Effects of a Senior Practicum Course on Nursing Students’ Confidence in Speaking Up for Patient Safety
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ABSTRACT
As patient advocates, nurses are responsible for speaking up against unsafe practices. Nursing students must develop the confidence to speak up for patient safety so that they can hold themselves, as well as their peers and coworkers, accountable for patients’ well-being. The purpose of this study was to examine the effects of a senior practicum course on confidence for speaking up for patient safety in nursing students. Confidence in speaking up for patient safety was measured with the Health Professional Education in Patient Safety Survey. The study showed a significant increase in nursing students’ confidence after the senior practicum course, but there was no significant change in students’ confidence in questioning someone of authority.


Speaking up is approaching or questioning clinical practice, decisions, or actions made by health care providers that may compromise patient safety (Duhn et al., 2012). As hospitals continue to work on ways to create a culture of safety where speaking up for patients is encouraged, nursing schools aim to prepare students by integrating into the curriculum the knowledge, skills, and attitudes to support speaking up. In addition, students need to learn that teamwork, problem solving, and effective workplace communication are key to decreasing the incidence of medical mistakes and increasing patient safety. At one school of nursing in the midwestern United States, a senior practicum and nursing leadership course, along with a concentrated clinical experience, is used to provide didactic and practical instruction on patient safety, communication, delegation, and teamwork.

The course content covers the use of standardized communication tools, nurse–physician relationships, and strategies to deal with conflict. A focus in the class is to introduce students to common phrases they can use to voice their concern, such as “I am concerned....” or “I feel uncomfortable....” During the clinical component, students work one-to-one with a preceptor who received preceptor training from his or her hospital. Preceptors also have access to faculty who make site visits when students are on the unit. An online preceptor resource center set up by the course coordinator is available so preceptors can get information on precepting, Quality and Safety Education for Nurses competencies, and how to complete the clinical evaluation tool. Preceptors evaluate students’ knowledge, skills, and attitudes pertaining to patient safety, such as students’ ability to identify and report changes in assessment findings, patient status, and any situations where safety is compromised.

The purpose of this study was to examine the effects of a senior practicum and leadership course on nursing students’ confidence in speaking up for patient safety. The study addressed the following questions:

- What is the effect of a senior practicum course on nursing students’ confidence in speaking up for patient safety?
- Is students’ confidence related to age, gender, ethnicity, clinical work experience, or having a family member who is a health care provider?

Literature Review
Many researchers have studied nurses and speaking up. In a study by Maxfield, Grenny, Lavander, and Groah (2011), nurses
and managers were surveyed regarding three major concerns: dangerous shortcuts, incompetence, and disrespect. This study also explored whether or not reports were made when these situations occurred. The study found 84% of the participants believed that 10% or more of their colleagues used dangerous shortcuts and that some of the shortcuts could have harmed patients. Of the 84% of participants who expressed concern, only 31% voiced their full concerns with their colleagues (Maxfield et al., 2011).

Ahern and McDonald (2002) found that even though nurses have an obligation to know and stand up for patient safety, they may hesitate to speak up when doing so breaks tradition or opposes authority. King and Hermodson (2000) reported that reasons for not speaking up included fear of retaliation, fear that concerns may not be taken seriously, or a lack of confidence to bring the issue forward. Some studies found that the greater the potential harm to the patient, the more confident a nurse felt in stepping forward and saying something (Callister, Luthy, Thompson, & Memmott, 2009; King & Hermodson, 2000).

Additional studies have examined social factors that affect nurses’ or students’ decisions to speak up for patient safety. A key factor identified by Levett-Jones, Lathlean, Higgins, and McMillan (2009) was the need to belong. They studied the relationships between nursing staff and nursing students and found students must experience a sense of belongingness and camaraderie to feel comfortable enough to approach nurses about a wrongdoing that was witnessed or a possible breach in protocol. Thus, the need to belong may lead to negative consequences because nursing students, wanting the nurses they work with to accept them, may accept bad nursing practices. This need for belongingness can discourage students from actively advocating for patient safety (Levett-Jones & Lathlean, 2009).

Additional factors that have been identified to affect whether or not nursing students speak up are vertical violence (Magnavita & Heponiemi, 2011; Thomas & Burk, 2009), fear of repercussions (Levett-Jones & Lathlean, 2009), a desire to please a superior (Levett-Jones, Lathlean, McMillan, & Higgins, 2007; Magnavita & Heponiemi, 2011; Thomas & Burk, 2009), and the student’s level of confidence. Other studies found that most students used sound ethical reasoning when dealing with patient safety but hesitated to speak up because of a lack of education, fear of retaliation, an inherently personality trait, or even submission to authority, especially if the authority figure was a physician (Ahern & McDonald, 2002; King & Hermodson, 2000).

Method
Setting and Sample
The setting for this study was a large, urban public state university in the midwestern United States. Approximately 600 undergraduate students are enrolled in the university’s school of nursing. The inclusion criteria were senior-level nursing students, senior practicum course enrollment, English speaking, and age 18 or older. Data collection started after the study was approved by the university’s institutional review board.

Data Collection
Convenience sampling was used to recruit participants from a senior practicum and leadership course. A total of 63 participants were recruited from 84 students who were enrolled in the course. Consent forms and surveys were distributed to all of the students in the class. Students were encouraged to ask questions. Voluntary participation and the right to withdraw from the study at any time were emphasized. Completed and submitted surveys conveyed informed consent. Recruitment occurred at the beginning of the 8-week rotation, and the same participants were asked to complete a questionnaire at the end of the rotation.

After informed consent was given, participants completed surveys during class time and returned completed surveys face-down directly to the researchers. Each participant was assigned a code number. Students entered the same assigned code number on the pre- and postsurvey. The survey contained 45 questions and took approximately 15 to 20 minutes to complete. Data were collected during two consecutive clinical rotations.

 Measures
The study used a pretest-posttest design. Confidence in speaking up for safety was measured using the Health Professional Education in Patient Safety Survey (H-PEPSS) (Ginsburg et al., 2010), a 38-item tool that accounts for three dimensions of safety. Section one addressed students’ confidence in what they learned about keeping patients safe. Section two addressed health professional education and did not focus on confidence, and therefore was not used in the data analysis. Section three was related to comfort in speaking up for patient safety. Two questions from section three were not used; the two questions were related to disciplinary actions for speaking up and were determined by the investigators to be difficult for prelicensure students to answer.

Participants were asked to read each item and rate their own confidence of speaking up for safety using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). For example, one of the items used for speaking up was: “I feel confident in what I learned about...the importance of having a questioning attitude and speaking up when you see things that may be unsafe.” Eleven questions from the H-PEPSS scale (questions 11, 12, 13, 25, 26, 29, 32, 33, 35, and 37) focused on how comfortable the students felt speaking up for patients and how confident the students were that a supportive environment with effective communication was created that would allow them to speak up if they witnessed unsafe practices.

All of the items were coded so that higher scores indicated higher levels of confidence. Items were summed and coded as total confidence in speaking up for patient safety. The reliability for the H-PEPSS survey exceeded 0.80 when used with a sample of 1,016 newly licensed health care professionals (Ginsburg, Castel, Tregunno, & Norton, 2012). Demographic data collected included age, gender, ethnicity, grade point average, clinical area of practicum, work experience in clinical settings, and family members in the health care profession. All data were entered into Predictive Analytics SoftWare version 19.0.

Results
A descriptive analysis of the sample and study variables was performed, and correlations were run among the variables. Paired t tests were used to examine the differences between the
The second research question regarding whether students’ confidence was related to age, gender, ethnicity, clinical work experience, or having a family member who is a health care provider was addressed using Pearson correlations and independent-samples t tests. Results revealed no significant relationships.

**Discussion**

The results of this study showed a statistically significant improvement in confidence in speaking up, from the beginning to the end of the senior practicum and leadership course, even though none of the demographic variables had any relationship to confidence scores. Therefore, reinforcing leadership skills, effective communication, conflict resolution, and creating a culture of safety is a top priority in nursing education. This reinforcement increases students’ confidence and makes them more likely to become an advocate for patient safety.

Previous research indicated that students believed they did not possess the knowledge to oppose someone of authority (Ahern & McDonald, 2002). The same was true in this study. The fear of an authority figure and desire to belong also was addressed in the literature. Several studies found that the desire to please a superior may affect students’ willingness to step forward and speak up (Levett-Jones et al., 2007; Magnavita & Heponiemi, 2011; Thomas & Burk, 2009). In the current study, there was no significant change after completing the practicum course in the students’ belief that questioning a superior was difficult. This could mean that the idea of not questioning an authority figure could be ingrained throughout the educational process, not only in postsecondary education but also early on in a student’s life as well. This is a dangerous belief because it could lead to a fatal patient outcome without anyone coming forward on that patient’s behalf. It is imperative that both universities and clinical settings work collaboratively to reinforce the idea that practicing with a questioning attitude can save lives. This also can be done in a respectful manner that will not garner negative repercussions for the nursing students.

**Limitations and Implications**

The limitations of this study include a reliance on the willingness of the participants to complete the study honestly and
to the best of their ability, and the use of convenience sampling. The students in this sample were predominantly Caucasian with little variability in their ages, and all of the students attended the same school of nursing. Thus, results cannot be generalized to other groups of individuals.

A potential implication from the findings of this study is that a course focused on the topics of leadership, effective communication styles, management skills, patient safety, and one-to-one experience with a clinical preceptor can make a difference in the confidence of nursing students. The core content of this class provides an example of a model that may be used in the curriculum for other health care professionals. Another recommendation is to ensure that these concepts are introduced earlier in the curriculum and reinforced throughout the program. Faculty and preceptors must be open to allowing students to practice with a questioning attitude.

A large component of this course is a one-to-one precepting experience with an RN. This gives students experience in teamwork, promotes a sense of belongingness, and increases their comfort level with speaking up. Providing preceptors additional instruction on how to encourage an environment for speaking up to authority when patient safety is at risk is essential. Additional research is needed in the practice area to examine fear of opposing authority figures within the hospital setting to identify ways to develop a culture of safety that would make it easier for individuals to speak up.

Although this study demonstrated increased student confidence following a senior practicum and nursing leadership course, the findings indicated that students continued to struggle with the confidence to speak up to those in authority. Recommendations for future research are to expand the study to incorporate students from other health care disciplines and universities so that results can be generalized. Studies exploring the best ways to identify and eliminate barriers to providing a safe culture for speaking up would benefit both health care agencies and schools of nursing. Identifying and exploring the necessary knowledge, skills, and attitudes that health care professionals need will help educators refine their curricula. Collaborative studies have the potential to analyze the dynamic relation among supervisors, hospital employees, faculty, and students in hospital settings to help identify what can be done to foster a learning environment where no one hesitates to speak up for patient safety.

References