

*I know what I want to say but I don't
know if I'm allowed to say it –*

**An exploration of speaking up in
allied health new graduates**

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Te Whare Wānanga o Tamaki Makaurau
NEW ZEALAND

SCIENCE

Problem – reason for study

Gap – results from scoping review

Hook – phase 1 & phase 2

Next steps

The questions -

Overarching Question:

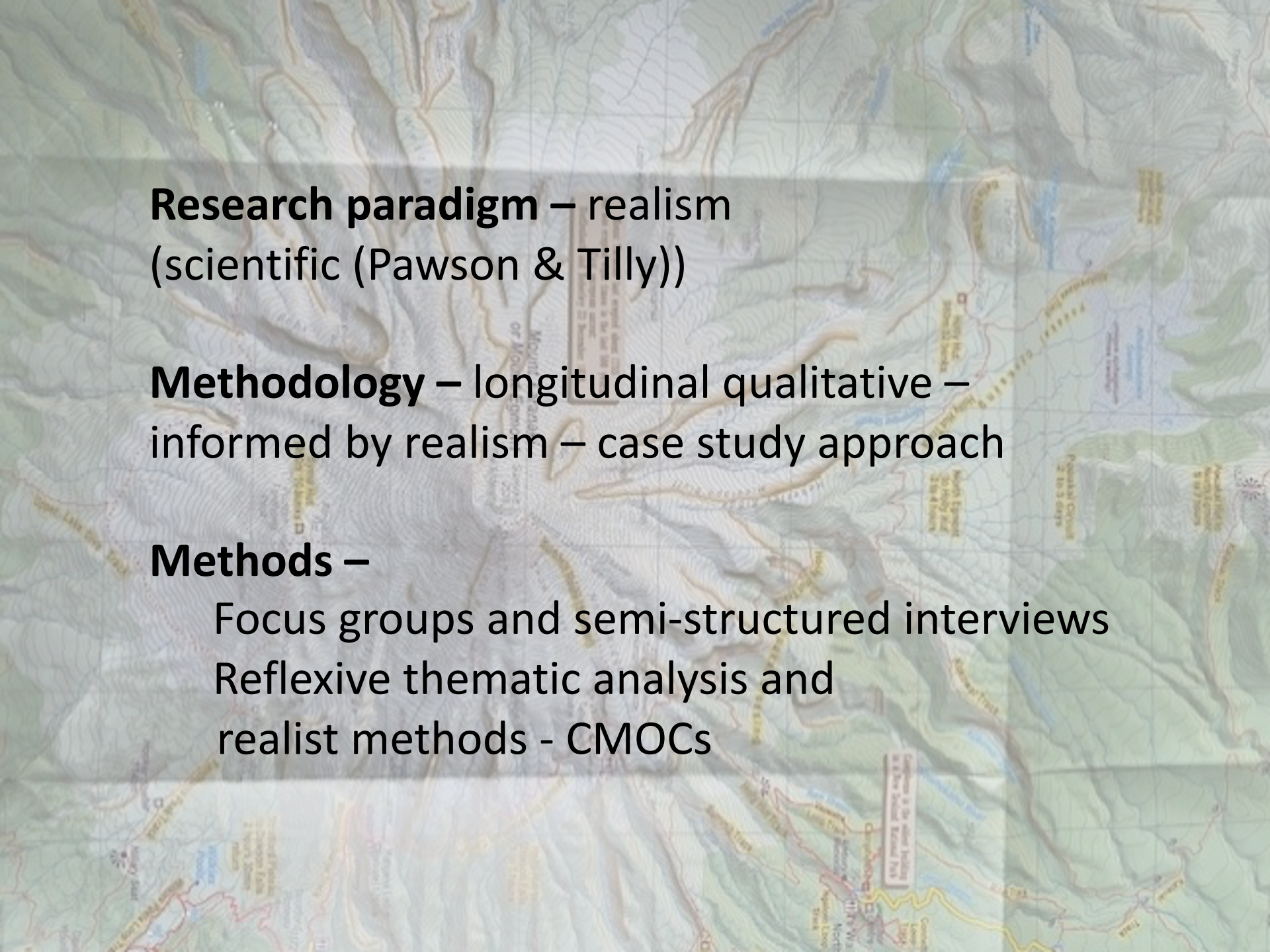
What are the experiences of new graduates in allied health around speaking up in healthcare?

Specific Questions:

How do new graduates in allied health experience communicating about quality improvement and patient safety?

What are the perceived influences and the causal mechanisms?

How does this change over the first year of practice?

A topographic map of a mountainous region, likely the Sierra Nevada, showing contour lines, rivers, and various geographical features. The map is overlaid with a semi-transparent grey box containing text.

Research paradigm – realism
(scientific (Pawson & Tilly))

Methodology – longitudinal qualitative –
informed by realism – case study approach

Methods –

Focus groups and semi-structured interviews
Reflexive thematic analysis and
realist methods - CMOCs

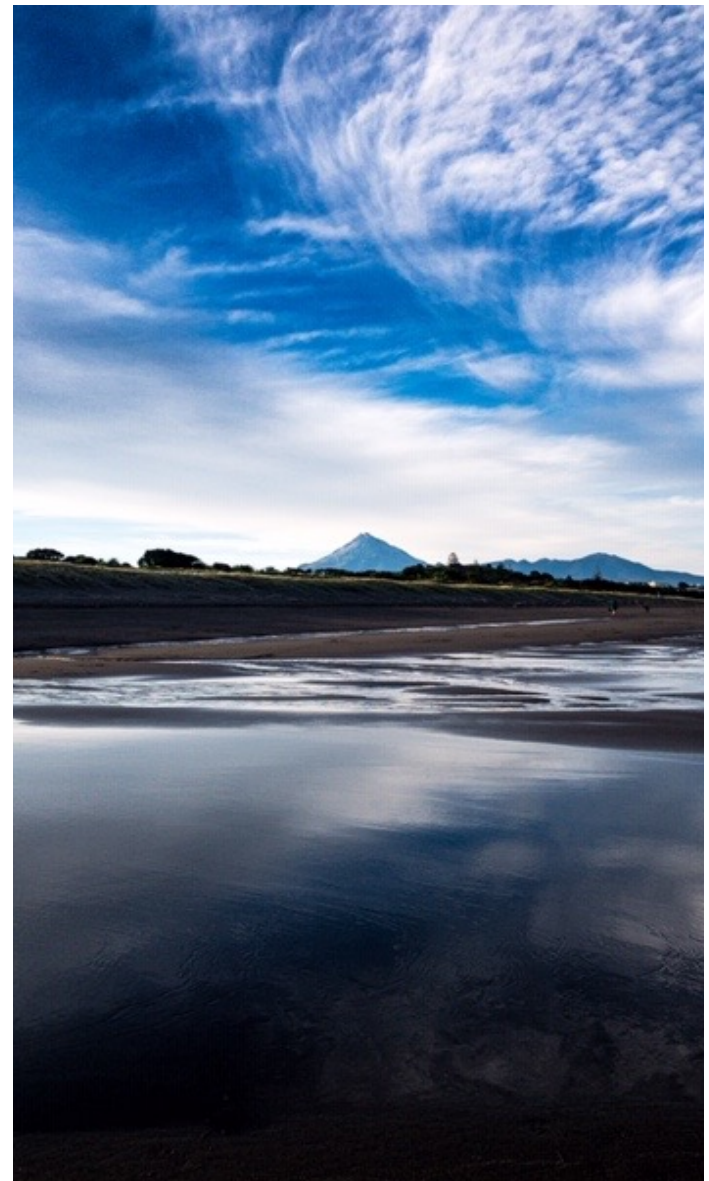
Definitions -

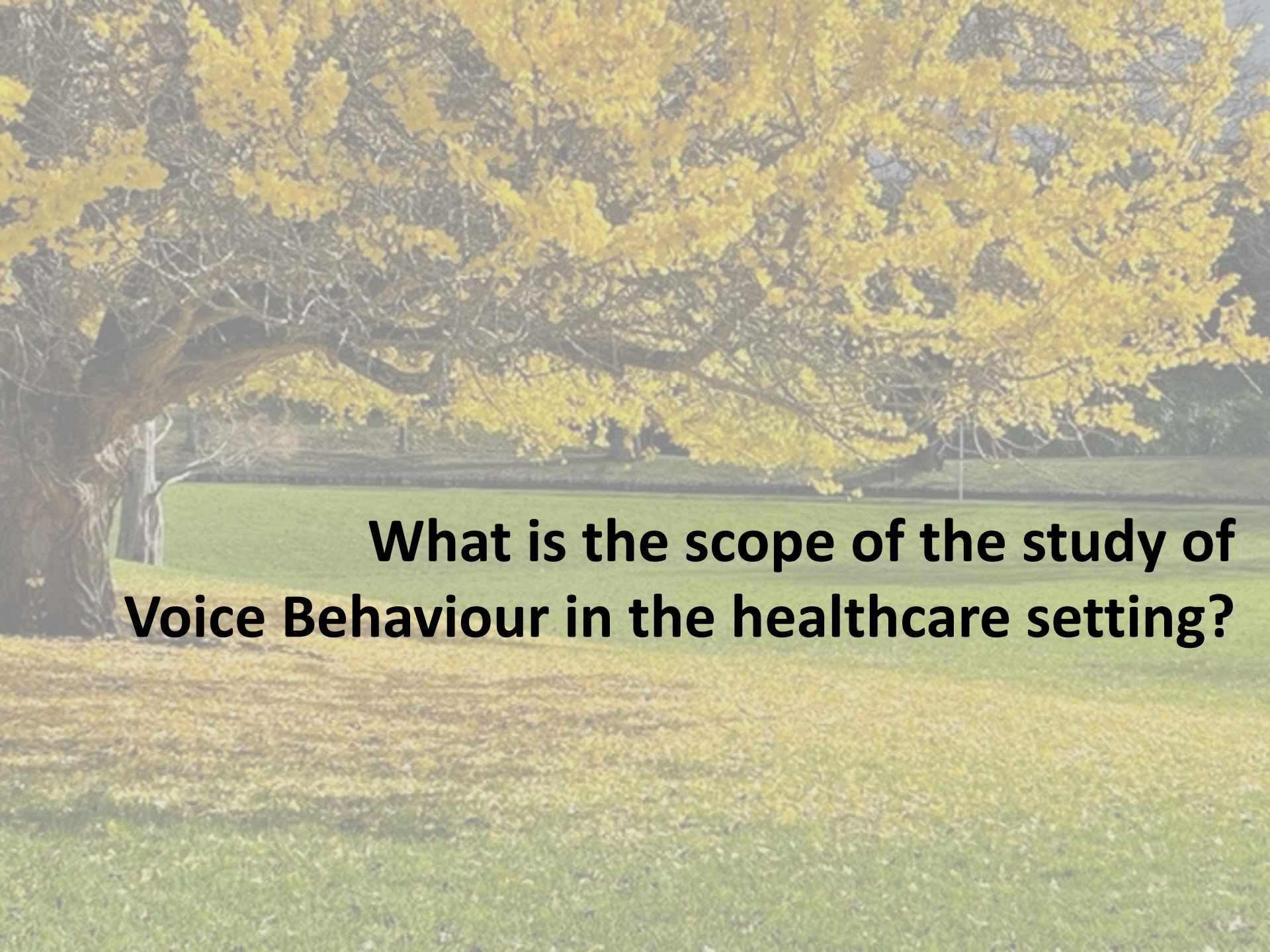
Voice behaviour

Speaking up

New graduates

Allied health





**What is the scope of the study of
Voice Behaviour in the healthcare setting?**

Voice Behavior in Healthcare

A Scoping Review of the Study of Voice Behavior in Healthcare Workers

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Mark Barrow, EdD

BACKGROUND: Patient safety and quality care require learning organizations. For organizations to pivot and progress they need a workforce skilled and confident in voicing ideas and errors. Expressing issues related to patient safety and quality improvement can be defined as voice behavior.

METHODS: This scoping review aimed to answer two questions: 1) What is the scope of the study of voice behavior in healthcare? 2) How do new graduates in allied health use their voice? The Joanna Briggs guidelines were used to identify 76 articles that were explored using a descriptive and evaluative approach to map the depth and breadth of this topic and identify research gaps. **FINDINGS:** The review revealed that nursing and medicine feature in voice behavior studies, but few studies focus on allied health. An exploration of the concepts emerging from these studies revealed eight topics: power, risk, tenure, leadership, intervention, self, climate, and strategies. **CONCLUSION:** Synthesis of the reviewed studies highlights that we know little about allied health new graduates' voice behavior in healthcare. Exploration of voice behaviors with this group will inform education and workplace settings about ways to grow professionals who are confident and competent in speaking up for patient safety and quality improvement.

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paced, and culturally complex situations. When healthcare professionals communicate new ideas or notify team members of mistakes made by themselves or others, these behaviors are called *voice behaviors*.

This paper presents a scoping review on the study of voice behavior in healthcare, with a focus on allied health new graduates. Following the Joanna Briggs scoping review guidelines,⁽¹⁾ a two-level search was completed. The 76 articles identified for this paper are outlined and synthesized using both descriptive and evaluative means. The key topics identified are expanded in the discussion, with gaps in the literature and future research topics highlighted.

Definition of Key Terms

Voice Behavior: Voice behavior has been extensively explored in the realms of organizational psychology, management, justice and healthcare.⁽²⁻⁴⁾ Voice behavior can be described as employee behaviors which chal-

How do new graduates in allied health perceive speaking up about patient safety issues and quality improvement?

What are the influences on speaking up behaviours?





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Speaking up in Healthcare: An Exploration of the Allied Health New Graduate Workforce

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ABSTRACT

Introduction: All healthcare workers are responsible for patient safety and quality improvement and need to “speak up” to communicate issues. As healthcare systems strain under the impact of reduced staffing and workloads increase, allied health new graduates are feeling under pressure and unsupported. Understanding their experiences of speaking up as they transition into the workforce will identify what support they require to fulfil their patient safety and quality improvement responsibilities.

Method: An exploratory study was conducted to investigate how new graduates in allied health speak up. Informed by a realist theoretical position, this study was interested in what contexts and resources support new graduates to speak up or not. Two different focus groups with allied health new graduates were used to collect data. Reflexive thematic analysis was employed to draw out key themes and sub-themes. **Results:** Three main themes were generated –advocacy drives speaking up, scaffolding, and transition impact. Further analysis identified context-mechanism-outcome configurations which were then developed into an initial programme theory. **Conclusion:** Further in-depth exploration of speaking up behaviour with allied health new graduates will inform leaders within education and workplace settings about ways to develop confident and competent professionals who can speak up for patient safety and quality improvement.

Keywords: speaking up, new graduate, allied health, patient safety, quality improvement





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A Realist Informed Study on Speaking up in Healthcare – Supervisors’ Perceptions of New Graduates Speaking Up

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ABSTRACT

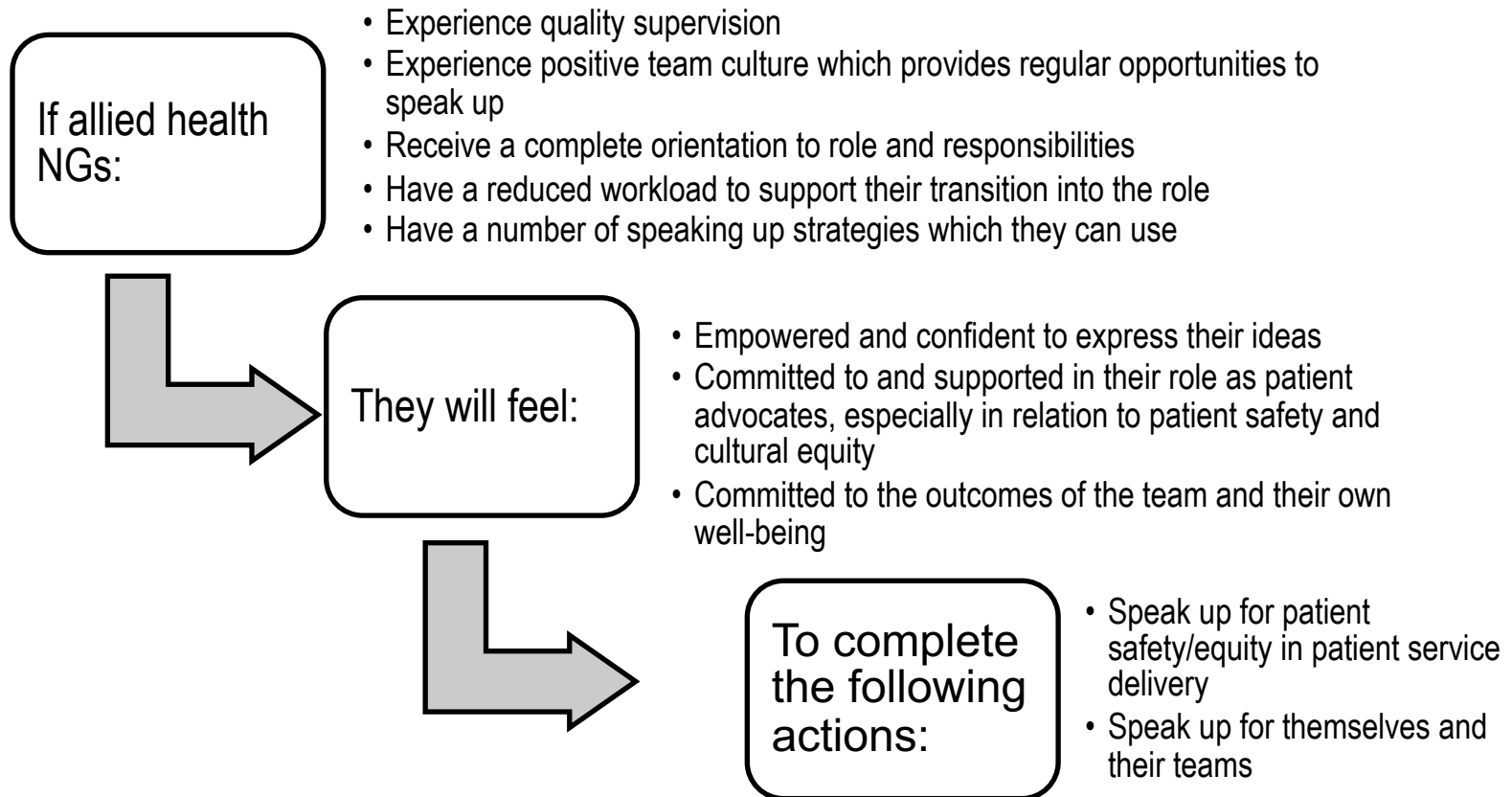
Introduction: For healthcare organizations to adapt and improve, staff need to speak up for patient safety and quality improvement. Speaking up has been explored in nursing and medicine with little known about speaking up in allied health. This study is part of a larger project investigating speaking up in allied health new graduates. This paper is taking a realist position to look at the perspectives of supervisors of allied health new graduates and further develop the Initial Program Theory (IPT) developed from the new graduate study. **Method:** Data was collected from two focus groups. Inductive thematic analysis was employed to develop themes and further realist informed analysis was completed using context-mechanism-outcome configurations leading to a refined IPT. **FINDINGS:** This study reports on the causal mechanisms and contextual features which supervisors believe activate speaking up in new graduates. A further developed IPT which combines findings from both studies will be introduced. **CONCLUSION:** Supervisors of allied health new graduates are aware of the complexity of speaking up in healthcare. Taking a realist position, this study has highlighted the importance of professional supervision and cultural supervision in speaking up for allied health new graduates.

Key words: speaking up, voice behavior, new graduate, allied health, patient safety, quality improvement



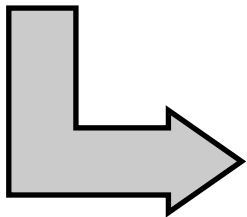
Comparison of focus groups -

Similarities	Differences
<p>Speaking up topics</p> <p>Speaking up strategies</p> <p>Protective aspects of supervision</p> <p>Need for training and changed systems to improve team culture</p>	<p>NGs – self and team advocacy</p> <p>Sups – cultural inequities and racism</p>



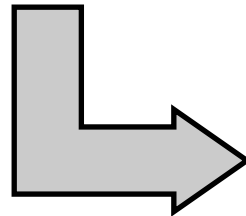
If allied health new graduates:

- Have supervision from a trained supervisor
- Feel a connection with and trust their supervisor
- Have cultural supervision if applicable
- Have the opportunity to practice speaking up in supervision and debrief from speaking up experiences
- Have some speaking up strategies
- Are in a team that provides regular opportunities for all staff to speak up
- Receive a complete orientation to role and responsibilities and have a reduced caseload when they first start



They will feel:

- Empowered and confident to express their ideas
- Committed in their role as patient advocates especially in relation to patient safety and cultural equity
- Committed to the outcomes of the team
- Committed to speaking up for well being of themselves and others

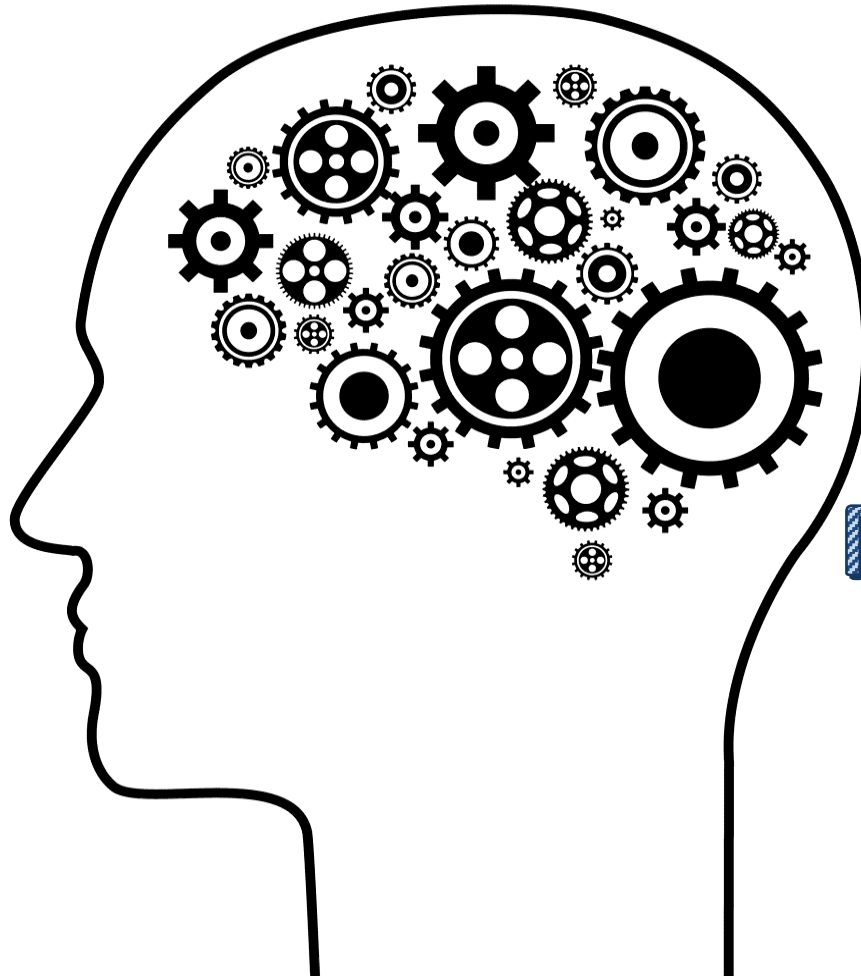
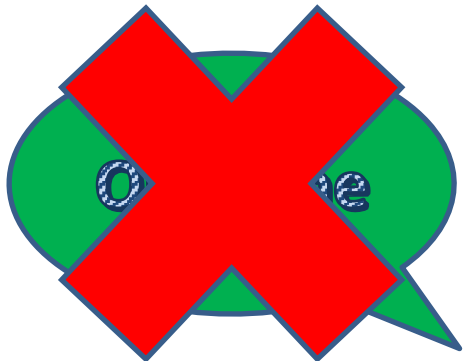


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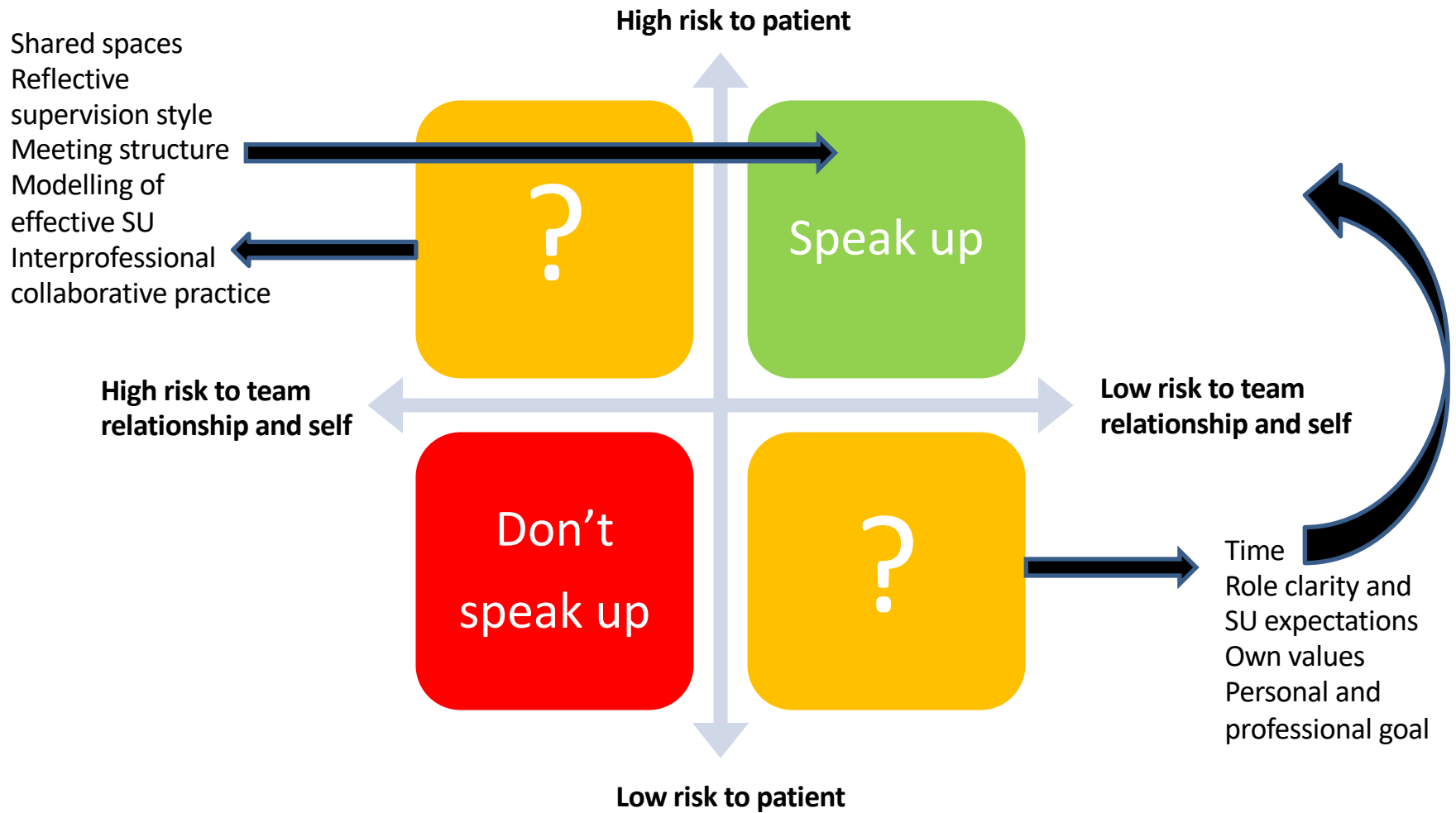
- Speak up for patient safety/cultural equity in patient care
- Speak up for themselves and their team
- Suggest quality improvement ideas

Content in blue is added via Supervisor focus groups

Context



Mechanisms





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SCIENCE

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