Culture of Psychological Safety in the Emergency Department: Don't Forget the Hidden Curriculum

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Abstract

Psychological Safety (PS) is, simply put, about being comfortable in your workplace and knowing that the things you say and do will not be used against you as long as you are not being malicious. Whilst there is the generic definition, some degree of customization will be required for specific industries or workplaces. In this paper, PS is discussed in the context of the Emergency Department; with its hectic, fast-paced environment for the management of acute medical and surgical conditions, as well as the embedded learning and learning 'on the fly'. It requires a very conscious understanding and approach to ensure all the four stages of PS (inclusivity, learning PS, contributor PS and challenger PS) is practiced.

This is also one of the few papers that discusses the integration and interdependence of PS with the "hidden curriculum", which refers to the unwritten norms, values, behavior and (verbal and non-verbal) communications. The unique issue of PS in the context of Asia is also highlighted.

Keywords: *psychological safety, learning, hidden curriculum, psychological capital*

INTRODUCTION

If we consider the general healthcare environment as a very complex and multi-faceted one, then the climate surrounding the Emergency Department (ED), is even more complicated, challenging and high stakes. (1-4) Whilst there is VUCA (vulnerabilities, uncertainties, challenges and ambiguities) in the business and economic environment, the situation in the ED presents all these and even more. (5,6) The ED is responsible for the management of acute medical and surgical problems, 24 hours a day. With its constant hustle and bustle, there is never a lull period and the staff have to be on high alert with a critical level of vigilance. The recent COVID 19 pandemic showcased how crucial, systematic and organized ED management and patient flow processes need be at the front line, whereby any lapses may potentially lead to a variety of problems downstream. With such a dynamic, hectic pace, high performance environment and wide spectrum of acute and time-dependent diagnoses, it is imperative that there will be multiple layers of interaction and relationships in managing these serious illnesses and injuries. In such circumstances, building and maintaining a strong, positive departmental culture is important. (7-11) Also, having the necessary psychological safety (PS) will help staff persevere together, overcome challenges, think out of the box, release their creative juices and innovative ideas and execute high performance skills in patient care and management. (11-14)

Psychological safety (PS) is a shared belief that it is safe to engage in inter-personal risk-taking at the workplace (the risk referred to does not include unjustifiable risks pertaining to patient care which is not evidence-based). It is about how comfortable the staff are in expressing themselves, speaking up about ideas, observations or concerns. It reflects their willingness to contribute, which is linked to their

morale. If there are any negative actions or errors, the open and just culture in the department will ensure no one experiences ridicule or embarrassment.(15-19)

In the ED, the staff's attention is pulled in many ways and many directions by the continual barrage of tasks that demands their attention. (4, 7, 8) At the center of all this is the patient (patient-centric), who may be in pain, stressed, frustrated, angry and worried about their symptoms and medical condition. Moreover, they are now in an unfamiliar and foreign environment, feeling cold from the air-conditioned environment of the ED and draped in a hospital gown. On the contrary, what if we consider a young or new ED staff/ recruit/ resident, coming into this environment for the first time and having to manage patients, work with colleagues and teams, as well as continue to learn and acquire new knowledge and skills. Someone in this position will definitely need some level of comfort and PS in order to negotiate the ED environment. (7-9, 20-22)

Having the PS will help staff overcome barriers to learning and performing their duties. Staff will feel supported and they will be nurtured to help them grow and develop. (7, 21-24) PS has also been linked to patient safety, ability to achieve certain key performance indicators in the department/ organization, the magnitude of learning that can occur, as well as positive team dynamics and performance. The latter is an important determinant of how work in an inter-professional environment can flourish. (14,15,25,26) PS is also the enabler that allows factors such as engagement, trust and diversity to have the desired impact on work outcomes. It contributes to how staff cope with uncertainties and anxieties, and realize that asking for help is not linked to being judged. (8,14,15, 21, 23)

THE FOUR STAGES OF PSYCHOLOGICAL SAFETY

Clark TR has defined PS into 4 stages, which includes the following: (27)

1.   Feeling included (Inclusivity)

2.   The experience of the safe climate of learning (Learning Safety)

3.   Feeling safe to contribute in a variety of forms (Contributory Safety) and

4.   Possessing a safe mindset which is at ease to be creative/ innovative to challenge the status quo and move forwards (Challenger Safety)

The following represent the ways and initiatives as to how we have implemented PS in the ED according to the 4 stages above.

Feeling Included/ Inclusivity

The social and cultural context of the ED has significant influences on the way the staff feel and behave. Building and maintaining positive relationships is critical. The general regard and esteem staff have for each other, for the challenges and issues encountered as well as for the department, is dependent on how deep they can carry their ownership role and their sense of belonging. Being inclusive and non-bias or discriminatory to everyone is also important. Inclusivity is like having 'citizenship' in your department or organization. Each staff will contribute in their own unique ways and may bring a slightly different perspective to the table. The level of PS can help draw out the collective geniuses of all levels of staff.(1,7-9) Some examples of inclusive practices in our ED are shown in Table 1. The best way to be able to execute this is to be able to treat each other as if we are all members of the same 'big family'. Family members will treat each other with respect, trust and openness, sprinkled with compassion and gratitude. It is important to be non-judgmental and have an open mindset to see the positive, or convert the negative to positive. This inclusive mindset has become a 'standard operating procedure' for any initiatives in our ED and when looking for resolution to challenges. (28, 29) During the COVID 19 pandemic, for example, where workflow changes were happening very frequently, especially in the early stages of the situation in 2020 when information on the virus was still evolving, the high level of PS and camaraderie helped tremendously in disseminating and implementing these changes. Every staff adapted and adopted the policies and changes readily, with full understanding of the dynamic, ever changing situation. This should never be under-estimated as it has bearing on efficiency, patient safety and quality of care.(7-9)

Table 1. *"Feeling Included" in the Emergency Department: Examples of Initiatives*

	Initiatives to Ensure Inclusivity
1.	All ED committees have representation from Medical (senior and junior doctors), Nursing and Administration staff
2	In the formation of sub-committees in the ED such as: Emergency Cardiovascular Care Disaster Medicine Trauma Care Poisoning and Toxicology Observation Medicine, Each committee has representation from Medical and Nursing in formulating care pathways and workflow processes. These are then shared with the whole department to generate feedback and inputs before implementation.
3.	Implementing a "Suggestion Box" whereby all staff can forward ideas on improving some of the challenges faced in work processes. The feedback provider is then interviewed on their inputs and a decision is made to see if these can be implemented or need to be developed further. Staff of all levels can provide these feedback at any time
4.	The head of department (HOD) and ED leadership promote collective inputs on all matters. There is an 'open door' policy that any staff can approach the HOD for any issues.
5.	In coming up with departmental guidelines and application for smart devices, or any other feedback contributions from senior faculty, residents, medical officers and nurses are always included.

Making staff feel 'included' also means there must be no stereotyping. No one staff is above anyone else. It is the 'team' that enables us to achieve what we set out to accomplish. (30-32) Reinforcements of these messages at every opportunity is useful. In our ED, these are shared at Quality Rounds, Mortality and Morbidity Discussions, Nurses' 'roll call' at shift changes and senior staff meetings. We also plan regular, virtual Town Hall sessions in the event of the need to share relevant information with all staff at short notice. In some cases, it may take a while for the impact of these initiatives to be felt, but it is worth the effort. All these are dependent on the base starting PS level which already exist in the department as well as the departmental culture which would have been built over a period of time.(8)

Safe Climate of Learning

Medicine and Nursing represent lifelong careers for most people. In the ED we cater to a spectrum of learners, through a variety of learning processes and methodologies. The learning is very much embedded, 'on the fly' type of learning, whereby opportunities have to be grabbed as they present. (1, 8, 9, 31-35) On the job training, bedside clinical learning and experiential learning are very common. More formal curriculum with classroom teaching, flipped classroom model, virtual learning, simulation and other platforms are also very commonly utilized and

integrated into the learning processes. Our ED is part of the SingHealth Duke NUS Academic Medical Centre and is the largest teaching institution in the country. (8,9) Various levels of teaching, instructing, nurturing and developing learners take place. (34, 35) Some occur with direct supervision, whilst other trough indirect supervision, depending on the seniority and stage of development of the staff. Whatever level they are at, PS is a very important component of these spectrum of teaching and learning. (8, 35) This has enabled us to develop reputation as being a good teaching department, with our solid relationships with our students, learners, residents, trainees as well as staff. The embedded learning is very dynamic and fast-paced which makes it important for supervisors and faculty to be extremely supportive, patient and nurturing. This must be balanced with the time-dependent and rapid decisions and actions which have to be taken in making 'life and death' interventions, at the front line. (1) A very high level of PS is required in such situations, with deep understanding of the steps and processed involved.(36-38) Our tagline has to be 'no learner must feel demoralized'. (8) Both faculty and seniors must be made consciously aware that it is really part of human nature that professionals at all stages of their development want to feel included and supported. Learners are encouraged to ask questions and clarify. If this cannot be done immediately due to the patient's critical need for interventions, then they are encouraged to keep these queries/ doubts in view,

to be able to discuss with their supervisors/ faculty once the patient has been stabilized, or for an 'end-of-shift' debrief discussion. (8, 34, 35, 37, 39-41)

The learning behavior in the ED is all about gaining and sharing skills and knowledge about work through our daily interactions. The degree of PS is proportional to the amount of learning that can take place. (18, 21, 28, 37) The higher the level of PS, the more will be the sharing of knowledge.

Looking at PS in the ED has to be done from both the faculty's as well as the residents'/ learners' perspectives. For the former, they are to be aware of their verbal and non-verbal cues on the job, as these have a significant bearing and impact on the PS of the learners. Inappropriate words, comments and negative behavior may affect learners' perception of the level of PS. This is a very fine line and may be challenging to discern at times. For the learners, they too have to be conscious of their roles, contributions, where they fit in, what is expected of them and how they become part of the ED teams. Thus, it has to work both ways. (23,35, 39-43)

Contributory Safety

The different stages of PS is part of the same continuum or spectrum, in an integrated way. It may develop from one stage to the next but can also be interspersed, not exactly in that same order. (27) Once your team, department or organization has the focus on PS, these stages will develop and eventually fall in place. (Table 2) It is often that contributory PS is linked to hierarchy, status, seniority or title. In Medicine and Healthcare traditionally, there are multiple layers of hierarchy, which may have a negative effect or even impede the presence of PS. However, it does not need to be

thus. Any staff or person in the team or department can make their contributions.(27, 44) That can only happen when they feel comfortable, safe and understand that sharing will not penalize them in any way. (Table 3) This aspect of PS is affected by culture and expectations. It is also often linked to the levels of trust, empathy and nurturing support in the particular department. Frequent reinforcements by the Head or Leadership is important to ensure staff feel they can share and contribute. "Bottoms up" contribution can be valuable to the department, especially as these are the people who are working on the 'ground' and they understand the issues, challenges and impediments to seamless work processes. (44, 45) During the recent COVID 19 pandemic whereby the ED workflow was changing rapidly, our staff contributed ideas on use of space, segregation of high risk versus non-high risk patients, front line screening and many more initiatives. They have a stake in these work processes as they are directly involved and take great ownership. This is possible with the level of PS that has been inculcated. Our staff ran in situ simulations and applied Failure Mode Effect Analysis to test out the new workflow and fine-tuned this until the optimal flow was reached. Their commitment was apparent and crucial and they delivered the results. (7,8,35)

More and more organizations are focused on making this happen today. For example in setting up offices, the 'open concept' layout, with no doors or barriers is encouraged. In some places, staff call each other by their first names without titles, which depicts status. Some leaders also find value in having a more 'horizontal organization structure' to facilitate movement and efficiency. In our ED we have even appointed our PS champion as well as PS ambassadors.

Table 2. *How to Know if Your Emergency Department has Psychological Safety*

	If you make a mistake, it will not be held against you personally
	If you feel something is wrong or inappropriate, you are free to raise it without being penalized
	It does not matter whose idea/s it is as long as it helps the ED team
	When making a decision, you will weigh the benefits for the team and individuals in the team, over what is best for yourself only
	You will interpret other people's / colleagues' action in a positive light
	If you require assistance, you are able to ask for help without feeling bad about it
	When you change your mind, it will be applauded for its intellectual humility rather than be used as something against you
	You do not reject others for being unique (in any way)
	You allow people to share views even if it relates to sensitive topics such as gender, race, ethnicity, background and family status without being judgmental
	You find it easy to bring up discussions on difficult, challenging and even taboo subjects
	You value and respect each member/ person and their contributions. You even thank them appropriately
	You do not use stereotyping tactics and are non-bias with everyone despite their differences

Challenger Safety

It is 'human nature' to think of self first. When we have new ideas or discovered an innovative approach, we may tend to keep these close to our chest, under 'lock and key'. We may only release these when the time is right, when we feel safe and sense we will not be ridiculed or judged if these do not work out. (17) Thus for a more collaborative approach and sharing, it will require some conscious effort and awareness. It requires a challenge to the status quo. It is not something readily comfortable to everyone but definitely worth doing. Nurturing the challenger PS in our teams can be viewed as a license to progress, innovate and take our department forwards.(27) It will help grow creativity and curiosity; two elements crucial in the new norm. The latter will require all of us to function at a higher level; higher level of creativity, innovation, performance, and vigilance, and these are linked to our PS. PS is an intellectual state necessary for the acquisition of knowledge and in bringing about change. This is the impetus for those who want to 'challenge and change the status quo. The psychologically safe environment will encourage creativity, appropriate risk taking and critical thinking; elements which are needed to enhance the exploratory and exploitative learning that can promote our team performance.(15, 16, 21, 22)

A psychologically safe ED will provide our staff with a climate where they will not fear failure unnecessarily or have unfounded anxiety.

The Hidden Curriculum

In most learning environment and institution, there is usually a formal curriculum, whereby all the relevant modules, topics, knowledge and skills that need to be acquired are clearly stipulated. The curriculum is usually made transparent so that learners can track and chart their progress and development. Such curriculum also comes with a time-line; ie. by when certain tasks and goals must be achieved for the duration of the training. (35) There is another aspect of the curriculum learners are exposed to which is often not written in 'black and white' and is less defined. This is the 'hidden curriculum' which refers to a spectrum of norms, behavior, values and culture that is closely linked to the growth and development of the learner. Many aspects of these hidden curriculum may be transmitted sub-consciously and may thus, be less obvious. However, its impact can be very significant, especially in some form of training such as in healthcare (eg. In Medicine and Nursing) where the hierarchical environment is very apparent. (46)

The values, norms and behavior referred to here are those displayed and demonstrated by the leadership, faculty, seniors, supervisors and even colleagues. They may be observed, acquired or be emulated through the day to day socialization process which happens in the ED. These are embedded in the departmental culture. (47, 48) Some of the workplace learning that happens mostly through the hidden curriculum include: (46, 48)

1. Leadership

2. Friendship and Camaraderie

3. Communications: both verbal and non-verbal communications

4. Collaboration

5. Inter-professional relations and behavior

6. Teamwork and cooperation

This learning happens via the interaction the learners have with the faculty/ leadership, through their observations as well as their personal experiences. These are not formally or strictly planned but is happening all the time. Thus, learning from the hidden curriculum should never be under-estimated. It can certainly have significant influence. In fact, it is also closely intertwined with the level of PS in the department (Table 4) and the two are interdependent. I would even go one step further to add that the synergy between PS and the hidden curriculum (HC) contribute to the Psychological Capital (PC) of the department ie.

$$\text{"PS + HC = PC"}$$

The level of PC will continue to build upon the following four pillars which are inculcated in all our staff:

PC= *H*ope, *E*fficiency, *R*esilience and *O*ptimism (HERO)

With the level of PS in our staff, it has been possible for us to negotiate challenges, make changes, remain dynamic and versatile as well as generate

confidence. PS in the ED has been a morale booster in strengthening our relationships, flattening hierarchy and encouraging the 'speaking up' culture. At the end of the day, we know we can count on our staff.

Unique Considerations for PS

Whilst much of the literature on PS originate from the western context, there are very limited studies pertaining to this in Asia. Not surprising as PS can be a sensitive, unspoken or even taboo subject, especially in some more traditional societies. Hierarchy and status have always been important and entrenched deeply as this is strongly linked to (filial) piety, respect for elders and seniors in many Asian societies. Thus, titles are commonly applied to showcase seniority, experience and expertise. For example, in more traditional practices, questioning your seniors was never heard of. Ensuring the latter do not "lose face" (made to feel ignorant, insignificant, humiliated or lose esteem) is very important. As such, staff and employees may end to keep quiet and not discuss certain topics, especially those that can be controversial. This will affect "speaking up". The power distance is yet another factor which will also affect PS and the ability to share and contribute. There are more countries in Asia with a bigger power distance gap compared to the west. Such beliefs, culture and practices, when entrenched in one's psyche, may be difficult to change. (8, 15, 17, 29, 36, 41)

Thus, in such societal context, it may be challenging to provide feedback. These may be viewed as a personal attack. Gender also plays a role in many Asian and Middle Eastern societies, making it more difficult for the fairer sex to feel comfortable and attain PS. The younger generation in such societies may feel and act differently, through the process of modernization and industrialization but therein lies another challenge: managing the multi-generational staff and employees. This may tend to pose ethical and cultural challenges in some workplaces. (49-51)

In today's world, with many cross cultural workplaces, staff must learn to welcome the sensitive curiosity, promote healthy competition as well as learn to earn and extend trust. Developing good soft skills for engagement, promoting open forums and discussions, ensuring the psychological wellness of staff is important. A workplace with an open culture and transparency, is a happier place to be in, where more can get achieved.

Conclusion

PS is unique to each workplace and industry, but the general principles remain the same: respecting each other, feeling comfortable to share, learn and take appropriate risks. It is important to make this known to all levels of staff, so that they are aware and will "buy in" and be a part of the Circle of Safety @ workplaces.

Table 3. *Contributory Psychological Safety: Checklist of Actions to Enhance Psychological Safety in The ED*

	Checklist of Actions/ Interventions
	Respond appropriately when a staff reports a (possible) risk or error
	Be a role model by constantly and proactively seeking inputs and feedback from your team. Respond supportively to their inputs and do not cast it aside immediately without reasoning
	Set time for checking on your team/ staff before or after meetings
	Listen and Observe attentively for emotions/ energy level in your team/ staff
	Discuss sensitive issues respectfully
	Facilitate peer mentoring amongst your staff
	Encourage people/ staff with different voices, ideas and suggestions to speak up. This can stimulate creativity and innovation
	Use suitable words to express interest, concern and show your availability
	Ask good/ relevant questions with a sense of genuine curiosity
	Manage your expectation: Expect others to have different points of view
	Express and share with your team/ staff the impact they are contributing to the team or department
	Celebrate and respect the diversity in your team as this can potentiate psychological safety within the team, fostering a more open and positive mindset as well as a higher performing workplace

Table 4. *Integration of the 4 Stages of Psychological Safety and The Hidden Curriculum*

PSYCHOLOGICAL SAFETY			
Inclusivity	**Learning Safety**	**Contributory Safety**	**Challenger Safety**
'Citizenship' of the Department or Organization Sense of belonging and ownership	Comfortable to learn, grow and develop. Able to ask questions, be nurtured and supported. Encompasses: a. Individual Learning b. Team-based Learning c. Organizational Learning through: Formal Curriculum and Hidden Curriculum	Contribute, share and uplift each other and the department When learning has happened, staff will be able to contribute appropriately	Attain comfort, competence and confidence Challenge the status quo, innovate and change for the better. Injection of creativity and customization

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