Key tips to providing a psychologically safe learning environment in the clinical setting

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Research Article

Abstract

Having psychological safety embedded in preceptorship relationships facilitates positive interpersonal and educational experiences for students. Psychological safety refers to a student's belief as to whether or not it is safe for them to take interpersonal risks, such as asking questions, sharing an idea for improvement or speaking up to maintain patient safety. Having psychological safety leads to collaboration, positive student learning experiences and effective patient care. In this article, we present key guidelines for preceptors to provide a psychologically safe learning environment for their students. Guidelines fall under four categories 1)before meeting students, 2)first meeting students, 3) continued relationship with students and 4) general rules. These guidelines are informed by current literature on psychological safety and preceptorship and the author's clinical expertise in a nursing preceptorship. We conceptualise psychological safety in a nursing preceptorship for preceptors to denote the experience of inclusivity, empowerment and well-being of students within the social, cultural and physical clinical learning environment. A crucial attribute to cultivating a psychologically safe environment involves being an accessible and approachable preceptor.

Background

Learning in the clinical environment is a cornerstone of healthcare education [1]. An effective and supportive clinical learning environment (CLE) provides trainee healthcare professionals with an opportunity to develop professional behaviours, link the theoretical aspect of their studies with clinical practice and strongly influence students' achievement of their programme learning outcomes [2, 3].

Central to the learning in the CLE in nursing education is preceptorship. Preceptorship has been defined as: *'an approach to the teaching and learning process within the context of the practice setting which allows students to develop self-confidence while increasing their competence as they become socialised into the profession of nursing'* [4, pg.259]. A fundamental component of preceptorship is the 'preceptorship relationship', a triadic professional relationship between the preceptor (experienced staff nurse) and the preceptee (nursing student), centred on the delivery of patient care within a clinical environment [5]. It is widely acknowledged that the quality of the preceptorship relationship can significantly influence the student's integration into the nursing profession and the clinical environment and can affect the student's professional development and delivery of patient care [6].

A productive clinical learning environment for students depends on positive interpersonal relations. When preceptors take an interest in the supervision of students, are easy to approach, and engage and collaborate with students and patients, it positively influences the students learning experience [7]. Nursing students have also reported that when preceptors create an atmosphere of respect and recognition of the students' work, it positively impacts their learning, creating an inclusive and psychologically safe learning experience [1].

We provide an argument that a preceptor's ability to provide a psychologically safe learning environment for their students can significantly impact the students learning experience. Moreover, the current literature suggests there is a lack of guidelines for preceptors to address the psychological safety needs of their students. Current guidelines for psychological safety are typically focused at an organisational and team level [8]. The guidelines presented in this paper are targeted at individual preceptors who aim to provide a psychologically safe learning environment for their students.

What Is Psychological Safety?

Psychological safety was initially defined as a "*shared belief that the team is safe for interpersonal risk-taking*" [9]. These interpersonal risks include open communication, voicing concerns, asking questions and seeking feedback without fear of judgment [10]. In other words, psychologically safe environments allow individuals to be their authentic selves, improve individuals' well-being, and reduce work-related stress, leading to increased engagement and learning. Within hierarchical healthcare teams, individuals in more junior positions often find it difficult to speak up against the status quo and this reduces opportunities for collaborative learning [11]. Therefore, psychological safety required that deliberate efforts are made to reduce the professional hierarchy often observed in healthcare teams [12].

Psychological safety in nursing preceptorship.

The concept of psychological safety is not new to nursing education. In a psychologically safe environment, students feel safe to take risks, make mistakes, and ask for help or support when needed. Furthermore, this creates a safe environment where students can identify what skills they lack and wish to improve without judgment. The feeling of safety is an essential element in learning environments, where students are expected to take risks [13]. It is particularly important in a nursing preceptorship where students' clinical placement outcomes rely heavily on the interpersonal dynamic and assessment associated with the preceptorship relationship. Preceptors are responsible for teaching and assessing students using a national clinical assessment document (NCAD) [14]. Preceptors are also responsible for ensuring they provide a supportive culture for students [14].

Current literature reports that when students feel psychologically unsafe, they tend to refrain from doing or saying something that might suggest incompetence [15]. An unsafe psychological environment can also raise anxiety and lead to avoidance and disengagement of students' clinical education and patient care [16; 17]. Students can find it challenging to think clearly, retain information or perform clinical skills they previously felt competent in [15]. Psychological safety also plays a vital role in students speaking up for patient safety or questioning nurses when they observe inconsistencies between what is taught at university and what is performed in practice [18].

Psychologically safe learning environments permit students to seek clarification or help to answer questions or demonstrate skills workout fear of judgement or humiliation [19]. It is important to highlight that while preceptors should create an environment where students can make mistakes without being judged or punished, they must ensure patient safety throughout their practice placement [20]. Having a

psychologically safe environment does not mean that there is a lack of accountability [21]. In fact, accountability and psychological safety are both required in order to students to operate within the "learning zone" [21]. Furthermore, students are expected to engage at a supernumerary level, adhering to established professional guidelines and code of conduct and only performing tasks they have learned and are competent to perform [22].

To contextualise the principles of psychological safety and learning in the clinical environment, it is important to consider Maslow's (1943) hierarchy of needs [23]. Maslow highlights that our actions are motivated by particular psychological needs; 1) psychological needs, 2) safety needs, 3) love and belonging needs, 4) esteem needs, and 5) self-actualisation needs. A student can only move to address the higher-level needs when their basic needs are fulfilled. For example, once students feel safe, they seek social interaction and feel a sense of belonging followed by respect and achievement. Therefore, preceptors must allocate an appropriate level of time to establish psychological safety and maintain positive interpersonal relations within the preceptorship relationship to create a safe and inclusive learning environment for students from the outset of the professional relationship and throughout.

Guidelines to providing a psychologically safe environments for students.

Lyman and colleagues' recent study [19] examining new graduate nurses' experiences of psychological safety found four main themes emerged, including: building credibility (building the trust of others in their capabilities), making personal connections, feeling supported and seeking safety. Similarly, a more recent concept analysis of the application of psychological safety to health care found five attributes: perceptions of the consequences of taking interpersonal risks, strong interpersonal relationships, group-level phenomenon, safe work environment for taking interpersonal risks and non-punitive culture to influence psychological safety [24]. In addition, a systematic review of factors that enable psychological safety in healthcare teams found five broader themes: priority for patient safety, improvement of learning orientation, support, familiarity with colleagues, status, hierarchy and inclusiveness and individual differences impacted psychological safety [12].

Collectively the evidence above suggests the critical role making strong interpersonal connections plays in initiating a psychologically safe environment for students. It lets preceptors connect with their students beyond surface-level greetings or small talk. Identifying students preferred names creates an atmosphere of respect [25]. On the other hand, a lack of openness or personal engagement from preceptors has resulted in negative learning experiences for students [26]. Therefore, the authors recommend to *"Identify how the student likes to be addressed and how to pronounce their name"* and *"Build a rapport by sharing appropriate background and experiences about yourself; Ask students questions to discover their interests"* (Table 1).

Inclusivity is another fundamental component of creating a psychologically safe learning environment [22]. Without addressing social and cultural aspects of the clinical learning environment, there is a risk that students may feel excluded from the ward resulting in students feeling a lack of belonging or value to the team [22]. Social acceptance and feeling part of the team have led to motivation to provide care

and clinical learning amongst students [27]. Therefore, the authors recommend to "*Express gratitude and appreciation towards students for their input to the team*" and "*Avoid exclusive patterns of social interaction*" (Table 1).

Unintentional bias is another factor that can result in a psychologically unsafe environment for students [28]. Preceptors must examine any bias or stereotypes they may have towards students to remove barriers to effectively communicating and engaging with students to promote belongingness in the preceptorship relationship. Therefore, the authors recommend to "*Identify and reflect on any unconscious negative bias (towards students), so you can act to remove them*" (Table 1).

Setting clear expectations and learning objectives is also a valued action to create a psychologically safe learning environment for students [15]. When clear learning objectives are set collaboratively, it is shown to positively influence the students learning experience [29]. Therefore, the authors recommend to "*Communicate a vision of the student's potential*" and "*Collaborate with their student to set concrete and time-bound learning goals*" (Table 1).

Another critical factor in creating a psychically safe learning environment is engaging students in collaborative and bidirectional feedback (30; 15). Bidirectional feedback creates a collaborative environment and demonstrates a mutual respect [30]. Psychological safety makes it more likely that students will engage in safe clinical practice and collaborative discussions with their preceptors, thus supporting learning and helping develop a sense of teamwork and belonging. Therefore, the authors recommend to "*ask the student for feedback and embrace it*" and "If a student makes a mistake, do not judge or reprimand them. Reinforce their effort into achieving the skill, highlight how it can be improved, and ask how you can help them achieve this" (Table 1).

Based on the current guidelines from other disciplines [31], professional guidance documents [14] and the literature described above, as well as the author's clinical expertise in a nursing preceptorship. Table 1 below presents guidelines for creating a psychologically safe learning environment in the context of a nursing preceptorship under four categories 1)before meeting students, 2)first meeting students, 3) continued relationship with students and 4) general rules. It describes each of the individual steps, providing a rationale and example for each.

Conclusion

Psychological safety is an essential component of an effective nursing preceptorship. It is evident from the available literature that psychological safety plays an essential role in ensuring a positive and productive learning experience for students in the clinical learning environment. It is vital that students feel safe to ask questions and verbalise areas of clinical practice that require improvement without fear of judgment or repercussions for their national clinical assessment documents (NCAD). Key attributes preceptors must display are openness, inclusivity, effective interpersonal and communication skills, and a collaborative approach to create a psychologically safe learning environment for students. While the focus of this paper was applied to nursing preceptorships, the authors would argue these principles and

guidelines can be applied to any healthcare preceptorship relationship also observed in medicine and physio education.

Take-home Message

- Psychologically safe learning environments are essential for optimal learning in a nursing preceptorship.
- Students' learning is enhanced when students perceive a psychologically safe learning environment in the clinical setting.
- Preceptors defining attributes to creating a psychologically safe learning environment for students include openness, inclusivity, effective interpersonal and communication skills and collaboration with nursing students
- Preceptors must allocate an appropriate amount of time to establish and maintain psychological safety within the preceptorship relationship.

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Table

Table 1 is available in the Supplementary Files section

Supplementary Files

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- Table1.docx