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A Multifaceted Approach to Promoting Speaking Up Behavior in a Community Hospital

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Executive Summary

Introduction of the Problem

An existing problem in some healthcare organizations is a perceived lack of healthy work environments and high turnover rates. Contributing factors to unhealthy work environments include lack of effective communication between caregivers, which contributes to individual work dissatisfaction, turnover, and a reduction in patient safety and quality outcomes (Wei et al., 2018). In a rural community hospital, a negative trend in the Agency of Healthcare Quality and Research Culture of Safety biannual survey results was illustrated by an increased score for the survey question by registered nurses (RNs), "staff are afraid to ask questions when something does not feel right" in 2017 at 53.19%, 2019 at 63.39%, and 2021 at 64.91%. In addition, bedside registered nurse (RN) annual voluntary turnover rates increased from 13.60% in 2020 to 15.12% in 2021. In a recent survey taken in November of 2021 by RNs when asked, "have you ever chosen not to contact a provider for fear of their response," 23% of the nurses responded affirmatively, citing provider anger, hostility, or yelling, fear of retaliation, feeling that nothing would change anyhow, and concern for job security.

To enhance a culture of safety and quality, organizations should prioritize the development of communication skills in nurses, just as clinical skills are prioritized and developed. Effective communication in healthcare includes the use of Speaking Up Behaviors (SUB) for patient safety and professionalism. Speaking up behaviors involve a nurse using his/her voice to make known to someone in positional authority information that might make a difference in ensuring a safe patient outcome (Sayre et al., 2012a). A multifaceted *Speaking Up Behaviors* intervention was implemented to evaluate its impact on patient safety outcomes, nurse

turnover, and nurse perception of comfort and confidence in use of voice for patient safety and professionalism.

Literature Review

Speaking Up Behavior includes sharing information in a structured format, asking questions, or sharing opinions with the expectation of a response and action from the listener (Kane, 2018; Kim et al., 2020; Okuyama et al., 2014; Sayre et al., 2012b; Schwappach & Richard, 2018; Yee-Shui Law & Chan, 2015). Barriers of and motivators to SUB were found in categories of personal, interprofessional, leadership, and organizational (Alingh et al., 2019; Best & Kim, 2019; Etchegaray et al., 2020; Farrell et al., 2021; Garon, 2012; Hall et al., 2018; Jones et al., 2021; Kane, 2018; Labrague & De los Santos, 2020; Morrow et al., 2016; Omura et al., 2018; Reid & Bromiley, 2012; Rowland, 2017; Schwappach & Richard, 2018). Interventions to promote SUB include educational programs, role play and simulation, and strategic creation of a patient safety culture which includes leaders being present through rounding, encouraging interdisciplinary feedback, and promoting and recognizing SUB, and providing formal communication tools to give SUB a psychological safety structure (Amiri et al., 2018; Best & Kim, 2019; D'Agostino et al., 2017; Frankel et al., 2019; Ginsburg & Bain, 2017; ISMP, 2019; Jones et al., 2021; Kane, 2018; Kim et al., 2020; Langois, 2022; Morrow et al., 2016; O'Donovan & McAuliffe, 2020; Reid & Bromiley, 2012; Sayre et al., 2012a; Weiss et al., 2014; Yee-Shui Law & Chan, 2015).

With multifaceted interventions to promote SUB, there is greater likelihood of positive patient safety outcomes such as reduction of medication and procedural errors, missed diagnoses, and morbidity and mortality (Garon, 2012; Hall et al., 2018; ISMP, 2019; Kane, 2018; Labrague & De los Santos 2020; Okuyama et al., 2014; Schwappach & Richard, 2018). The likelihood of

SUB is impacted more by multifaceted SUB interventions than educational interventions alone (Omura et al., 2017; Sayre et al., 2012a). Multifaceted SUB interventions that include visible administrative support result in improved perception of teamwork climate as an indicator for a healthy work environment, which in turn positively impacts job satisfaction and retention (Best & Kim, 2019; Garon, 2012; Ginsburg & Bain, 2017; Jones et al., 2021; Okuyama et al., 2014; Wei et al., 2018; Yee-Shui Law & Chan, 2015). Speaking up for patient safety is defined in the literature and is a professional mandate. While there are individual barriers to speaking up, without leadership and organizational support and structures in place, speaking up behavior will not be consistent. Validated speaking up climate tools are available to evaluate the likelihood of SUB for patient safety and professionalism situations (Martinez et al., 2015). The tools include the *Speaking Up Climate for Patient Safety* (SUC-Safe) Scale and the *Speaking Up Climate for Professionalism* (SUC-Prof) Scale (Martinez et al., 2015) and were used in this project.

Project Methods

The purpose of this quality improvement project was to implement multifaceted SUB interventions in a rural community critical access hospital with the goal of improving patient safety outcomes, reduce nurse turnover, and improve the comfort, confidence, and likelihood of nurses using their voice for speaking up. The project design included interventions aimed at impacting organizational structure and culture, leadership, and individual nurses' comfort and confidence. Facility stakeholders who agreed with the identified problem and need for intervention included the Chief Nursing Officer, Director of Quality and Safety, and the Chief Executive Officer. Interventions included development of SUB structured communication and debriefing tools, organizational policy, a “Great Catch” program to formally recognize SUB attempts, leader rounding, and a SUB educational program that included role playing. The

project was submitted to the Southern Illinois University Edwardsville Institutional Review Board for approval of the descriptive, cross-sectional project design aimed to evaluate the effectiveness of the interventions by using pre and post measurements from validated and customized speaking up climate tools. The pre-intervention measurement took place in November 2021, project interventions took place May through September of 2022, and the post intervention measurement took place in November 2022.

Evaluation

Validated speaking up climate tools were used to evaluate the effectiveness of the interventions by administering surveys pre- and post-intervention. The tools included the SUC-Safe Scale and the SUC-Prof Scale. These tools were validated in studying SUB in medical residents and have also been used to measure SUB in other healthcare providers including nurses. Additional survey questions via a *SPEAK* tool included custom questions designed to evaluate nurse speaking up comfort and trust and history of choosing not to speak up. Cronbach's alpha was measured to determine internal consistency and suitability of tool use for the clinical nurse population in this organization. Reliability was high with SUC-Safe α=0.81, SUC-Prof α=0.84, and SPEAK α=0.86.

Statistical analysis of the SUC-Safe scale, SUC-Prof scale, and the SPEAK tool was conducted using the International Business Machines Statistical Package for Social Sciences (IBM SPSS) software by a qualified statistical analysis professional to compare pre and post intervention data using one sample *t*-Tests. For the SUC-Safe scale, compared to baseline, participants post-intervention reported statistically significant higher levels of comfort speaking up about patient safety ($M= 78.1 \pm 19.6$ vs 78.93 ± 19.6, $p<0.001$). For the SUC-Prof scale, compared to baseline, participants post-intervention reported statistically significant higher levels

of comfort speaking up about professional issues (M= 65.9 ± 21.8 vs 67.4 ± 21.9, $p<0.001$). For the SPEAK tool, compared to baseline, participants post-intervention reported statistically significant higher levels of engagement and trust in speaking up (M= 77.1 ± 21.4 vs 80.6 ± 17.5, $p<0.001$). An exact McNemar's Chi Square test determined there was a statistically significant proportion of the participants (n=56) who had and had not chosen to contact a provider for fear of their response ($p<0.001$) post-intervention.

Qualitative data from the surveys were evaluated and resulted in categories of factors that influence the choice to not speak up. Those categories included fear of repercussions/retaliation, history of experiencing a negative response, belief that speaking up will not result in meaningful action, and feeling inexperienced. The Speaking Up Behavior educational program resulted in nurses reporting feeling 73.24% more likely to speak up (n=41).

The quarterly rate of Safety Event Notification System for Organizational Reliability (SENSOR) events per 1,000 patient days that involve communication showed a rate reduction from as high as 2.25 pre-intervention to 0.76 in the first measurement period post-intervention. Nursing turnover data outcomes included a reduction in the quarterly bedside nurse voluntary turnover from up to 14.5% pre-intervention to 13.0% in the first measurement quarter post-intervention. While this reduction could be attributed to other uncontrolled organizational factors, the SUB intervention was the only intentional change directed to reduce nurse turnover.

A project limitation was the lack of several post-intervention data points for outcome evaluation. Another project limitation was lower than desired engagement of registered nurses due to lean staffing with 50% or more of the registered nurses being agency nurses. This impacted involvement in the educational component of the project, as 68 of 143 registered nurses in the organization (47.6%) participated in the role-playing educational program. Sustainability

was planned through an annual computer-based learning (CBL) program, which is limited at this time due to available resources. Additional in person nursing skills days were given with a goal of engaging 80% of the organization's registered nurses and will continue until an annual CBL is deployed.

Impact on Practice

Immediate impacts post project implementation in the organization were nurse recognition of organizational culture change along with leadership and medical staff support of speaking up through policy change, Medical Executive Committee involvement, and intentional leader walking rounds. Speaking Up Behavior Debriefing tools were used by nurses immediately following the educational intervention to report instances of speaking up to medical providers or their nurse manager to advocate for patient safety. Another impact to the culture was recognizing those who identified safety issues and spoke up to ensure a safe outcome with the Great Catch and Life Saver awards.

A long-term impact of this project could result in improved patient safety communication and a decrease in SENSOR events reported involving a failure in communication. Additionally, multifaceted SUB interventions impact nurse perception of a healthy work environment, which will be evidenced by further reduction in bedside nurse voluntary turnover.

Conclusions

A multifaceted approach to promoting SUB in a community hospital resulted in organizational culture change. Nurses who attended a SUB educational intervention were 73.24% more likely to utilize SUB, and the project interventions resulted in statistically significant increases in perceived ease of speaking up for patient safety and professionalism, as well as comfort and trust in speaking up. The project interventions were related to a reduction in

patient safety events involving communication as a contributing factor and bedside nurse voluntary turnover.

Recommendations for the future include ongoing implementation of promoting SUB, with new colleagues being educated on the use of the structured SUB communication tool during onboarding, and leaders receiving support to continue walking rounds with follow-up communication. Additionally, the factors that nurses identified as reasons for choosing not to speak up, including fear of repercussions/retaliation, history of experiencing a negative response, belief that speaking up will not result in meaningful action, and feeling inexperienced need to be addressed as part of project sustainment.

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