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**FNF Improvement Project Abstract Template**

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| *Your name:*  Becky Thomas |
| *Scholarship type :(if Leadership state type)*  Emerging Leadership Scholarship |
| *Your sponsor (s):*  Health Education Improvement Wales (HEIW) |
| *Aims and objectives of your scholarship:*  When I applied for the FNF Scholarship I was experiencing a huge lack of confidence that manifested in disengagement from my daily work, struggle with an inner dialogue plagued by self-limiting beliefs and a general apathy for both my work and personal life.  For me the aim of my undertaking this scholarship was to   1. regain my confidence 2. find a way to amplify my voice and 3. re-discover my sense of belonging.   It is these personal objectives that informed the focus of my project. |
| *Places and organisations visited and programmes completed:*  Several Courses on the Future Learn Platform:   * School for change agents – NHS Horizons * Successful agile for digital teams * Innovative leadership: developing curiosity * Creative problem-solving design thinking in Health and Social Care * Human Factors in a healthcare environment * Social Media in Healthcare * Influencing and communication skills for managers * Excel skills to make an impression * Quality Improvement in Healthcare – University of Bath * Storytelling for social change * An introduction to Organisational Behaviour: How to understand people * The Kings Fund – an introduction to leading with kindness and compassion in health and social care   Blinkist subscription for 12 months  RADA (October 2021)  Online Course: Leaders Factor – The 4 stages of Psychological Safety (November 2021)  Public Speaking Course (December 2021)  12-month Coaching program – ‘Rising Star for healthcare leaders’ with Fluxstate (Katharine Gale) (Ongoing)  Digital Health Rewired: (March 2022)  Online Lego Serious Play Facilitation Training with Serious Work (May 2022)  CHIME Academy (June 2022)  Booster Face to Face Lego Serious Play Facilitation Training with Serious Work (August 2022) |
| *Title*: Indicate that the article concerns an initiative to improve healthcare.  Psychological Safety into Action – how to measure, build and maintain psychological safety in teams |
| *Abstract*: A summary of your improvement project with impact on patients/service users and practice/or education/policy and colleagues together with any process and outcome measures used to demonstrate this. (This is likely to include developing new practices/services, improving existing ones, and/or developing new collaborations and networks for the benefits of patients and service users).  **Background**  Psychological Safety (PS) is one of the most important factors in high performing teams, and high performing teams are happy. When people on a team possess psychological safety, they feel able to ask for help, admit mistakes, raise concerns, and suggest ideas, and challenge ways of working and the ideas of others on the team, including the ideas of those in authority. Via this honesty and openness, risks are reduced, new ideas are generated, and the team can successfully execute those ideas.  Building PS takes time and is not something that can ever be “finished” It takes commitment, patience, and a willingness to make mistakes and learn from them. In order to improve psychological safety, we must first understand the complexity and nuance of psychological safety within healthcare teams  **Challenge/s**  For many years I have observed and talked about experiences of a cultural climate that cultivates fear, blame and ultimately paralysis in decision making and accountability. Then I heard about this ‘thing’ called “Psychological Safety’ - at last a term I could use to articulate these observations. But I didn’t really know what it meant, I needed to understand *what it is* and *what it isn’t*, and so I set about reading and researching all I could find.  First known to be mentioned by Schein and Bennis in the 1960’s, PS was first defined as a group phenomenon that reduces interpersonal risk, and more recently, organisational behavioural scientist Amy Edmondson of Harvard introduced the construct of “team psychological safety” and defined it as “**a shared belief held by members of a team that the team is safe for interpersonal risk taking**.”  In her book, The Fearless Organisation, she writes about an “Epidemic of Silence” - in which failing to speak up, dismissing warnings, and “going along to get along” - can be dire for organisations, as leaders who only welcome good news inadvertently create a fear of bad news. This got me to thinking about how I needed to ‘Speak Up’ and find a way to share my learning with others by raising awareness of PS and how we might start to cultivate it in our teams.  **Objectives**  My objectives for this project were   1. Raise my own level of knowledge and understanding of PS 2. Raise awareness of others knowledge and understanding of PS 3. Create a workshop to help staff build and maintain PS in their teams   My long-term aspiration would be to affect the emergence of a community of practice focused on Psychological Safety in Healthcare.  **Solutions**  Following some extensive research to satisfy my own level of awareness and understanding of PS, I designed an awareness session for delivering to staff, and on World Patient Safety Day (2021) I delivered my first session. The session was open to the entire organisation and was run virtually through MS teams. I had prepared a PowerPoint presentation as a visual aid with some salient key points to help prompt my thinking. I used examples of real experiences whilst ensuring anonymity of those involved. Opportunities for wider discussion were limited, mainly due to time restrictions, but participants were encouraged to submit any questions that they had through the chat function. Most of what came through was congratulations for a job well done with some reflections of how the session was thought provoking and left some participants wanting to go off and find out more. My awareness session is now a permeant part of our Incident and Investigation training.  Following on from the awareness sessions I have developed a 3-hour workshop for staff. The aim of the workshop is to help staff structure their teams progress towards higher performance through increasing psychological safety. Topics covered in the workshop Include:   * A brief history of psychological safety * Models of psychological safety * Measuring Individual and team psychological safety * Values and Behaviours * Psychological safety and team performance * Explore and identify actions for building psychological safety   The participants will leave the workshop with a 6-month planner to help guide them to build and maintain psychological safety in their teams.  To bolster the learning experience of those who attend any of these sessions I have curated all my research resources into a Padlet, an online bulletin board that can be used as a collaborative learning tool. Any type of file can be posted on Padlet, and it can be viewed instantly on the board, so it provides a valuable way to compile teaching resources. Padlet is a useful tool to improve collaborative learning.  <https://padlet.com/rebeccathomas21/cv92bqbe7u4rr6l4>  The Psychological Safety Padlet has received lots of positive feedback on its usefulness and has even been endorsed by Amy Edmondson herself! A huge fan girl moment for me!  **Impacts**  That initial session led to further requests for me to deliver something to senior and lead nurses in a nearby Health Board. These sessions were to be face to face and for 2 hours. In order that I tailor my session and maximise the benefits to the participants, I first had a planning conversation with the director of nursing (DON) (who had requested the sessions) to understand what she hoped that her teams would get from attending the sessions and was able to build the session to align with this. This set the stage by letting everyone share and put the principle of equality in conversational turn-taking front and centre.  The activity generated conversations around the realities of current working and how participants were feeling. Perhaps unsurprisingly, there was a consistent theme of pressure, guilt, and helplessness. To show that I was actively listening I would feedback what was just said and invite others to contribute, for example, was this something that had resonated with others in the group, whilst ensuring I was sensitive to how people may be feeling based on their tone of voice, their expressions, and other nonverbal cues. All of this, I believe, helped to build a safe environment for everyone allowing space for honesty, inclusion, asking questions and a sense of feeling valued / included. Creating psychological safety so that people feel comfortable trying, and perhaps failing, is partially my responsibility as a facilitator however, it’s still up to the participants to take that final leap to vulnerability, to show their true authentic selves, and to go all in on the exercises that we do. Establishing this safe environment early on helped me to continue to have honest conversations about everyone’s experiences of PS or lack of it.  The main session involved a blended approach of traditional didactic learning and inquiry-based learning where we underwent the learning together. As facilitator, I fostered some exploration of PS in the participants workplace, linking it back to the theory. The group agreed that they had PS with their immediate mangers (who were in the room), and this was evident during the session, but not always in the context of the broader organisation – leading to discussions around leadership and what leaders can do to foster a climate of PS in their teams.  I found these sessions incredibly powerful, especially as the DON and deputy were in attendance which, for me, spoke of the absence of hierarchy status in the room. The individuals reported, honestly, their reflections and experiences and we took some time to explore what they might be able to do differently back in the workplace. These ideas were recorded, and the DON and Deputy were asked to commit to enabling the ideas, where practically feasible. |
| *Implications for practice/education:*  Psychological safety promotes voice and learning behaviour. Speaking up and voice behaviour are interpersonally risky behaviours which play an important role in healthcare teams. Feeling psychologically safe can enable team members to engage in speaking up behaviour, such as asking questions, pointing out a mistake or near miss and making suggestions for improvement.  Psychological safety also enables learning behaviours, such as seeking help or feedback. Learning behaviours are integral to healthcare teams’ ability to manage demanding conditions, with rapidly evolving knowledge and practice as well as their ability to learn from failure. When healthcare professionals prioritise patient safety by engaging in speaking up and learning behaviours, it is indicative of their levels of psychological safety.  Cultivating psychological safety is necessary in order to enable healthcare teams to collectively redesign processes and services to cope with new challenges, learn from mistakes and implement changes accordingly. |
| *Dissemination; details of publications and/or conference presentations*   * Co-authored a chapter on Psychological Safety in a wellbeing book * Delivered awareness session for World Patient Safety Day for Cardiff and Vale University Health Board * Regular spot-on In-House patient safety training program * Asked to deliver session for RCN Wales (Sadly didn’t happen due to lack of numbers registered) * Workshop planned for November through FNF * Presented my project at my sponsors (HEIW) Board Meeting * Wrote and published a blog – 5 Leadership Lessons from Peter Pan * Wrote another blog – Telling better stories to change culture (Not yet Published) ( I am in the process of creating a personal website for hosting my blogs) * Founded and host a Leadership Podcast – The Leadership Log |
| *Your reflections:* You should reflect on your background, noting what is already known on this topic and what your project adds. You should refer to your aims statement – did your project achieve its aims? Did you adjust your aims as you went along? Was it a useful project? Think about what your sponsor would like to see as an output of your work and what can help others to make the case for undertaking a similar piece of work – or for doing something differently if your project was not successful.  I believe that my project is starting to achieve the longer term aims with regular awareness sessions being delivered at regular intervals. The next phase of this work is to start delivering the workshop that I hope will provide staff with an actionable plan to help them start building PS in their team. The approach to the project aim has flexed and shifted a little with the context and landscape of the system in which I am working, which is usual with any new initiative, but ultimately the aim remains steadfast.  The feedback from participants who have engaged in my awareness sessions has been largely positive with others having a similar ‘Eureka’ moment to my own in relation to the term Psychological Safety and their experiences of it.  I have recently been successful in obtaining a secondment to HEIW (my sponsor) where they will be supporting the roll out of this work across all the organisations in Wales. I have already received a significant number of requests from senior nurse leaders from a few of the other health boards to deliver sessions in their teams.  I am not naive enough to think that I can achieve a whole systems cultural change on my own but I do believe that I can start to influence the mindset of leaders at the frontline in the hope of influencing an iterative / accumulative change across teams and professions.  My personal leadership journey through the duration of my scholarship can be described as the ‘Florence Effect’, as I like to call it. It was instantaneous! The day I discovered I had been successful I walked a little taller. It’s like they sprinkle you with fairy dust!  During my 12-month scholarship I have achieved so much. My leadership style has and continues to evolve, and I have the courage to do things ‘Old Becky’ would never have even dreamed of. I have developed skills that I probably would never have been able to without the investment and support of my sponsor and the foundation. I have an ever-expanding network of inspiring people who willingly provide a collective genius that I can call upon for advice, guidance, and some good old joy! I hope that those I work with are also reaping the benefits of my leadership journey  If I had to summarise how this journey has been for me, it would be this….  I am unique, I am original, and I sometimes struggle to find a place or space where I feel a sense of belonging.  This scholarship, the wonderful people at the foundation, my inspiring scholarship group - They embrace me for my uniqueness. They encourage me to express my diversity of thought. They support my creativity. They value me and raise me up and I feel a huge sense of belonging in Team Florence.  I would encourage all nurses to apply for a scholarship, with an open mind and a willingness to push at every door and bring a seat to every table. It is a truly transformational journey  The point of the conclusion is not to rewrite the whole project, but to give an overview of how the whole project was conducted, what it achieved, and some personal reflections. |
| *References:* In this section you should record any references to published material that you refer to elsewhere in your project. This is particularly likely to include material from background reading or from your conclusions. Use Vancouver style for referencing.   1. Schein, Edgar H. & Bennis, Warren G. (1965) *Personal and organizational change through group methods: the laboratory approach* New York: Wiley 2. Edmondson, Amy C. [*The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth*](https://www.wiley.com/en-us/The+Fearless+Organization%3A+Creating+Psychological+Safety+in+the+Workplace+for+Learning%2C+Innovation%2C+and+Growth-p-9781119477266). Hoboken, NJ: John Wiley & Sons, 2018. |
| *Acknowledgements:* Please include here the names of anyone who is not on the author list but whose input you wish to acknowledge. **MUST ACKNOWLEDGE YOUR SPONSOR(S)**   * Health Education and Improvement Wales for sponsoring my Scholarship * Gillian Knight for her support and mentorship before and during the scholarship * Gemma Stacey for the opportunity to co-author a chapter in a book and for peer reviewing my blogs * Lucy Brown for supporting my opportunity to become an accredited Lego Serious Play Facilitator * Greg Dix (Director of Nursing for Cwm Taf Morgannwg University Health Board) for supporting my application * Louise Mann (Assistant Director Quality and Safeguarding, Cwm Taf Morgannwg University Health Board) for sponsoring my application and always championing me |