

Practice, Silence, and Safety: Where are We Now?

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Introduction/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. Nurses in many organizations have continued to experience unhealthy work environments (American Association of Critical Care Nurses, 2016). The purpose of the study was to further examine the evidence regarding nursing silence behaviors and patient safety in relationship to the nurse practice environment.

Results

Findings emphasized the important role of the work environment on the nurse's ability to speak up:

- Nurse perception of the practice environment predicted nurse preference for silence about patient safety events (i.e., the less favorable the perception of the nurse practice environment, the more frequent was the desire to remain silent).
- Nurse perception of the practice environment predicted the nurse perception of patient safety (i.e., the more favorable the perception of the nurse practice environment, the higher the perception of patient safety).
- 51% of nurse participants reported a preference to remain silent one or more times upon observation of a patient safety event in the prior six months.

References

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Methods

- Research Design: Predictive, correlational
- Sample: 91 registered nurses working as full-time staff nurses
- Variables:
 - Nurse perceptions of the practice environment as measured by the *Practice Environment Scale of the Nursing Work Index* (Lake, 2002)
 - Nurse perceptions of patient safety as measured by the *Hospital Survey on Patient Safety*, Agency for Healthcare Research and Quality [AHRQ], 2017)
 - 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 van Dick, 2013)

Conclusions

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 nursing silence and patient safety. 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.