on speaking up and an instrument that measured confidence in speaking up. This study included 63 senior level nursing students who were enrolled in a senior practicum course with content that covered “standardized communication tools, nurse-physician relationships, and strategies to deal with conflict” (Kent et al., 2015, p. S12). Within this content, the focus was teaching “students common phrases they can use to voice their concern, such as ‘I am concerned…’ Or ‘I feel uncomfortable…’” (Kent et al., 2015, p. S12). Results showed that after the course students were “more comfortable approaching others who were putting patients at risk” (Kent et al., 2015, p. S14).
Delisle, Grymonpre, Whitley, and Wirtzfeld (2016) utilized elements of Crucial Conversations, a commercially available program for teaching teamwork and communication. The course was available to pre-licensure healthcare students with a study sample of, n=38, 5 of whom were nursing students. While Crucial Conversations is focused on teamwork and communication not specifically speaking up, this article was included in the review because the authors state improvement of speaking up as a goal and saw the course as a means to teach “acquisition of skills needed to engage in conversations where stakes are high, emotions are strong and opinions vary” (Delisle et al., 2016, p. 778). The results showed the course had a positive influence on student attitudes regarding communication, but the instrument used did not explicitly measure attitudes related to speaking up (Delisle et al., 2016).

The third study by Reime et al., (2016) identified during the literature review, was a mixed methods study using four emergency simulation scenarios that “integrated skills in patient observation, clinical reasoning, problem solving, leadership, teamwork, communication, prioritizing, and delegation and medication practices” (Reime et al., 2016, p. 76). Participants were either medical students (n=78), post-graduate nurses (n=61), or undergraduate nursing students (n=123), with the latter mostly filling the non-speaking patient role (Reime et al., 2016). While the focus of the intervention was not specifically on speaking up and the quantitative instrument too did not focus on speaking up, we included this study because during focus groups, a sub-theme emerged when “students stressed the importance of speaking up to ensure safe patient practices” (Reime et al., 2016, p. 79).

Conclusion

The review of literature uncovered only three studies related to the research question. Knowing that education focused on speaking up can improve participants comfort while a focus on teamwork can negatively influence willingness to speak up, we propose that future research be focused on gathering data to determine whether nursing programs are actively teaching their students how to speak up, and how this is being done.

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