Practice, Silence, and Safety: Where are We Now?
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Purpose:
It has been 15 years since Maxfield et al. (2005) explored the issue of silence among nurses and other healthcare workers in the landmark study entitled *Silence Kills—The Seven Crucial Conversations for Healthcare.* Although major efforts to promote and improve nursing communication, advocacy, and patient safety began thereafter, studies published since that time have persisted in confirming difficulties for nurses in speaking up about concerns regarding patient safety. Examples include research by Abdi et al. (2015) and Beckmann & Cannella (2015). Nurses in many organizations have continued to experience unhealthy work environments (AACN, 2016). The purpose of the study reported here was to further examine the evidence regarding nursing silence behaviors and patient safety in relationship to the nurse practice environment.

Methods:
A predictive, correlational research design was used. Three major variables were examined: (a) nurse perceptions of the practice environment, as measured by the Practice Environment Scale of the Nursing Work Index (Lake. 2002), (b) nurse perceptions of patient safety, as measured by the *Hospital Survey on Patient Safety* (Agency for Healthcare Research and Quality [AHRQ], 2017), and (c) nurse preferences for silence about patient safety events (delineated as errors, mistakes, incidents, accidents or deviations regardless of patient harm [AHRQ, 2017]), as measured by the *Four Forms of Employee Silence Scale* (Knoll and Dick, 2013). The sample included 91 registered nurses working as full time staff nurses in hospitals.

Results:
Findings of the study detailed that over 50% of participants reported a preference to remain silent one or more times upon observation of a patient safety event in the last six months. Moreover, the results emphasized the important role of the work environment on the nurse's ability to speak up. Findings indicated that the nurse's perception of the nurse practice environment directly predicted the preference for silence about patient safety events. In fact, there was a significant negative relationship between the preference to remain silent and the perception of nurse practice environment; i.e., the less favorable the nurse's perception of the nurse practice environment, the more frequent was the nurse's desire to remain silent. Similarly, the perception of the nurse practice environment was a predictor of the perception of patient safety, i.e., the more favorable the perception of the nurse practice environment, the higher the perception of patient safety.

Conclusion:
This study contributes to the current evidence surrounding silence behaviors among registered nurses working in hospital environments, and advances knowledge regarding the nurse practice environment and its relationship to silence and patient safety. It is clear that the qualities of the work environment are crucial in allowing and promoting nurses to speak up about observed safety events, thereby improving patient safety.

Educational and practice strategies must be devised to help nurses better recognize and understand silence behaviors, their underlying motives, as well as their consequences in terms of patient safety.

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Abstract Summary:
This poster presents information that contributes to current evidence surrounding silence behaviors among registered nurses practicing in hospital environments, and advances knowledge regarding the nurse practice environment and its relationship to silence and patient safety.

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