

Building and Nurturing a Psychological Safety^{PLUS} Workplace

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03/04/2021

PLDP Proposal



What is Psychological Safety

- **“A belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes, and that the team is safe for interpersonal risk taking.”**
- **In a psychologically safe climate, team members are not afraid to express themselves; they feel accepted and respected.**

Amy Edmondson, Harvard. 1999

What is Psychological Safety^{PLUS}

- **Psychological Safety that allows people to talk safely and are able to discuss hard issues, including race, gender, religion, politics, and sexuality, in the workplace**

It is about a Good Workplace Basics

“When we can’t create some of these basic structures, the power and the dynamics of the organization and culture often show earliest at the margins, with the people who are least protected and buffered in the organizational system. Which is often underrepresented minorities”

Heidi Brooks. Yale Insight June 2020



Overall Goal

- **To reflect on the culture and power dynamics within Yale Pediatric Department and create a long-term plan for making it an impactful workplace**
- **That is, ultimately having a department with a team climate characterize by interpersonal trust and mutual respect that make team members feel free to collaborate and feel safe taking risks—A “Winning Organization”**

Why am I interested in this project?

- **The Time is Right**

Racial and Political upheavals—Hard times give us a chance to look at the capacity and resilience of our organizational structure

- **Getting it Right Matters**

A bias toward quick fixes that are ill-suited to a complex issue in our Volatile, Uncertain, Complex, & Ambiguous (VUCA) world of today. Band-Aid on a wound that should heal by Secondary

Intention. Secondary intention happens when a wound has a great deal of lost tissue, or is extensive and the edges can't be brought together.

We should think long-term, and think about impact, not just action

Posterity will not forgive us if we don't get this right!!

“All Hands on Deck” It Will Require Blacks & Whites Working Together



Black keys of the piano give good sounds and the white keys give good sounds, but the combination of the two gives the best melody.

Dr. James Kwegyir Aggrey, 1875-1927, Gold Coast

Why Psychological Safety?

The SAFETY MODEL

‘The Brain is wired for safety’

- Our brain’s primary focus is to detect and react to threats to our survival
- It treats physical threats and perceived psychological threats identically
- The brain continuously detect threat without our awareness—
“Negative Bias”



Academy of Brain-based Leadership

Brain Pattern Recognition

- **For efficiency, the brain is wired to recognize pattern to effect appropriate responses**
- **By the time one gets to the workplace, one is very efficient at pattern recognition and discriminating between SELF and Non-SELF for survival**
- **For a Psychological Safe Workplace, we need to abandon these primitive attributes of the brain and turn on the Prefrontal Cortex more**
- **That needs a lot of work, daily and continuous effort; should be the preoccupation of both leaders and team members**

Approach

- **4 to 6 Sections/Units will be randomly selected**
- **Baseline Assessment of Psychological Safety using—Survey Measure of Psychological Safety¹**
- **Half will receive Psychological Safety PLUS Intervention and half will serve as control**
- **Mixed Methods Intervention for 6 months—Focus groups; minority2Majority (m2M) learning clubs; Town Hall meetings; lectures; role play of DEI issues**
- **Mid-year Assessment of Psychological Safety, Acceptability & Feasibility of Psychological Safety PLUS Intervention**
- **Focus groups to discuss findings, tweak intervention, as needed, for phase 2**
- **End of year Assessment of Psychological Safety**

1. Edmondson. Psychological safety and Learning Behavior in Work Teams. 1999

Resources

- **Knowledge & Skills: Classes on Everyday Leadership at Yale School of Management; Literature Review; Selecting instruments**
- **Consulting Partner: Heidi Brooks & Team—Senior Lecturer in Organizational Behavior, Yale School of Management**
- **Study Coordinator**
- **Buy-ins: Chair of Department; Chief Executive of the Children's Hospital; Hospital Administration; Division Chiefs; Trainees/Staff/Faculty**

Challenges

- **Perception of competing against ongoing School and Hospital DEI programs**
- **Definition of unit of study –Section vs Clinical Units**
- **Buy-in from Nurse Managers**
- **Burn-out inertia syndrome limiting participation**

Benefits for the Department

- **If found to be beneficial will roll out to all Sections/Units in the Department/Children's Hospital**
- **Cost-effective due to the organic nature of the intervention—bottom-up approach**
- **Anticipated benefits:**
 1. **Increase Accountability (team members and leaders)**
 2. **Celebration of our Diversity & Differences**
 3. **Innovation and growth**
 4. **Improvement in productivity**
 5. **Improved patient experience**
 6. **Destination Department/Children's Hospital**

Thank You

Q&A