QI boxset: How to have psychological safety in practice

Helen Silver-MacMahon and Pam Mosedale

RCVS Knowledge:

Welcome to the Quality Improvement Boxset by RCVS Knowledge, a series of webinars, podcasts, and video interviews for practices and practitioners.

Pam Mosedale:

Hi everyone. Today I'm going to talk to Helen Silver-MacMahon. Hi Helen.

Helen Silver-MacMahon:

Hi Pam. How are you?

Pam Mosedale:

Good, thank you. How are you?

Helen Silver-MacMahon:

I'm very well, thank you. Enjoying the sunshine today.

Pam Mosedale:

Good. So I think most of you will know who Helen is, but Helen is an RVN and she also specializes in Human Factors and spreads lots of loveliness around about how we in the veterinary world can learn so much from Human Factors. And she's currently a PhD student too. So, Helen, I've seen lots of posts on LinkedIn and that type of thing, talking about how we can change practice and people keep mentioning psychological safety. What does that actually mean? What is psychological safety?

Helen Silver-MacMahon:

The easiest way to remember what psychological safety is, is that it's the feeling of being able to speak up. I'm sure we've all been in those situations where we haven't felt safe to speak up. I distinctly remember at school when I was in maths being terrified, to be asked a question in maths, I would prefer to run and hide rather than to answer it. And that's really the feeling

that we're talking about. We want everybody within the practice to feel that they can contribute their ideas, their thoughts, and ask questions in a timely manner without being blamed or judged or criticized. And that really no question is a silly question. So it's really that kind of feeling of safety and the ability to talk on a really level playing field with your peers really.

Pam Mosedale:

That makes sense. And how can you tell if your practice has already got psychological safety or not?

Helen Silver-MacMahon:

I think that's quite an interesting thing to ask because I think it's really dynamic and it can be just between two people. It can be within a team, it can be within the whole organization. So there might be some rooms you go into some days where you're very happy to speak openly and plainly. There might be other rooms you go into where you don't feel that safe and you are perhaps a little bit more guarded and a bit more careful. So it's quite something that's quite difficult to measure or quantify, but the importance of having it and fostering it and really I suppose the main thing that we want to encourage people to do is to seek to have it and to continually work to embrace it and bring it into their cultures so that everybody in every room feels that they can speak up and they're encouraged to do so. And that is the responsibility of every member of the team regardless of your position within any perceived hierarchy or anything like that.

Pam Mosedale:

So I guess it's an ongoing thing really, because we all know in practice that the dynamics of so many things can change. You think you've got something established well, then you get team member changes all sorts of things. So I guess that'd be the same with psychological safety, that it's a constant endeavour presumably.

Helen Silver-MacMahon:

Definitely, absolutely. And it's really important that everybody feels it because if we think about our practices, we do have work experience or EMS students who are coming in and they might only be there for a few days or perhaps a week or so, and it's still important that they feel able to contribute and ask questions, not just for their learning, but also because, let's face it, things happen so quickly within veterinary practice that they might be the only person who sees the disaster before it happens. We might all be focused on the head of the patient for some reason, and behind us the APL valve may have dropped, the rebreathing bag may be filling.

What we really want is everybody in the room if they notice that, to be able to say at the very least, "oh, is that supposed to be happening? Am I noticing something odd?"

And really vocalize that and make people aware of it so that we can really make our environments more safe through that ability of everybody to contribute their ideas because, and we need to bring people into saying to them, first off, "I want to hear about what you've got to say. It's important that if you see something strange or you think something's different, that you ask the question. And there are no silly questions. The only silly things are when we don't talk about things and things go wrong, then". So yeah, it must be a constant endeavour from people who are there for one day or a week right through to people who've been there many years. And certainly, when we join the team, it's something that we need to make sure of when we're mentoring people. People can even get ahead of the curve by when we're interviewing for a position, we can start to talk about it then and get people understanding that that's something we'd expect. "We expect you to be able to speak up if you notice something different or you're not sure what's going on, you think somebody might be making an error. We're not going to have jumped to the conclusion that you're nitpicking or anything like that. We're going to understand that we have this culture where we speak up, find out, because that's a lot safer than saying nothing and helps our patients more and helps people learn and grow in the most effective way as well".

Pam Mosedale:

So what you're saying is it's a really important part of patient safety too.

Helen Silver-MacMahon:

Yeah, absolutely. Absolutely. And when we think about some of the key disasters in Human Factors that we learned from, when we think about the Tenerife air disaster or the case of Elaine Bromley, both of those really high-profile cases, a large contributory factor was the fact that people didn't feel able to speak up. They felt that something was holding them back. In the Tenerife air disaster, it was because the culture in aircraft at that time was that the captain was a godlike creature, and you didn't speak back to him. It was like, again, like being at school where you don't answer back, that kind of thing. If the copilot had felt happy and really asserted himself and perhaps had some assertive training, he probably would've said, "actually, I'm pretty sure that plane's on the runway still. We need to stop and reevaluate this". But he didn't have that safety and unfortunately lots of lives were lost that day.

And then when we think about Elaine Bromley, the nurse that day knew that the way to save her life was to place a tracheostomy tube, but because of the way she'd been treated by people

and the fact that she didn't feel safe to assert herself and say, "I've got the trach tube kit". Actually again, that case sort of ended in disaster. So it's really important for patient safety that every member of the team feels that their voice is important to be heard. I think there's that wonderful quote from, I think it was one of the caretakers or what have you at NASA about when they asked him what was he doing. He was actually brushing the floor at that moment. But I think his answer was, "I'm putting a man on the moon" or "I'm involved in the actual process". And that's true. So it's kind of changing the mindset, the culture to make sure that everybody knows that their input is important. And it might be a small detail that you notice that could change the whole course of events for a patient. So it's really, really important for patient safety.

Pam Mosedale:

Yeah, that's really interesting, isn't it, about hierarchies that can happen and how people don't feel safe to speak up. And I really like that idea that an interview saying to people "around here, we expect people to speak up", which is great, but if you are starting off and thinking about this in your practice and you think, 'well, maybe we haven't really got this psychological safety stuff yet'. So apart from that and interviews, what else would you ask practices to do to try and improve psychological safety? What would you suggest?

Helen Silver-MacMahon:

So I think, like I said, it's a continual endeavour. We need to be continuous in our practice of enhancing psychological safety. The first thing we can do is we can acknowledge fallibility. We're all humans, we're all going to make mistakes at some point. Might not be daily, but we are going to make mistakes that's going to happen. And sometimes when you admit that fallibility, that acknowledgement of the fallibility actually helps other people see that you are also human. So it's very easy to feel perhaps when you're promoted to a leadership position that you almost feel like you might be on a pedestal, that people are really looking to you for all of the answers all of the time, and you dare not say, "I don't know, or I'm not sure". Actually by admitting that you make mistakes, perhaps you don't know all the answers, you might need to go and look in a textbook or Google it.

Those things can be really helpful because they help other people realize that you are human too. Nobody knows everything all of the time. So the first thing would be acknowledging fallibility and really making sure that people realize that you are just the same as them, even if you're in a leadership position and you can ask the question and together you can solve the answer. The other thing you can do is model curiosity. So this is particularly good if you've got work experience students. I'm sure we've all been in that position where we were doing work

experience and we felt that we were wearing a cape of invisibility. Nobody would really notice if we didn't come back from lunch or that's how we felt, at least we were kind of a bystander that was probably a bit always in the wrong position. Let's face it, always getting in the way can be really awkward and that can make people feel, I'm sure if people listening pause for a minute and remember how they felt when they did work experience, actually when you pause and think about it, we want to get through that.

So what can we do to bring people in? And the way we do that is by modelling curiosity. So it might be as silly as asking questions of, "have you seen this procedure before? Do you have any pets at home? What are you doing for your A levels?" If it's a work experience student or it might be for an EMS student, "what practice have you seen so far or how are your studies going? Is there anything that you're really interested in?" All of those little things, what you're really saying is, I care what you think, I want to know about you. I'm really curious. And what that does is just opens the door slightly to make sure they realize we know that they have a voice and we want them to hear it. And more than that, we can then say, "actually, you know what?

If you see me doing something that you don't understand or you think might be silly, I want you to tell me about it". It's important that everybody feels that way. So it's reinforcing that with every member of the team, doing that when people come for interviews and doing that, when people are joining teams being mentored into the team, it might be that you have a particularly complex case and if you're the leader of that case, if you are the vet in charge again or the nurse in charge of the wards that day, again, it can be really worthwhile just saying "today is going to be a busy day. If anybody spots anything that they're worried about, feel free to shout up and ask for help." Just small things like that can really make people think I'm not alone. And more than that, people want to know my opinions and making sure people are involved in care.

So really getting people to understand that work is or framing work should be a problem. So it's a complex problem, a dynamic problem every day for us. So we might need everybody together to solve that problem. And if we imagine a pool of wisdom if we're all stood around the pool of wisdom, it's within each of our powers to decide how much information we put into that pool, whether we want to turn on our tap and let our information flow and fill the pool so we've got lots of ideas or whether we take a step back so we're not so engaged, we're perhaps a little bit worried. If we can get everybody around the pool, contributing their ideas freely, letting them flow, then what we have is a really great opportunity for developing care for our patients that is really contextualized, is really kind of proactive and forward thinking and involves everybody.

So everybody's acknowledged and they feel appreciated and heard within the team. And then that's going to elevate your team and your team performance as well. So there's lots and lots of things we can do. The other thing that we can do is to make sure that any negative behaviours are dealt with in a firm manner. So if you see somebody undermining somebody or perhaps somebody's taking the mickey or something like that, of somebody's opinion or maybe belittling somebody making a mistake, take them aside. Explain to them that actually just with kindness, take care when you're doing that because what we want to do is make sure that everybody feels safe to speak up. So it might've been a silly question, but be careful how you address it. So being firm with those negative behaviours, obviously, if people are uncivil, then dealing with that appropriately so that you are really always kind of making sure people feel trust, they feel this kind of place within the team that means that they can speak up.

Pam Mosedale:

Yeah, I mean you will get people won't you with the best intentions. They're stressed when it's a really difficult case and you are the surgeon in charge of it and you're stressed, you're more likely to be a little bit uncivil or not think as much about these things. So I suppose it's something that takes a while to establish, doesn't it? To get everyone singing from that hymn sheet.

Helen Silver-MacMahon:

Definitely. And I think sometimes it's important that we're kind of mindful and we're patient because like you say, when we're in a busy environment, we need to get the job done. So sometimes some things like this kind of concept can feel like fluff and it can feel like I haven't got time for that, or I actually don't even want the work experience in the room because I've got to have a complex case and it's just going to be too much. So of course there might be times when actually you need to manage that, but being able to spend a moment and collect your thoughts and remembering that actually the research behind psychological safety, and we just kind of take a few steps back, is that companies like Google, NASA have done a lot of work on finding out what makes team performance the best it can be.

And they've hypothesized that actually it would be things like the brains on the team or the qualifications of the people in the team, where the people went to high-flying universities, things like that. And when they drilled down to it, when Google particularly did a study called Project Aristotle, they found that actually it was nothing to do with any of those things. The key differentiator between higher and lower-performing teams was actually psychological safety. So on the days where perhaps this concept feels like a bit of a thorn in your side, perhaps you haven't got the patience, you're rushing, actually, it's really important to remember that

there's a bigger picture to this. It's going to really influence our performance. It's going to really influence our ability to take care of our patients as a team and make sure that they get the care that they deserve. So it is worth just being patient if you can, and taking that moment to remember that it's not just fluff actually, it's scientifically really, really important.

Pam Mosedale:

And what you said about involving the whole team, including the work experience and everyone in the team; reception and trainees and students, everybody I think really resonates with me when it comes to Quality Improvement too, because that's a whole team activity. It's no good if it's just being done by just the vets or just the nurses. It's got to be a whole team activity. Do you think practices that get involved in Quality Improvement that that might help them on their way to psychological safety?

Helen Silver-MacMahon:

Definitely, definitely. I think it's kind of a chicken and egg situation actually, because I think psychological safety will help Quality Improvement and vice versa. So when we are talking about things that perhaps haven't gone as well as we thought, then we need that psychological safety. So we need to be able, if we're doing learning discussions, perhaps we're getting together to do a significant event audit, something like that, we want to be able to openly discuss the case. It might be something that went brilliantly, and we can happily share that. And that can be a really good place. I know we've discussed this before of starting start with something good and that you are happy to contribute to. And then the stickier ones sometimes are those ones where something hasn't gone as well and they can be more difficult to talk about. So it's important to set it up that the environment is one that we're not blaming or judging or criticizing, and we are going to practice and encourage psychological safety, get people to come forward.

And you might notice that one person is not participating in this discussion, for instance, what can you do to bring them in? Because it might be their perspective, their viewpoint, that actually really contributes to the improvements that we can make down the line. And we need everybody and the team to buy in as well. If we want to, perhaps we want to put in place a new strategy to improve something and then we want to re-audit it, we need everybody on the team to do that. So if they can see, I'm sure we've all been in that position again where we've sat in meetings going, "oh, well this won't work."

And sometimes you don't say, do you just think, "oh, here they go again, they're not going to..." We need everybody to say, "well, I'm a bit concerned that this might not work because of X, Y,

Z". Then the rest of the people around the table can go, "oh, I hadn't thought of that, or maybe we need to adapt this part or consider this part". And as you can see, by adding that little bit of wisdom, then the pool is richer, the idea gets better, and people feel like they've been acknowledged and heard, and then they're happier than their work. So yes, I think Quality Improvement can play a massive part in getting people together and making sure that we're working for the greater good, really, that we're all getting together to solve problems. And yeah, really important.

Pam Mosedale:

That's nice to know. So I mean, it sounds great if your practice has got psychological safety and it's the sort of practice that all of us would love to work in, I think a practice of psychological safety. So that's difficult to assess, isn't it at an interview or whatever? But the other thing I was thinking about, is there any research around whether practices that do have this retained team members more than others? That would be an interesting idea, wouldn't it?

Helen Silver-MacMahon:

Oh, so this is, gosh, you're asking a good question now, Pam. So there was a recent study called Stay Please by the American Animal Hospital Association. If you haven't... people haven't seen it. It's called AAHA, that's it. They did a really interesting look at why we're feeling such challenges around employee retention at the moment. And the thing that came out was teamwork. So to go back to that, I haven't got an exact figure of what happens, but what we know that the figures from this study, Stay Please, says that having good teamwork makes people 40% more likely to stay within their roles. So it is a good way to make sure people stay within the team. So obviously you don't want to have a leaky bucket, so you don't want to be continually filling it up. So yes, there is some research that says that actually this is something that's really important, and we also know the great costs of recruitment and what have you.

So we want to make sure that we have teamwork at the forefront. So it kind of all builds towards this picture of understanding that psychological safety is a massive part of teamwork. Teamwork is a massive part of retention, and that comes back to things like human needs, really basic human needs, that feeling of need of belonging. And often people describe their veterinary workplaces as families. I frequently hear that, that they don't feel that they work with colleagues, they work with people that they really, really feel bonded to so they feel belonging. And when you feel belonging and you work with family, then I suppose you're more likely to be able to feel that you could be yourself and be able to speak up as well. So I think there's some interesting evidence that kind all comes together to the same conclusion that

psychological safety is also great for retention, also great for making sure that we have good teamwork.

Pam Mosedale:

And I think good teamwork is very important for outcomes when it comes to veterinary work as well. So patient safety, as we said, and outcomes of procedures. No good having brilliant surgery if you don't have the follow-up and afterwards. So I think I had a couple of other questions which were really around what are the benefits of psychological safety and why do we need it? But I think you've absolutely addressed those already. But basically, yeah, we do need it. So is there anything, a last message you'd like to tell our listeners about psychological safety?

Helen Silver-MacMahon:

Well, when you said about the benefits, one of the statistics that I didn't mention is that we know that the benefits of psychological safety largely come from a state of trust and curiosity that we find ourselves in when we feel safe. And that releases some really lovely kind of happy hormone. So dopamine, serotonin, oxytocin, all of those good things. And when that happens, we learn more eagerly, we retain that information better. We have improved resilience and persistence, and it actually proves our cognitive ability through decreasing our cognitive workload. And there's some studies that say that that can be as much as up to 30%. So it's really optimizing your team. So that's worth remembering when we talk about benefits. It's also really benefiting the practice as well. So if your perspective is more from the financial perspective, then be reassured that this is going to affect your bottom line, whether it's by making sure that people are retained, we've talked a little bit about that already.

It's going to improve your quality, it's going to help people learn from mistakes and report concerns, and everything is going to feed into a richer, happier environment to work in. So those things as well to remember. But I think the main thing that I'd like to encourage people to do is to take a step back and think, have you always felt psychologically safe in practice or in life? And I'm sure the answer probably would be at some point, no. Can you think of how it felt and when was that time? And what could you do to make sure that somebody in your shoes didn't feel like that? So if it is that you remember that when your work experience actually was pretty painful, some days feeling like nobody could see you, what small change can you make to actually welcome the work experience person that's with you this week in and begin that conversation? Be curious, how did it feel when you first started a job again? Did you fill days where you didn't know anybody? And what can you do to bridge that gap? And really, if

everybody make sure that we all attend to or just remember it in the back of our minds, then we can slowly, slowly make a change, enhance our cultures, and the benefits will soon come.

Pam Mosedale:

Brilliant advice. Thank you so much, Helen. It's been lovely to talk to you this morning.

Helen Silver-MacMahon:

You too. Take care

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