

"See something, say something?" - Identifying personal and team-level antecedents of silence in per-diem nurses

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As part of the National Research Programme on "Digital Transformation" funded by the Swiss National Science Foundation, we, namely Prof. Petra Klumb (Principal Investigator) and M.Sc. Caroline Gahrmann (PhD candidate) set out to investigate per-diem nurses' work-related experiences.

Petra Klumb is a professor of Occupational Health Psychology at the University of Fribourg whose research primarily focuses on social interactions at the workplace. Notably, her body of research also encompasses observational studies on interactions between physicians and their patients. Caroline Gahrmann is a junior researcher with expertise in ambulatory research methods.

In collaborating on this project, we will conduct a micro-longitudinal assessment of per-diem nurses' daily experiences over ten consecutive shifts. Employed by an external platform, per-diem nurses included in our sample will join different nursing teams, wards, and even hospitals over shifts. Our project consequently offers a unique opportunity to disentangle stable between-person differences from situation- and team-specific processes. Therefore, the resulting data will allow us to adequately address our research questions on person- and team-specific antecedents of silence in per-diem nurses.

As external newcomers, per-diem nurses provide a "fresh pair of eyes" in how they perceive patient safety practices in their receiving nursing teams. We argue that both cooperation and performance in nursing teams and patient safety could benefit from per-diem nurses voicing their potential concerns. However, as marginal group members per-diem nurses are likely disincentivized from speaking up. In this project, we plan to pursue three goals: We aim to investigate (1) 'interactional (in-)justice' as a proximal team-level antecedent that causes per-diem nurses to remain silent about their patient safety concerns; (2) 'psychological safety' as a within-person mechanism that further explains this relation; (3) 'outcome responsibility' as a personal characteristic which buffers these detrimental effects.

In setting up this project, we have already identified several conceptual challenges where we hope to benefit from the expertise and input of other SGM participants. For one, we have struggled with how to operationalize and measure silence in our sample so that it captures both a conceptually meaningful and functionally prevalent experience in the daily lives of per-diem nurses. We would also like to develop ideas with other SGM participants about further personal- and team-level factors which might play an important role in per-diem nurses' decision to remain silent about their patient-safety concerns. Lastly, we are interested in open exchanges with other researchers who are conducting studies on voice and silence in members of the caring professions.