

Psychological Safety: The structures that facilitate open and honest conversations in healthcare

There is widespread agreement that conversations are key to improving care for people with serious illness. Conversations allow people to express their values, preferences, and priorities in ways that are actionable, giving caregivers and clinicians concrete actions to take in order to align the care they deliver with a person's goals. There is also widespread understanding that these conversations are rare. This whitepaper explores one way to promote these kinds of conversations: with behaviors that promote "Psychological Safety."

BACKGROUND

In 2012, Google began Project Aristotle to determine what makes some teams more effective than others.¹ They spent years studying hundreds of teams looking at factors as varied as the percentage of introverts to group cohesion to whether teammates socialized outside of work.² What they found was something remarkably simple, although it is easier to describe than to put into practice.

In the end, Project Aristotle wound up re-discovering something that Harvard Business School Professor Amy Edmondson first described in 1999: that the most effective teams

"Happy families are all alike; every unhappy family is unhappy in its own way."

— Leo Tolstoy in *Anna Karenina*

are not necessarily those with a lot of high performing individuals or strong managers or members that eat lunch together. Instead, they found that what matters most is what Edmondson calls "Psychological Safety."³

Psychological Safety is the shared belief that individuals in a group can bring up topics and ideas that feel risky. The risk, in this context, is that we will say something and then wind up feeling incompetent, negative, ignorant, or disruptive. We spend most of our lives managing this kind of risk — so much so that we barely notice that we are doing it.

To get a picture of how pervasive this risk avoidance is, think about how often you share something truly personal about yourself with your co-workers — perhaps something embarrassing, or something that scares you, or something that will reveal that you are not as smart as you wish to appear.

In groups that display Psychological Safety, people feel more comfortable sharing this kind of personal information. As Edmondson puts it,

1 Duhigg, Charles. "What Google Learned From Its Quest to Build the Perfect Team." *New York Times Magazine* 5 Feb, 2016.

2 Boyd, Stowe. "Work Skills for the Future: Social Sensitivity." *Gigaom*, 20 July 2014.

3 Edmondson, Amy. "Psychological Safety and Learning Behavior in Work Teams." *Administrative Science Quarterly* 44, no. 2 (1999): 350-83.

Psychological Safety: the shared belief that individuals in a group can bring up topics and ideas that feel risky. In psychologically safe groups, members feel accepted and respected.

Psychological Safety “describes a team climate characterized by interpersonal trust and mutual respect in which people are comfortable being themselves.”⁴ It is important to note that Psychological Safety is not the absence of risk, it is the shared belief by a group that they can take risks together.

Anyone who works in healthcare has probably already recognized why Psychological Safety is important: it describes the conditions in which patients and families are able to give voice to their values and goals, to say things that might otherwise be embarrassing, or admit confusion, or risk looking stupid by asking a question they think everyone else must already know the answer to. And being able to speak openly about this kind of issue — to undertake a risky behavior — becomes even more critical when we are discussing a serious prognosis or navigating a conversation about the limits of medical care to cure or manage a disease. In these contexts, even when the stakes are very high, we are still managing how other people perceive us, and that can prevent us from being ourselves and speaking up.

In other words, the same underlying conditions that make a Google team more innovative make a family better able to manage the complex and often contradictory conversations about medical decision-making. Understanding that Psychological Safety is a key factor in these conversations can be useful in designing interventions that promote more productive conversations, even when the people using those interventions do not have a deep understanding of the underlying research.

WHAT CREATES PSYCHOLOGICAL SAFETY?

Research has shown that there are two key behaviors that create Psychological Safety in groups: conversational turn-taking and social sensitivity. These two factors trump all others when predicting whether a group will display Psychological Safety.⁵

Conversational turn-taking

Conversational turn-taking means that everyone in a group speaks roughly the same amount over time. Interestingly, research shows that this does not mean that everyone must speak the same amount in the same conversation. What matters is that over time everyone gets a chance to give voice to their thoughts. The flip side of this, of course, is that everyone must listen to the other members of the group when they speak up.

Social sensitivity

Social sensitivity is the ability of group members to understand each other through non-verbal cues. This speaks to how well individual group members can intuit what others are thinking by reading their facial expressions, body language, and tone of voice. Groups with high social sensitivity tend to be attuned to the shifting needs of their members and create opportunities for each person to speak up, which leads to concerns being voiced earlier and the incorporation of a variety of viewpoints into the conversation.

Together, these two factors are highly correlated to Psychological Safety. And knowing that can be helpful to anyone trying to create the conditions for an open and honest conversation among any group.

4 Edmondson, Amy. “Psychological Safety and Learning Behavior in Work Teams.” *Administrative Science Quarterly* 44, no. 2 (1999): 350-83.

5 Woolley, A. W., Chabris, C. F., Pentland, A., Hashmi, N., & Malone, T. W. (2010). Evidence for a Collective Intelligence Factor in the Performance of Human Groups. *Science*, 330(6004), 686-688.

CONVERSATIONS: A TEAM EVENT

Creating Psychological Safety in a conversation can be challenging for one critical reason: it requires a group of individuals to work together toward creating the two crucial conditions: conversational turn-taking and social sensitivity. Any good conversation requires participation by everyone involved, and any one person can derail a conversation. In other words, a conversation is a puzzle that only a group can solve, together.

Navigating a challenging conversation becomes an even bigger problem when a group contains members that do not have a history of interacting with each other over time, building trust and creating a common vocabulary. This is one of the reasons that clinicians often worry about starting conversations about serious illness and death with patients and their families: even if they have built trust with a patient, there may be someone new in the room, or they may be broaching a topic that they have never discussed before. And even when the group consists of only two people, both participants must feel safe in order for the conversation to go well.

But, there are things that individuals can do to promote the two behaviors that create Psychological Safety.

First, do no harm. As a participant in a conversation about a serious illness, managing your own behavior is the most direct intervention you can undertake. Making sure to limit the time you are speaking and eliciting participation from group members who have not yet spoken up can shift the conversation toward a higher level of Psychological Safety. Additionally, as a participant in a conversation, you can focus your attention on the unspoken communication that occurs in every group. It is important to note that no one can perfectly comprehend another person's state of mind, so inviting other group members to give voice to their unspoken thoughts and ideas is a better approach than assuming that you can intuit the thoughts of the people you are speaking with.

GOING FURTHER: STRUCTURES FOR CONVERSATIONS

As individuals we can take steps to improve Psychological Safety, and there is even more we

The **two critical ingredients** for Psychological Safety:

- 1. Conversational turn-taking:** Everyone in a group speaks roughly the same amount
- 2. Social sensitivity:** Group members understand each other through non-verbal cues

can do when we take a step back and examine the underlying structures of conversations themselves. Meeting formats and exercises can be designed specifically to be more inclusive and create opportunities for productive dissent and open exploration.

Liberating Structures are one example of the kinds of tools that can create Psychological Safety, regardless of whether participants have familiarity with the underlying research. Liberating Structures are a set of simple, practical exercises that groups can use to ensure that all participants have a chance to contribute, be heard, and listen to others. For more information and a complete list of Liberating Structures, you can visit liberatingstructures.com.

Structures like this encourage behaviors that promote Psychological Safety without mandating specific actions, a strategy that can often provoke backlash and resistance. This is the guiding principle behind the design of the games "Hello" and "My Gift of Grace," the games Common Practice designed to help people have more productive conversations about serious illness and death. Along with a series of open-ended questions, the game instructions subtly nudge participants to take turns speaking and listening and to watch for nonverbal communication. For instance, rather than asking players to answer questions directly, each player writes their answers first, giving everyone a chance to compose their thoughts in silence. This diminishes

the chance that the most gregarious or talkative person in the group will dominate the conversation. Similarly, the use of physical tokens (“Thank You Chips”) in the game encourages players to express themselves in ways that go beyond words, encouraging both the use of and sensitivity to nonverbal communication methods.

CONCLUSION

Creating the conditions and promoting the behaviors that lead to Psychological Safety can improve conversations in healthcare, particularly

when it is important to surface the values, preferences, and priorities of the people involved. By embedding these behaviors in structures and tools, they are much more likely to become standard practice, leading to repeatable and reliable person-centered care and significantly increasing the likelihood that a patient will receive care that matches their priorities.⁶

6 Baidoobonso, Shamara. “Patient Care Planning Discussions for Patients at the End of Life: An Evidence-Based Analysis.” Ontario Health Technology Assessment Series. Medical Advisory Secretariat, 2014.

About the author: Nick Jehlen is a partner and co-founder of Common Practice. He leads the design and research practices for the company.

Improving communication and decision-making about serious illness and end of life care

Great conversations inspire, connect, and heal. Our mission at Common Practice is to design the practical tools that make these conversations accessible to everyone. Too often, conversations about what matters most to us are avoided – in healthcare, but also in our daily lives. Working with our partners and customers, we make great conversations common practice.

Our tools, including the games “Hello” and “My Gift of Grace,” help everyone talk about end of life issues. Research has shown these games to be enjoyable and effective methods for promoting conversations about serious illness and end of life issues. In a 2016 study, researchers found that 78% of players engaged in Advance Care Planning (ACP) behaviors within 3 months of playing the game.*

Find out more about our products and services at commonpractice.com.

About the founders

Jethro Heiko and Nick Jehlen, co-founders of Common Practice, have been designing tools and campaigns for social change since 1995. They first worked together on housing and voting rights initiatives in the Fenway neighborhood of Boston, where Jethro led the successful campaign to prevent the destruction of Fenway Park. In that campaign, they began to develop a method that has been at the core of their work ever since: the design of easy-to-use tools that allow communities to directly create the change they wish to see in the world. Since then, they have worked with healthcare staff, state employees, student groups, human service organizations, environmental activists, and veterans of the wars in Iraq and Afghanistan.

* Can Playing an End-of-Life Conversation Game Motivate People to Engage in Advance Care Planning?, Lauren J. Van Scoy, MD, Michael J. Green, MD, Jean M. Reading, MA, Allison M. Scott, PhD, Cynthia H. Chuang, MD, Benjamin H. Levi, MD, PhD. *American Journal of Hospice & Palliative Medicine*. July 2016.



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