



Small Research Grant

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Speaking Up or Remaining Silent: Understanding the Influences on Nurses When Patients are at Risk

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Abstract:

RNs leave the profession prematurely because of high physical demands and burnout. One cause of burnout is moral distress resulting from situations where RNs know the right thing to do, but organizational constraints (e.g., lack of managerial support to challenge physicians' end-of-life decisions) create barriers to speaking up. Failure to speak up (i.e., using one's voice to share information or alert those in authority) contributes to patient harm. Conversely, when RNs speak up, they are demonstrating moral courage, which strengthens *organizational culture* and enhances patient safety. While moral courage encompasses many behaviors and situations, speaking up is specific to verbal advocacy at a critical time. The principal investigator (PI) previously published a theory synthesis that resulted in a speaking up model. She found that speaking up is primarily influenced by organizational culture, personal culture, and workforce generation. Further, speaking up can lead to moral courage; failure to speak up can lead to moral distress. Moral courage and distress have been well explored in the literature, however, there is little evidence regarding what influences RNs to speak up or remain silent. To address this gap, the purpose of this study is to understand speaking up behavior among RNs. The aims are to (1) explore the factors that influence RNs speaking up; (2) test the model that workforce generation, personal culture, and organizational culture influence speaking-up behavior and moral courage and distress; and (3) explore the lived experiences of nurses in situations where they spoke up or not. Aims 1 and 2 will be accomplished through an on-line quantitative survey for bedside nurses, consisting of the *Safety Attitudes Questionnaire*, *Moral Distress Scale Revised*, and *Moral Courage Scale*, reflecting the constructs of the PI's model. Aim 3 will be addressed with semi-structured interviews of a sub-sample of RNs. RNs will be recruited through state and national nursing associations to ensure diversity in personal culture, organizational culture, and workforce generation. Data analysis will include descriptive statistics (to identify violations of assumptions), Pearson correlations (aim 1), structural equation modeling (aim 2), and interpretative phenomenology for analysis of the interview data (aim 3). This study is an important first step in understanding the factors that contribute to speaking up or remaining silent. The findings, aligned with AONE strategic priority #3, will help RNs to better provide safe, quality care through delivery systems grounded in healthy practice environments, and will help nursing leadership support nurses in that care by understanding the drivers of speaking up. Understanding these factors is imperative to enable nurse leaders to develop strategies in support of bedside nursing staff.