

## Staff Nurses Perception Regarding Speaking up about Patient Safety

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### Abstract

**Background:** Culture of safety in health care environment and speaking up by staff nurses is a principal aspiration of the current patient safety movement, and sustaining a strong safety culture is seen as imperative to the delivery of safe, high quality and cost-effective patient care. **Aim:** This study aimed to assess the perception level of staff nurses regarding speaking up about patient safety. **Research design:** Descriptive design was utilized in this study. **Setting:** This study was conducted in Cardiovascular Surgery Hospital, which affiliated to Ain Shams University Hospitals. **Subject:** The study subject consisted of all 119 staff nurses. **Data collection Tools:** one tool was used in this study: Speaking up about patient safety questionnaire. **Results:** 54% of the studied staff nurses had high perception level of total speaking up about patient safety 26% have moderate perception level and 20% of them have low perception level. **Conclusion:** Educational level, years of experience and attendance of training program for nurses about regarding speaking up about patient safety have direct effect on the degree of staff nurses' perception regarding speaking up about patient safety. **Recommendation:** Create appropriate culture that makes it easy to speak up about patient safety concerns. Hire proper and qualified staffing who have a culture that values patient safety through assess the nurses' safety knowledge and practice in staffing process.

**Keywords:** Patient Safety, Perception, Speaking up & Staff Nurses.

### Introduction

In the nursing profession, effective communication and the ability to speak up are paramount for ensuring patient safety, fostering teamwork and promoting a culture of transparency and accountability. Nurses who are aware of the importance of patient safety culture are more likely to recognize potential risks and advocate for necessary changes to improve patient care. By fostering a culture where speaking up is encouraged and valued, healthcare organizations can enhance patient safety, improve outcomes and create a safer environment for both patients and healthcare providers (Obos, 2021).

Speaking up refers to the proactive communication of concerns, ideas or suggestions by nurses to improve patient care or address safety issues within the healthcare setting. It involves speaking out against potential risks, errors or unsafe practices in order to promote patient well-being and enhance the quality of care provided. This proactive approach to communication empowers nurses to advocate for their patients

and contribute to a culture of safety and continuous improvement within healthcare organizations (Lee et al., 2023b).

Speaking up about patient safety refers to the proactive communication by healthcare professionals when they identify potential or actual safety concerns in patient care. This involves voicing concerns, reporting errors or near misses and suggesting improvements, all aimed at preventing harm and ensuring high-quality care. Encouraging a culture where staff feel empowered to speak up without fear of retribution is crucial for early detection of issues, fostering a safer healthcare environment and enhancing overall patient outcomes (Pavithra et al., 2022).

Several factors influence the willingness of healthcare professionals to speak up about patient safety concerns. These include the organizational culture, leadership support, the presence of clear reporting systems and the perceived consequences of speaking up, such as fear of retribution or being ignored. Additionally, individual factors like confidence, experience and the perceived severity of the issue play a role. Creating an environment

where open communication is encouraged and valued is essential to overcoming these barriers and ensuring patient safety (Pack et al., 2022).

The reluctance or failure to speak up about patient safety among nurses can have detrimental effects on patient outcomes. Without open communication channels for sharing concerns or observations, critical issues like medication errors, unsafe practices or deteriorating patient conditions may go unnoticed or unaddressed. This lack of timely intervention can lead to adverse events, preventable harm and even patient fatalities. Therefore, fostering an environment where nurses feel empowered and supported to speak up about patient safety is essential for safeguarding patient well-being. Therefore, fostering an environment where nurses feel empowered and supported to speak up is essential for ensuring proactive identification and resolution of potential safety risks, ultimately safeguarding the well-being of patients under their care (Etchegaray et al., 2020).

Patient safety refers to the proactive measures and practices implemented within healthcare settings to prevent harm or injury to patients during the course of their medical care. It encompasses a wide range of strategies, including the prevention of medical errors, infections, falls and adverse events, as well as the promotion of effective communication, collaboration among healthcare providers and adherence to best practices and standards of care (Domer et al., 2021).

Patient safety culture refers to the shared values, beliefs and norms about the importance of patient safety within a healthcare organization. It encompasses the attitudes and behaviors of healthcare professionals towards reporting and addressing errors, as well as the systemic processes put in place to prevent harm to patients. A strong patient safety culture is characterized by open communication, continuous learning and a non-punitive approach to error reporting. This culture encourages healthcare workers to speak up about potential safety issues and to participate in efforts to improve safety protocols, ultimately leading to better patient outcomes and a

reduction in preventable adverse event (Oweidat et al., 2023).

Developing a robust patient safety culture involves commitment from all levels of an organization, from top management to frontline staff. Leadership plays a critical role in modeling and promoting safety values, ensuring that policies and procedures support safe practices and providing the necessary resources for safety initiatives. Regular training and education on patient safety, coupled with the implementation of evidence-based practices, are essential for fostering a culture that prioritizes patient well-being. Additionally, measuring and monitoring safety performance through audits, feedback and incident reporting systems helps organizations identify areas for improvement and sustain a focus on safety (Prates et al., 2021).

### Significance of the study

Ensuring the protection of both patients and staff members from harm stands as a fundamental responsibility for all hospitals, necessitating their focused attention on managing patient safety. Instances of unintentional harm occurring during clinical procedures, occasionally resulting in fatalities, underscore the imperative of addressing patient safety comprehensively. This issue, although relatively recent in the realm of healthcare organizations, holds global significance, impacting countries across various developmental stages. Patient safety emerges as a discipline within the healthcare sector, employing safety science methodologies to establish a dependable system of healthcare delivery (World Health Organization, 2021).

Healthcare workers frequently encounter situations prompting concerns about patient safety or requiring clarification to prevent errors from reaching patients and causing harm. In such scenarios, fostering open communication becomes paramount to averting potential harm to patients. Given the prevalent occurrence of medical errors and adverse events in hospital settings, proactive measures such as speaking up assume critical importance. Healthcare workers speaking up to voice their concerns when encountering hazardous clinical situations

serves as a crucial communication strategy aimed at preventing patient harm (Leape, 2021).

### Aim of the study:

This study aimed to assess the perception level of staff nurses regarding speaking up about patient safety through:

- Assessing speaking up related behavior as perceived by staff nurses.
- Assessing speaking up related climate as perceived by staff nurses.
- Assessing speaking up barriers as perceived by staff nurses.

### Research Question

What is the perception level of staff nurses regarding speaking up about patient safety?

### Subjects and Methods

#### I. Technical design

The technical design involved a description of the research design, setting, subjects of the study and tools of data collection.

#### Research design:

A descriptive design was utilized for conducting this study.

#### Setting:

This study was carried out in Cardiovascular Surgery Hospital, which affiliated to Ain Shams University Hospital. The hospital consisted of 15 units, described in the following table.

Floor	Units
Ground floor	Out- patient clinic, Emergency unit
2nd floor	Cardio-catheter surgery OR, CCU1, CCU2, CCU3, CCU4 _thoracic surgery OR.
3rd floor	Sterilization unit
6th floor	Internal patients unit
7th floor	Internal patients unit
8th floor	ICU, thoracic ICU, Cardio-Pediatric ICU, Cardio-thoracic surgery OR.

Rational for selecting this setting there's a large number of nurses with different qualifications and different departments that allow to collect data and easily to communicate

#### Subjects:

The subjects of this study consisted of all staff nurses working in the aforementioned study setting; their total number was 119 staff nurses.

#### Sampling technique:

A convenient sampling technique was used.

#### Data collection tools:

Data for this study were collected using one tool namely speaking up about patient safety questionnaire.

This tool was developed by **Schwappach, & Niederhauser (2019)** and was adopted by the researcher. It included four parts as follow:

**Part 1:** This part intended to collect personal and job characteristics of studied staff nurses including age, gender, marital status, level of education, years of experience, department in addition to attendance of training program.

**Part 2:** This part aimed to assess respondents' perception of speaking-up- related behavior. It consisted of 11 items categorized into three dimensions, Perceived safety concerns

(3 items), Example: Have you had specific concerns about patient safety? Frequency of withholding voice (4 items), Example: Did you choose not to bring up your specific concerns about patient safety? & speaking up (4 items) Example: Did you bring up specific concerns about patient safety?.

**Scoring system:** responses of study subject were measured on five -points Likert scale. Each item has five responses ranging from: 'For never' (0 times), 'rarely' (1-2 times), 'sometimes' (3-5 times), 'often' (6-10 times), and 'very often' (more than 10 times) responses were summed-up and the total divided by the number of the items for giving mean score. The perception level was considered to be high if the percent score was more than 75% and low if it was less than 50%, while the score ranged from 50% to 75% considered as moderate (Schwappach, & Niederhauser, 2019).

**Part 3:** This part aimed to assess respondents' perception of speaking-up-related climate at their workplace. It Include 11 items organized into three subscales as shown Psychological safety (5 items), Example: I can rely on my colleagues whenever I encounter difficulties in my work. Encouraging environment (3 items), Example: In my unit I observe others speaking up about their patient safety concerns & Resignation (3 items), Example: When I have patient safety concerns it is difficult to bring them up.

**Scoring system:** responses of study subjects were scored as strongly disagree (0), disagree (1), average (2), agree (3), and strongly agree (4) For each item. Responses were summed-up and the total divided by the number of the items for giving mean scores. The perception level of Speaking up related climate was considered to be high if the percent score was more than 75% & low if was less 50%, while the score ranged from 50% till 75% considered as moderate (Schwappach, & Niederhauser, 2019).

**Part 4:** This part aimed to assess respondents' perception of barriers to speaking up. It included multiple- choice (yes/no) questions asking for the relevance of six predefined barriers to speaking up like; Is a fear of negative reaction can cause barriers to speaking up?

Is the lack of clarity about the risks of a situation cause any kinds of barriers to speak up?

**Scoring system:** responses of study subjects were scored as yes (1) and no (0) For each item. Responses were summed-up and the total divided by the number of the items for giving mean scores. There were barriers if the percent score was more than 50%, while considered no barriers if the percent score was less 50% (Schwappach, & Niederhauser, 2019).

## II. Operational Design

The operational design included three phases namely: preparatory phase, pilot study and fieldwork.

### Preparatory phases:

This phase started with a review of current and past, national and international related literature concerning the subject of the study, using textbooks, articles, and websites. This review was helpful to the researcher in reviewing and developing the data collection tool.

### Tool validity

The preliminary form of the data collection tool was presented to a jury group for face and content validation. The jury group consisted of five experts from Faculty of Nursing Ain Shams University in the field of Nursing Administration (Two Assistant Professors and Three professors). Tool was assessed for its clarity, comprehensiveness, simplicity, understanding and applicability. According to the jury opinions modifications as rephrasing and adding or omission were performed by the researcher.

### Tool reliability:

Reliability of data collection tool was examined through assessing internal consistency by Cronbach's alpha coefficient as Speaking up about patient safety questionnaire was 0.724.

### Pilot study

A pilot study was carried out on 12 staff nurses which represents 10% of the study subject. It aimed to assess the relevance, clarity and content of the tools used for data collection, it also estimated the time needed for fulfilling study sheets (about 25 to 30 minutes) and help in exploring the possible obstacles and problems that might face researcher and interfere data collection as well. According to the result of the pilot study,

no modifications were needed. Hence, participants in the pilot study were included in the main study sample.

### Fieldwork

After securing the official approvals for conducting the study. The researcher met the director of the hospital and nursing director to obtain their approval and to determine the suitable time to collect data. The field work of the study took two months started at the beginning of January 2023 and was completed at the end of February. The researcher explained the aim of the study and components of the questionnaire sheet to staff nurses in their work setting at different time and attended during the filling of the questionnaire to clarify any ambiguity and answer any questions. Data were collected three days (Saturday, Monday and Wednesday) per week at the morning and afternoon shift. Every staff nurse took about 15-20 minutes to complete questionnaire sheet. The researcher checked each filled questionnaire to ensure its completion.

### Ethical considerations

Prior study conduction, approval was obtained from Scientific Research Ethical Committee at Faculty of Nursing, Ain Shams University. In addition, the researcher met both medical and nursing directors of the hospital where the staff nurses worked to clarify the aim of the study and gain their approval. Before distributing the questionnaire, the purpose of the study and component of the tools were explained to the participants. The study subject assured that anonymity and confidentiality would be guaranteed and informed that allowed choosing to participate or not in the study and that have the right to withdraw from the study at any time.

### III. Administrative Design

An official permission to conduct the study was directed from the dean of the Faculty of Nursing / Ain Shams University to director of Cardiovascular Surgery Hospital to obtain their approval to carry out this study. This letter included the aim of the study and a copy of data

collection tools in order to get cooperation and help for data collection.

### IV. Statistical Design

Data collected from the studied sample was revised, coded and entered using Personal Computer (PC). Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of frequencies, percentages and Mean SD.

### Results:

**Table (1):** Shows that; less than two thirds (59.7%) of the studied staff nurses aged from 30 to 40 years old with mean and standard deviation  $42.9 \pm 9.35$ . less than two thirds (59.7%) of them were female, 80.7% of them were married. Regarding educational level, less than half (47.9%) of the studied staff nurses had nursing bachelor, less than half (47.1%) of them had 10 to 20 years of experience with mean and standard deviation  $17.8 \pm 7.53$ . less than one third (30.3%) of them had worked in ICU, and less than three quarters (72.3%) of them didn't attend training program.

**Table (2):** Illustrates that; less than one quarter (20.2%) of the studied staff nurses highly noticed that workplace colleagues didn't follow important patient safety rules, intentionally or unintentionally, while more than three quarters (76.5%) of them had lowly specific concerns about patient safety. Regarding withholding voice, more than one quarter (25.2%) of the studied staff nurses not highly address a colleague if he/she didn't follow, intentionally or unintentionally, important patient safety rules, while more than half (55.5%) of them had lowly chose not to bring up her/his specific concerns about the patient safety. Concerning frequency of speaking up, more than half (54.6%) of the studied staff nurses had highly addressed an error which—if un captured—could be harmful for patients, while more than half (52%) of them

had lowly addressed a colleague when he/she didn't follow, intentionally or unintentionally, important patient safety rules.

**Table (3):** Clarifies that; more than three quarters (81.5%) of the studied staff nurses had highly agreement regarding culture in her/his unit/clinical area makes it easy to speak up about patient safety concerns, while the minority (12.6%) of them could lowly rely on her/his colleagues whenever she/he encounter difficulties in her/his work. Regarding encouraging environment, less than three quarters (73.9%) of the studied staff nurses had highly encouraged by her/his supervisors to speak up about patient safety concerns, while the minority (11.8%) of them had lowly encouraged by her/his colleagues to speak up about patient safety concerns. Concerning resignation, the minority (10.1%) of

the studied staff nurses had highly remind staff of the same clinical standards again and again is frustrating, while the majority (88.2%) of them had lowly patient safety concerns it is difficult to bring them up.

**Table (4):** Shows that; more than two thirds (66.1%) of the studied staff nurses reported yes regarding lack of clarity about the risks of a situation cause any kinds of barriers to speak up, While more than three quarters (83.9%) of them report no regarding the presence of patients or relatives can cause a barrier towards speak up.

**Figure (1):** This figure illustrates that, more than half (54%) of the studied staff nurses had high perception level of total speaking up about patient safety, while one fifth (20%) of them had low perception level.

**Table (1): Staff nurses' Personal & job characteristics (n=119).**

Personal & job characteristics	No.	%
<b>Age</b>		
< 30	33	27.7
30 – 40	71	<b>59.7</b>
> 40	15	12.6
<b>Min –Max</b>	<b>23-56</b>	
<b>Mean ±SD</b>	<b>42.9±9.35</b>	
<b>Gender</b>		
Male	48	40.3
Female	71	<b>59.7</b>
<b>Marital status</b>		
Single	13	10.9
Married	96	<b>80.7</b>
Widow	4	3.4
Divorce	6	5.0
<b>Educational level</b>		
Nursing diploma	6	5.0
Nursing technical	42	35.3
Nursing Bachelor	57	<b>47.9</b>
Nursing master	14	11.8
<b>Years of experience</b>		
< 10 years	35	29.4
10 - 20 years	56	<b>47.1</b>
> 20	28	23.5
<b>Mean ±SD</b>	<b>17.8±7.53</b>	
<b>Departments</b>		
Ward	28	23.5
ICU	36	<b>30.3</b>
OR	25	21.0
CCO	28	23.5
Quality department	2	1.7
<b>Attendance of training program</b>		
Yes	33	27.7
No	86	<b>72.3</b>

**Table (2): Frequency distribution of the studied staff nurses' perception of speaking up related behaviors (n=119).**

Speaking up related behaviors	High (%)		Moderate (%)		Low (%)	
	No.	%	No.	%	No.	%
<b>Perceived safety concerns</b>						
Have you had specific concerns about patient safety?	5	4.2	23	19.3	<b>91</b>	<b>76.5</b>
Have you observed an error which - if un captured - could be harmful to patients?	12	10.1	27	22.7	80	67.2
Have you noticed that your workplace colleagues didn't follow important patient safety rules, intentionally or unintentionally?	<b>24</b>	<b>20.2</b>	25	21.0	70	58.8
<b>Withholding voice</b>						
Did you choose not to bring up your specific concerns about patient safety?	25	21.0	28	23.5	<b>66</b>	<b>55.5</b>
Did you keep ideas for improving patient safety in your unit to yourself?	27	22.7	33	27.7	59	49.6
Did you remain silent when you had information that might have prevented a safety incident in your unit?	24	20.2	30	25.2	65	54.6
Did you not address a colleague if he/she didn't follow, intentionally or unintentionally, important patient safety rules?	<b>30</b>	<b>25.2</b>	24	20.2	65	54.6
<b>speaking up</b>						
Did you bring up specific concerns about patient safety?	46	38.7	36	30.3	37	46.0
Did you address an error which – if uncaptured – could be harmful for patients?	<b>65</b>	<b>54.6</b>	23	19.3	31	65.1
Did you address a colleague when he/she didn't follow, intentionally or unintentionally, important patient safety rules?	52	43.7	17	14.3	<b>50</b>	<b>52.0</b>

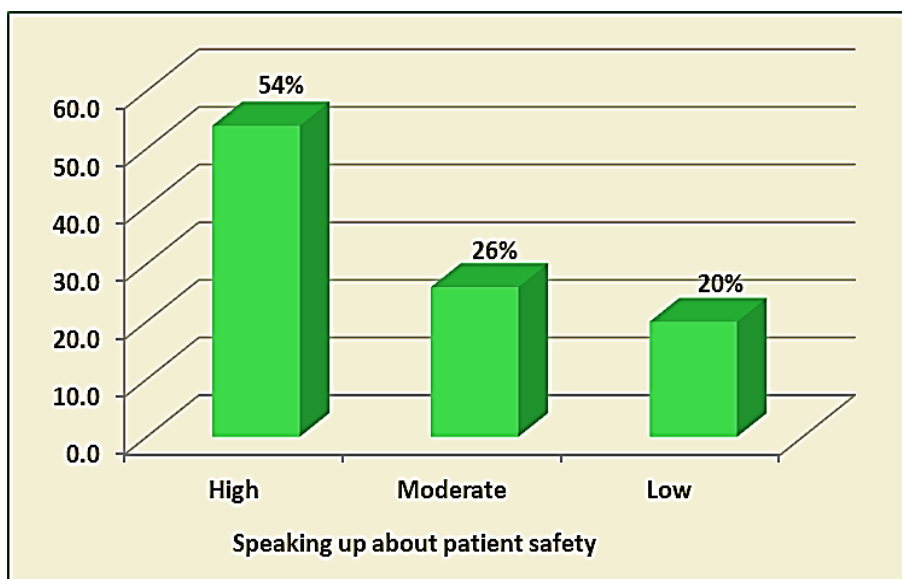
**Table (3): Frequency distribution of the studied staff nurses' perception of speaking up related climate (n=119).**

Speaking up related climate	High %		Moderate %		Low%	
	No.	%	No.	%	No.	%
<b>Psychological Safety</b>						
I can rely on my colleagues whenever I encounter difficulties in my work.	84	70.6	20	16.8	15	12.6
I can rely on my supervisor whenever I encounter difficulties in my work.	91	76.5	20	16.8	8	6.7
The culture in my unit/clinical area makes it easy to speak up about patient safety concerns	97	81.5	14	11.8	8	6.7
My colleagues react appropriately when I speak up about my concerns about patient safety	91	76.5	14	11.8	14	11.8
My supervisors react appropriately when I speak up about my patient safety concerns	92	77.3	21	17.6	6	5.0
<b>Encouraging environment</b>						
In my unit I observe others speaking up about their patient safety concerns	82	68.9	24	20.2	13	10.9
I am encouraged by my colleagues to speak up about patient safety concerns	84	70.6	21	17.6	14	11.8
I am encouraged by my supervisors to speak up about patient safety concerns	88	73.9	20	16.8	11	9.2
<b>Resignation</b>						
When I have patient safety concerns it is difficult to bring them up	8	6.7	6	5.0	105	88.2
Having to remind staff of the same clinical standards again and again is frustrating	12	10.1	10	8.4	97	81.5
Sometimes I become discouraged because nothing changes after expressing my patient safety concerns	10	8.4	11	9.2	98	82.4

**Table (4): Frequency distribution of the studied staff nurses' perceived barriers to speaking up (n=119).**

Perceived barriers to speaking up	Yes		No	
	No.	%	No.	%
Is a fear of negative reaction can cause barriers to speaking up?	43	34.7	76	61.3
Is there any uncertainty on how to strike the right note when bringing up any concerns cause any kinds of barriers towards speak up?	52	41.9	67	54.0
Is the lack of clarity about the risks of a situation cause any kinds of barriers to speak up?	82	66.1	37	29.8
Do you think that is no difference whether you state your concerns or not, that can cause barriers towards speak up?	31	25.0	88	71.0
Do you believe that the reaction of person causing concern is not predictable that can cause barriers towards speak up?	22	17.7	97	78.2
Does the presence of patients or relatives can cause a barrier towards speak up?	15	12.1	104	83.9
<b>Total</b>	42	35.3	77	64.7





**Figure (1): Staff nurses' perception regarding speaking up about patient safety (n=119).**

## Discussion

Speaking up is considered an important patient safety behavior for healthcare professionals and involves raising concerns verbally and in a timely manner as medication errors, incorrect hand hygiene, surgery-related errors and many others can lead to serious patient harm. Speaking up can also positively influence inter-professional teamwork which influences the quality of care (Hoffmann et al., 2022).

The current study aimed to assess the perception level of staff nurses regarding speaking up about patient safety through: assessing speaking up related behavior as perceived by staff nurses, assessing speaking up related climate as perceived by staff nurses and assessing speaking up barriers as perceived by staff nurses.

Concerning staff nurses' perception of speaking up related behaviors the current study illustrated that; less than one quarter of the studied staff nurses highly noticed that workplace colleagues didn't follow important patient safety rules, intentionally or unintentionally, while more than three quarters of them had lowly specific concerns about patient safety. From researcher opinion this may

be due to workload or shortage of staff, besides, low level of education of more than one third staff members and lack of conducted patient safety training programs.

These results were consistent with Schwappach & Richard, (2018), who studied "Speak up-related climate and its association with healthcare workers' speaking up and withholding voice behaviors in Switzerland on 979 nurses" and reported that about two thirds of nurses noticed that your workplace colleagues haven't followed important patient safety rules, intentionally or unintentionally. These results were incompatible with Hoffmann et al., (2022), who studied about Speaking up about patient safety concerns on 212 nurses Graz, Austria" and found that more than one third of studied nurses noticed that rarely workplace colleagues didn't follow important patient safety rules, intentionally or unintentionally.

Regarding withholding voice, more than one quarter of the studied staff nurses not highly address a colleague if he/she didn't follow, intentionally or unintentionally, important patient safety rules, while more than half of them had lowly choose not to bring up her/his specific concerns about the patient safety. From

researcher opinion this may be due to fear of colleague reaction and staff workload.

These results agreed with **Schwappach & Niederhauser, (2019)**, who studied "Speaking up about patient safety in psychiatric hospitals—a cross-sectional survey study among healthcare staff in Switzerland on 817 nurses" and found that one third of nurses choose not to bring up your specific concerns about patient safety. These results were compatible with **Hoffmann et al., (2022)**, who showed that more than two thirds of participants decided to not bring up specific concerns and did not address a colleague to follow specific patient safety rules.

Concerning frequency of speaking up, the present study revealed that more than half of the studied staff nurses highly addressed an error which—if un captured—could be harmful for patients, and had lowly addressed a colleague when he/she didn't follow, intentionally or unintentionally, important patient safety rules. From researcher opinion this may be due to that nurses' withholding voice about patient safety could easily lead to the occurrence of medical hazards or adverse events.

These results agreed with **Schwappach & Richard, (2018)**, who revealed that more than two fifth of staff nurses didn't address a colleague (doctors and/or nurses) if he/she didn't follow important patient safety rules, intentionally or unintentionally. These results were incongruent with **Ahn & Kim, (2024)**, who studied "Adaptation and validation of a Korean version of the speaking up about patient safety questionnaire on 314 nurses in Jeonbuk, Republic of Korea " and showed that the lowest mean regarding frequency of speaking up was for observed an error which-if un captured-could be harmful to patients.

As regards the studied staff nurses' perception of speaking up related climate the current study clarified that; the majority of the studied staff nurses had highly agreement regarding culture in her/his unit/clinical area makes it easy to speak up about patient safety concerns, while the minority of them could lowly rely on her/his colleagues whenever she/he encounter difficulties in her/his work.

Regarding encouraging environment, less than three quarters of the studied staff nurses had highly encouraged by her/his supervisors to speak up about patient safety concerns, while the minority of them had lowly encouraged by her/his colleagues to speak up about patient safety concerns. Concerning resignation, the minority of the studied staff nurses had highly remind staff of the same clinical standards again and again is frustrating, while the majority of them had lowly patient safety concerns it is difficult to bring them up. From researcher opinion this may be due to speak up about patient safety is affected mainly by hospital culture of speak up and managerial support.

These results agreed with the study conducted by **Niederhauser & Schwappach, (2022)**, which entitled "Speaking up or remaining silent about patient safety concerns in rehabilitation: A cross-sectional survey to assess staff experiences and perceptions in Switzerland on 471 nurses" and found that the majority of staff nurses agreed on the culture in my area of work makes it easy to speak up about patient safety concerns and I am encouraged by my colleagues to speak up about patient safety concerns. These results were inconsistent with **Lee et al., (2023a)**, who studied "Patient safety culture and speaking up among health care workers in Seoul, South Korea on 831 nurses" and found that nurses are unwilling to speak up because of their feelings of ineffectiveness and powerlessness and embedded expectations that are related to the power dynamics and authority gradients in health care environments.

According to the studied staff nurses' perceived barriers to speaking up the current study showed that; more than two thirds of the studied staff nurses reported yes regarding lack of clarity about the risks of a situation cause any kinds of barriers to speak up, While the majority of them report no regarding the presence of patients or relatives can cause a barrier towards speak up. From researcher opinion this may attributed to nurses' interest in maintaining patient safety irrespective of the presence of relatives or patient himself.

These results were in agreement with the study performed by **Niederhauser & Schwappach, (2022)**, who reported that one

quarter of staff nurses reported that the presence of patients or relatives can cause a barrier towards speak up. Additionally, these results were congruent with **Hoffmann et al., (2022)**, who found that less than one third of staff nurses reported yes for the presence of patients or relatives can cause a barrier towards speak up.

Regarding total speaking up about patient safety as perceived by staff nurses the current study illustrated that, more than half of the studied staff nurses had high perception level of total speaking up about patient safety, and more than one quarter of them had moderate perception level of total speaking up about patient safety, while one fifth of them had low perception level. From researcher opinion this may be due to positive work environment and perceived managerial and staff support.

These results was in harmony with **Lee et al., (2023b)**, who studied "Registered nurses' perceptions and experiences with speaking up for patient safety in hospitals in four tertiary hospitals in two cities in South Korea on 320 nurses" and revealed that most staff nurses perceived that speaking up is important and half of them claimed that they were assertive in general, only one-third reported that they would speak up for patient safety without hesitation in their workplace. Also, these results were compatible with **Schwappach & Niederhauser, (2019)**, who found that nurses reported significantly higher mean frequencies of perceived speaking up.

## Conclusion

The study findings lead to the conclusion that, more than half of the studied staff nurses had high perception level of total speaking up about patient safety, while one fifth of them had low perception level.

## Recommendations

### ✓ For Nurse Manager:

- Maintain work environment with adequate staffing, and resources, teamwork to avoid patient care errors and missing care.

- Raising awareness and awakening consciousness of patient safety issues.
- Develop educational and training program continuously for nurses to understand the values, beliefs, and norms about patient safety.
- React appropriately when nurses speak up about patient safety concerns.
- Remind staff nurses about the same clinical standards again and again.

### ✓ For Staff Nurses:

- Express ideas and information that could improve patient safety.
- Observe and address errors that could be harmful to patients.

### ✓ Further research

- Effect of educational program about patient safety on nurses' awareness and practices in safety patients' care.
- The generalizability of the findings of this study, it would be useful to replicate this study in other different settings and a large sample size.
- Assess speaking up about patient safety awareness and culture between accredit and non-accredit hospital

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