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CONCEPT ANALYSIS

A concept analysis of undergraduate nursing students speaking up for patient safety in the patient care environment

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Abstract

Aim. An analysis of the concept of nursing students speaking up for patient safety in the workplace.

Background. 'Speaking up' is assertive communication in clinical situations that requires action through questions or statements of opinion or information with appropriate persistence and is linked to patient safety. Previously, the concept of speaking up has focused on the registered or experienced practitioners, there is minimal discussion relating to student nurses. Analysis of the elements of students speaking up will identify the key elements that will give understanding to their position and experiences.

Design. A concept analysis.

Data. Literature included publications between 1970–2015 from, MEDLINE, CINHAL, PUBMED and SCOPUS. Search terms included patient safety AND speaking up; AND pre-registration/undergraduate nursing students, patient advocate, error reporting, organizational silence, whistleblowing and clinical placement/practicum.

Methods. The Walker and Avant concept analysis model was modified and used to examine the literature.

Results. Nursing students speaking up behaviour is influenced by individual and contextual factors that differ from those influencing more experienced colleagues. Motivators and barriers to voicing concerns include moral and ethical beliefs, willingness and confidence to speak up in the workplace. Students' subordinate and often vulnerable position creates additional tensions and challenges that impact their decisions and actions.

Conclusion. This concept analysis provides a clear definition of 'speaking up' in relation to nursing students. The analysis will facilitate understanding and operationalization of the concept applied to learning and teaching, practice and research.

Keywords: clinical placement/practicum, error reporting, organizational silence, patient advocate, patient safety, pre-registration, speaking up, undergraduate nursing students, whistleblowing

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Why is this research or review needed?

- Recognition and disclosing of unsafe practice is essential to ensure patient safety, prevent errors and achieve optimal patient outcomes.
- The concept of speaking up has been described in relation to registered or experienced practitioners but not from the perspective of student nurses.
- Concept clarification is necessary to inform undergraduate education, practice and research that will improve culture and outcomes.

What are the key findings?

- Nursing student's role and position in the workplace differs from other health professionals in relation to speaking up and disclosing errors.
- Antecedents for nursing students to speak up and report errors include individual factors; students' clinical knowledge and safety knowledge; cultural and generational background; attitude, confidence and contextual factors; organisational structure; and supervision and support.
- There is evidence to suggest that nurses do not always speak up; for students to speak up they require sound clinical knowledge, commitment to patient safety, speaking up skills and confidence along with good supervision and support in the clinical environment.

How should the findings be used to influence policy/practice/research/education?

- This concept analysis will provide direction and clarity and highlight the importance of addressing speaking up activities when evaluating student nurse curricula.
- The findings will inform research directed towards improving student practice in speaking up, that will flow on to cultural change.
- Managers and student supervisors will have awareness of the particular challenges experienced by students and thus, be better equipped to provide appropriate support to facilitate student nurses speaking up.

Introduction

Speaking up for patient safety is a concept that is becoming increasingly important in health care as patient's experiences become more complex and fragmented, resulting in greater potential for patient harm (Ion *et al.* 2015). The World Health Organization (WHO) reports there is a one in 300 chance of a patient being harmed during health care (WHO 2015). Health professionals' failure to communicate concerns has been shown to result in avoidable patient harm (Kohn 2000, Reason 2000, Garling 2008, Francis 2013). 'Speaking up' has been defined as assertive communication in clinical situations that requires (immediate) action through questions, statements of opinion or information with appropriate persistence aiming for resolution (Premeaux & Bedeian 2003, Lyndon *et al.* 2012, Schwappach & Gehring 2014). While there is a clear link between speaking up and patient safety (Francis 2013, Okuyama *et al.* 2014), there is a evidence to suggest that nurses do not always speak up (Moss & Maxfield 2007, Henneman *et al.* 2010, Kolbe *et al.* 2012, Schwappach & Gehring 2014). Researchers have explored the individual, social and organizational contexts that contribute to nurses not speaking up (Henriksen & Dayton 2006, Mannion & Davies 2015). The focus has been largely on Registered Nurses (RNs) attitudes and practices with very little attention to undergraduate nursing students. Understanding of the phenomenon of speaking up from a student nurse perspective is essential to help develop student's speaking up skills.

Background

Error reporting has been evident in the literature over the last 35 years. It has been described using various terms including whistleblowing, error disclosure, speaking up and patient advocacy (Ahern & McDonald 2002, Attree 2007, Jackson *et al.* 2010, Peters *et al.* 2011, Rainer 2015). Others refer to the lack of reporting as organizational silence, a culture of silence or collusion that protects staff rather than patients (Garon 2012, Maxfield *et al.* 2011, Mannion & Davies 2015).

Speaking up derives from the notion of 'human advocate' first described by Curtin (1979). Advocacy, with a focus on patient safety advocacy was later developed through models where a patient advocate was described as a counsellor, watchdog, representative and whistleblower (Gadow 1980, Konke 1982, Fowler 1989, Baldwin 2003). In the early 2000s, there was a fundamental shift in healthcare attitudes in relation to advocacy and accountability, nurses took a more autonomous role in their practice. This resulted in enabling them to voice concerns and advocate for patient safety (Ahern & McDonald 2002).

The literature examining nurses' propensity to speak up and the consequences that result from speaking up, highlight the complex and difficult nature of exposing errors made by colleagues (Kolbe *et al.* 2012, Schwappach & Gehring 2014). There are numerous accounts in the literature that nurses fear reprisal, being ostracised, dismissed and silenced as a result of reporting errors (Jackson *et al.*

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2010, Peters *et al.* 2011, Barnsteiner & Disch 2012). The decision to speak up may be viewed as courageous or dangerous, placing the interests and welfare of patients above those of self and colleagues. However, codes and standards of practice clearly indicate the responsibility to speak up is an expectation of health professionals (Nursing and Midwifery Board of Australia [NMBA] 2008a,b, WHO 2009, American Nurses Association 2015). This confusing backdrop creates uncertainty for students who may find it difficult to make sense of their role and position in relation to speaking up.

Undergraduate nursing students on clinical practicum care directly for the patient and may encounter the need to advocate for patient safety. However, they are in a subservient position requiring constant supervision by a nurse with more authority (Melincavage 2011, Suresh *et al.* 2012, Walker *et al.* 2014, Ion *et al.* 2015). Students are in a difficult situation when speaking up against more senior nurses, because they fear it may impact how they are treated and their ability to successfully complete placements (Melincavage 2011 Ion *et al.* 2015). Internationally, nursing students are required to practice according to the regulatory codes that guide behaviours and responsibilities in the same way required of RNs. In the instance of witnessing unlawful conduct of co-workers, they have both the responsibility and obligation to report and prevent harm (NMBA 2008a, b, Department of Health/Patient Safety 2012, Nursing Council of New Zealand 2012, American Nurses Association 2015).

Studies conducted in Europe (Kolbe *et al.* 2012), Hong Kong (Law & Chan 2015), the Middle East (Mansbach *et al.* 2014), Europe (Schwappach & Gehring 2014), USA (Garon 2012, Mariani *et al.* 2015, Rainer 2015) and UK (Andrew & Mansour 2014, Ion *et al.* 2015) have taken different approaches aiming to understand speaking up across various settings. Research focusing on nursing students' responses to error or speaking up include; reporting professional misconduct (Mansbach *et al.* 2014), willingness to report misconduct (Mansbach *et al.* 2014, Ion *et al.* 2015), education aimed at increasing speaking up confidence (Kent *et al.* 2015) and students responses to errors in hypothetical cases (Andrew & Mansour 2014). What has not been examined in the literature is the way speaking up for students differ from that of their RN colleagues. In particular, how being a learner and new to the culture of nursing creates a different set of circumstances that students need to negotiate to speak up. Hence, there is a need for clarification of the concept as it applies to students.

A modified Walker and Avant (2010) approach was used to develop the concept analysis of nursing students speaking up in the workplace. It will define 'speaking up' and examine the characteristics, antecedents, consequences and implications for practice. Clarification of the concept will increase understanding of the nature and circumstances of speaking up from a student's perspective and aims to improve practice in this area and thus, contribute to patient safety.

Data sources

The literature search was conducted using the following search terms; patient safety AND speaking up and pre-registration/undergraduate nursing students, patient advocate, error reporting, organizational silence, whistleblowing and clinical placement/practicum. All relevant sources were examined with the focus being limited to nurses speaking up, reporting and disclosure of errors and patient safety. Due to the limited literature on students specifically, the search inclusion criteria was broadened to include all nurses. The search was limited to English language and articles published between 1970–2015 as seminal research relating to advocacy in nursing dates from the late 1970s. Exclusion criteria included; speaking up against violence, patients and relatives speaking up, disease related or medical conditions affecting voice and speech, the medical profession and literature on evaluating patient safety curriculum. The method for the concept analysis as described by Walker and Avant (2010) was applied through the following six steps (1) define the concept of students speaking up; (2) determine the aim of the analysis; (3) build a theoretical basis for students speaking up; (4) identify all uses of the concept; (5) determine and discuss the critical attributes and (6) identify antecedents and consequences. Table 1 outlines the key terms presented in the concept analysis.

Results

Originally 566 articles were retrieved; CINHAL (52), MEDLINE (299), PUBMED (72) and SCOPUS (123). After applying exclusion criteria and deletion of duplicates, 19 articles were deemed relevant. Examination of the reference lists and forward citation through GOOGLE Scholar of relevant articles resulted in 12 further articles. Thirty-one articles were used to conduct the concept analysis (Table 2).

Defining attributes of speaking up

Defining attributes are characteristics that appear repeatedly in the literature and are present every time the concept

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occurs (Walker & Avant 2005). 'Speaking up' has been described as approaching or questioning clinical practice, decisions or actions that may compromise patient safety (Kent *et al.* 2015). Sayre *et al.* (2012) define 'speaking up' as the nurse using their voice to make others aware of information that might make a change ensuring the patient has a safe outcome. More specifically, 'speaking up' is defined as seeking clarification or explicitly challenging or correcting task-relevant decisions or procedures (Kolbe *et al.* 2012). Whistleblowing, on the other hand, is viewed as an action required when patients safety or rights are in danger (Mansbach *et al.* 2013). Whistleblowing has some differences to the concept of speaking up. Whistleblowing may involve incident reporting being extended beyond the organization to the media or to governing bodies (Firtko & Jackson 2005). Furthermore, whistleblowing has been framed as a process where a disclosure, of what is believed to be illegal, immoral or illegitimate practice occurs to persons or bodies who can make a change (Jackson *et al.* 2014). There are similarities to the understandings of speaking up in the immediate sense, in that there is the aim to prevent harm by voicing concerns and advocating for the patient. The motivators to students speaking up must be considered to correlate with the outcome; preventing harm through error recovery, maintaining and improving patient safety (Ion *et al.* 2015). The defining attributes of nursing students speaking up for patient safety are described in Table 2 and discussed in more detail below. These defining attributes include: the student role as the patient advocate, the student's use of voice, silence and the reception of the message, or being heard, together with a sense of agency and confidence in the workplace.

Table 1 Defining terms (Walker and Avant 2010).

Defining attributes are similar to signs and symptoms, are critical characteristics that help to differentiate one concept from another related concept and clarify its meaning.
Antecedents are the events or attributes that must arise prior to a concept's occurrence.
Consequences are those events or incidents that can occur as a result of the occurrence of a concept.

Patient advocacy role

Advocacy as a key aspect of the speaking up concept (Ahern & McDonald 2002, Rainer 2015). Advocacy has been defined as an intervention 'to help specific consumers obtain services and rights that would (likely) not otherwise be received and that would advance their personal well-being' (Jansson 2011, p. 3). Interceding is advocacy in action, when the nurse acts as a go-between, or arbitrator between patients, their families, statistically significant others and healthcare providers (Baldwin 2003). Advocacy,

Table 2 Themes related to speaking; defining attributes/antecedents and consequences.

Articles	Defining attributes
Ahern & McDonald (2002), Baldwin (2003), Garon (2012), Jansson 2011, Rainer 2015	Advocacy
Jackson *et al.* (2011), Kent *et al.* (2015), Levett-Jones & Lathlean (2009), Melincavage (2011), Myall *et al.* (2008)	Agency
Jackson *et al.* (2011), Kent *et al.* (2015), Melincavage (2011), Reader (2015)	Disempowered
Garon (2012), Mannion & Davies (2015), Maxfield *et al.* (2005, 2011), Morrison (2011)	Cultures of silence Cultures of voice
	Antecedents
Bellefontaine (2009), Ion *et al.* (2015), Kent *et al.* (2015), Tella *et al.* (2015)	Clinical and safety knowledge
Garon (2012), Hendricks & Cope (2013), Rainer (2015), Xu *et al.* (2005)	Cultural and generational background
Ahern & McDonald (2002), Andrew & Mansour (2014), Attree (2007), Barnsteiner & Disch (2012), Mansbach *et al.* (2013), Melincavage (2011), Walker *et al.* (2014)	Attitude and confidence
Dendle *et al.* (2013), Ion *et al.* (2015), Levett-Jones & Lathlean (2009), Schwappach & Gehring (2014)	Professional position in practice Personal culture
Barnsteiner & Disch (2012), Garon (2012), Henriksen & Dayton (2006), Johnson & Kimsey (2012), NHS Staff Survey (2012)	Organizational Structure/
Dolansky *et al.* (2013), Levett-Jones & Lathlean (2009), Melincavage (2011), Suresh *et al.* (2012), Reader (2015)	Supervision and support
	Consequences of speaking up
Bellefontaine (2009), Gallagher (2011), Ion *et al.* (2015), Levett-Jones & Lathlean (2009), Myall *et al.* (2008)	Negative – reprisal
Kolbe *et al.* (2012)	Positive – acceptance

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as a central concept provides an underlying theory on which the action of speaking up rests (Rainer 2015). Advocacy and acting as a mediator between patients, families and healthcare providers are essential features of speaking up (Baldwin 2003). Effective advocacy occurs when nurses, including students, successfully communicate and voice their fears about particular actions to preserve patient safety (Garon 2012). Therefore, exploring the domains of voice and silence in relation to students helps to understand the actual action of speaking up conveying a message and being heard (Garon 2012, Law & Chan 2015).

Voice, silence and being heard

The notion of 'voice' brings together aspects such as knowledge, professional position, experience and personality (Morrison 2011, Mannion & Davies 2015). In addition, voice comprises the realms of verbal expression such as conveying a message from a sender to a receiver. Morrison's (2011) empirical research on employee voice correlates voice with behaviour. First, discretionary voice involves the choice to engage in voice or not. Second, voice is directed towards improvement and is positive in its intent, therefore, is constructive rather than merely complaining or venting. Voice can be classified as challenging, intending to change the status quo or promotive and valuable in its resolve (Garon 2012). Analysis of the concept of voice has resulted in an integrated understanding of voice as being discretionary communication of ideas, suggestions, concerns or opinions about work-related issues intending to improve organization or unit functioning (Morrison 2011, p. 375). Student nurses' perception of themselves as inferior and accountable to an individual in a supervisory role will influence their voice behaviour (Melincavage 2011).

Silence that is not voicing concerns is also a recognized behaviour that may impact patient safety. There are seven ways silence is manifested in practice (Maxfield *et al.* 2005) as seen in Table 3. Of these, particular relevance to students includes; mistakes or incompetence relating to lack of knowledge (Bellefontaine 2009) and lack of teamwork as students often feel unsupported in the workplace (Walker *et al.* 2014). Nursing students' use of voice is an active response, which correlates with individual factors such as powerlessness and organizational influences such as a safety culture (Melincavage 2011). There is evidence that suggests that a greater number of nurses than previously are expressing their concerns relating to safety (Maxfield *et al.* 2011). There is also evidence that students engage in acts of individual and collective agency in the clinical setting in spite of a range of contextual factors that might inhibit speaking up (Jackson *et al.* 2011).

Table 3 Seven crucial conversations in health care (Maxfield *et al.* 2005).

1. **Broken rules** – nurses and other clinical-care providers see some number of their co-workers taking shortcuts that could be dangerous to patients.
2. **Mistakes** – nurses observing poor clinical judgment when making assessments, doing triage, diagnosing, suggesting treatment, or getting help
3. **Lack of support** – Nurses experience colleagues who are reluctant to help, impatient or refuse to answer their questions peers.
4. **Incompetence** – clinical-care providers have concerns about the competency of some nurse or other clinical-care provider they work with
5. **Poor Teamwork** – nurses and other clinical-care providers have one or more teammate who gossips or is part of a clique that divides the team.
6. **Disrespect** – clinical-care providers work with some who are condescending, insulting or rude
7. **Micromanagement** – clinical-care providers work with some number of people who abuse their authority – pull rank, bully, threaten or force their point of view on them

A key characteristic of communication and speaking up is the delivery of the message and how it is perceived and received. Furthermore, emotion and tone used when voicing concerns influence the reception of the message (Garon 2012). Also, too much emotion or difficulty in searching for appropriate tone influences the perception and reception of the message being communicated (Garon 2012). Nursing students, who have emotional resilience and sense of agency overcome the fear of retribution, uncertainty and lack of confidence, resist organizational influences and use their voice in the workplace (Jackson *et al.* 2011).

Sense of agency

Nursing students present a sense of agency that differs from the RN (Melincavage 2011, Suresh *et al.* 2012, Walker *et al.* 2014). Students' sense of agency and self-determination while determining constraints of social structure in the workplace is also critical to enabling them to act independently and speak up (Levett-Jones & Bourgeois 2014). Their perception of personal identity is dependent on the support they receive, positive role modelling and the sense of inclusiveness or acceptance (Walker *et al.* 2014). However, at times there is a sense of being inferior, ignored, threatened, lacking in experience, not belonging and uncertain of their ability to practice (Levett-Jones & Lathlean 2008, Jackson *et al.* 2011, Melincavage 2011).

Personal accountability, self-identity and personal security are important factors impacting students' ability to advocate through speaking up (Rainer 2015). Their actions and role in safeguarding the patient from harm are

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influenced by certain elements including; willingness to engage in potentially compromising situations, engaging in responsibility and views on the consequences of speaking up (Mansbach *et al.* 2013, Andrew & Mansour 2014). In response to their position, nursing students' willingness to express concerns correlates with their awareness of powerlessness and doubtfulness of their knowledge, thereby reducing their sense of agency leading to active silence (Barnsteiner & Disch 2012). In this way, courage may be seen as a necessary attribute of speaking up. Moral courage involves activating intellectual virtue through professional responses that may inspire fear of the consequences, speaking up and challenging practice (Gallagher 2011).

Antecedents and consequences

Antecedents are the factors that can be identified as essential precursors to students' speaking up (Walker and Avant 2005). Factors that impact students speaking up behaviours reported in the literature include a sense of belonging (Levett-Jones & Lathlean 2008), anxiety (Melincavage 2011) excessive workloads, difficult working relationships (Suresh *et al.* 2012), role and position in the healthcare team (Walker *et al.* 2014) and fear of retribution or failing their placement (Bellefontaine 2009, Ion *et al.* 2015). Factors can be categorised into individual or contextual influences. An adaptation of Morrisons' (2011) model of employee voice presented in Figure 1 illustrates characteristics, antecedents and consequences of nursing students speaking up in the workplace.

Individual antecedents

Student knowledge

Knowledge about acceptable and non-acceptable practice gives students the ability to recognize and respond to potentially harmful practice. Students sometimes feel they are not well prepared to deal with an event that requires them to

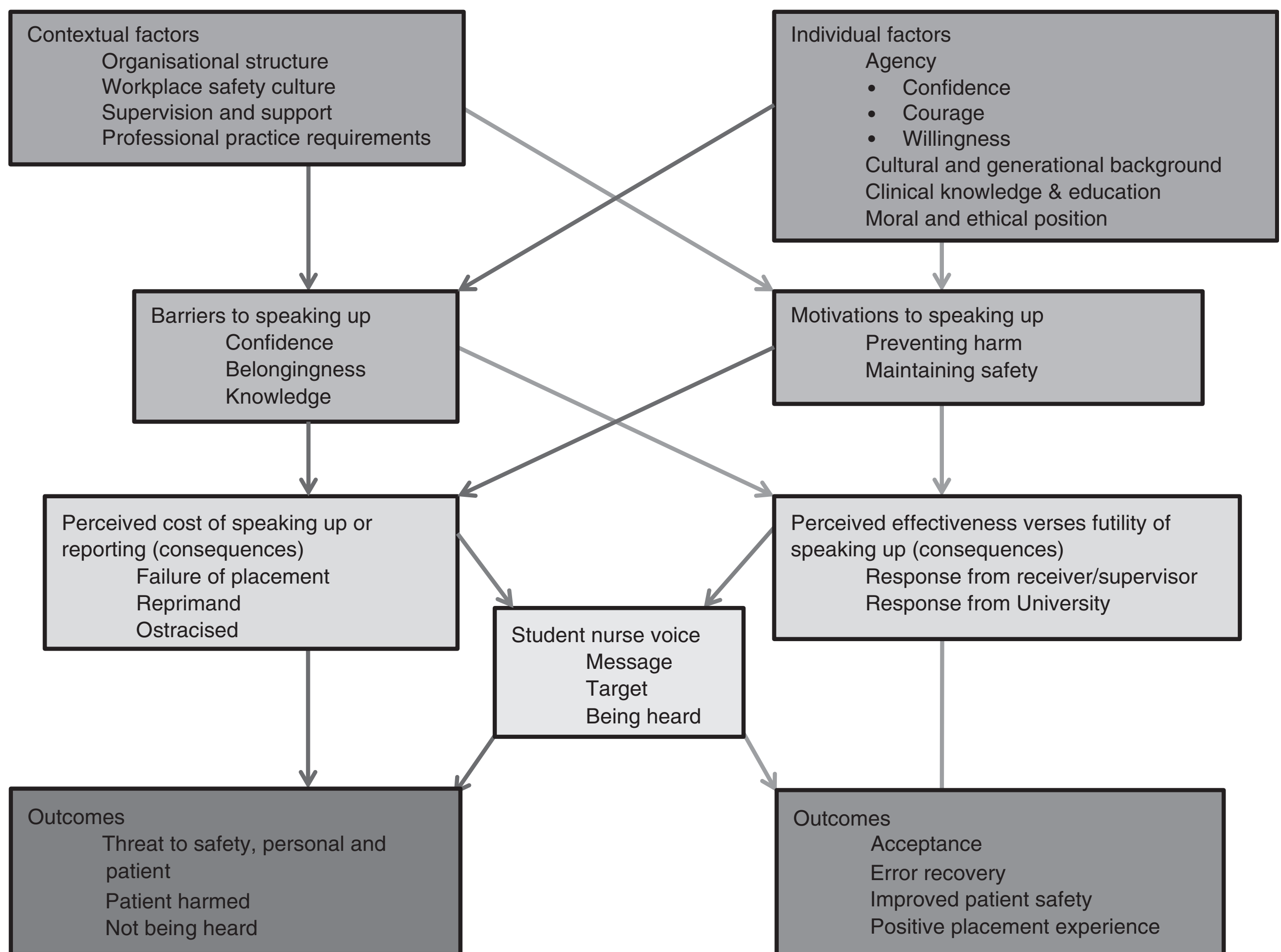

Figure 1 Adaptation of Morrison (2011) employee voice behaviour model for undergraduate nursing students.

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voice concerns and prevent patient harm (Ion *et al.* 2015). Knowledge base is a prerequisite to speaking up, knowing and understanding ethics and principles of safe practice. Conversely, lack of knowledge creates a barrier to speaking up (Bellefontaine 2009). A disconnection has been identified between theory and clinical practice in relation to safety (Tella *et al.* 2015). Kent *et al.* (2015) identified students reported increased confidence to voice concerns having participated in a speaking up programme. Specifically, students introduced to effective speaking up phrases such as 'I am concerned...' or 'I feel uncomfortable...' resulted in a statistically significant increase in students' assurance in speaking up. Furthermore, students required clarification of the processes involved of how their university will respond to students who report (Ion *et al.* 2015).

Cultural and generational factors

Characteristics such as ethnicity and age have been shown to influence propensity to speak up. Some authors argue that cultural backgrounds may affect the likelihood to speak up to persons of authority or to question to uphold an appearance or to respect persons of authority (Xu *et al.* 2005). Similarly, nurses with diverse cultural origins may be required transcend cultural norms of non-challenging acceptance of circumstances to speak up (Garon 2012). Furthermore, language barriers and lacking in understanding of sociocultural knowledge can create difficulties to speak up (Mannion & Davies 2015). Generational characteristics may either impede or enhance speaking up and variations across generations are reported to exist concerning; respect for authority (Hendricks & Cope 2013), ease in the workplace, levels of uncertainty and appreciation of and engagement in teamwork.

Attitude and confidence

In spite of reported generational influences, research findings suggest that students often feel powerless in their position, ignored by physicians and at times invisible, hence their sense of agency in the workspace is challenged (Melincavage 2011). Role and position differ between nursing students and RNs, which affects their engagement in speaking up for patient safety in the clinical environment (Jackson *et al.* 2011). Students may believe themselves to be subservient with negative views about the value of their contributions, poor self-concept and poor self-confidence (Mansbach *et al.* 2013, Andrew & Mansour 2014, Walker *et al.* 2014). Education on speaking up has resulted in increased student confidence to advocate for patients safety (Kent *et al.* 2015). However, willingness, motivation and responsibility have been identified as crucial elements required to enable students to speak up (Ahern & McDonald 2002).

Contextual antecedents

Organizational structure, culture and silence

Nurses work in organizations that aim for optimal relationships and improved relationships across disciplines and professional levels (Garon 2012, Johnson & Kimsey 2012). In spite of this, open communication has been identified as a problem internationally (Mannion & Davies 2015). Contemporary approaches to patient safety management emphasize the need for managers to focus on the learning that comes from making mistakes. Frontline providers are encouraged and should be willing to report errors, incidents and near misses, including their own and others (Barnsteiner & Disch 2012). However, organizational silence is evident amongst the health workforce. In a survey of staff about whistleblowing 24% of respondents reported they had been warned off reporting and 45% reported their employer took no responsive action (NHS Staff Survey 2012). In this environment, students and nurses may feel disclosing or speaking out will not be taken seriously, or acted on and that they may be at personal risk.

Organizational silence is an oppressive culture that is directed down from management to the unit level and relates to the perceived negative impact on the overall organization (Henriksen & Dayton 2006). Research exploring patient safety in English pre-registration nursing degree curricula found that student' perceptions are that the organizational culture of the practice setting was defensive, concealing and blaming (Attree *et al.* 2008). Open communication in the workplace is considered to facilitate speaking up. However, students have recognized a workplace culture that is not impartial and fair, impacting their sense of safety to speak up about patient safety (Barnsteiner & Disch 2012). A just culture enables students to be confident and not concerned that there is a risk of punishment and burden. Students are mindful of their safety responsibilities, yet they have articulated a fear of potential professional consequences of speaking up, including being negatively labelled (Ion *et al.* 2015).

Supervision and support

There are challenges relating to supervision and support including students sense of belonging or being part of the team while on clinical placement (Levett-Jones & Lathlean 2009). Students expressed, at times, they feel they are exploited or ignored and experience difficulty with workplace relationships. This results in a sense of needing to

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back down on issues no matter if right or wrong for the sake of maintaining workplace relationships (Suresh *et al.* 2012). Students on placement have identified a feeling of abandonment, resulting in not being enabled to engage in activities unless their supervisor is present. Furthermore, when students engaged by notifying their concerns, they reported the outcome was demeaning, which included name-calling and offensive language (Melincavage 2011). Finally, students identified education providers' reprimand students who disclose errors (Dolansky *et al.* 2013). Consequently, fear of reprimand may prevent engagement in learning which may lead to more errors (Reader 2015) and not support students' courage to speak up about a clinical or moral wrong.

Consequence of speaking up

Possible consequences of speaking up while on clinical placement reported by students included negative impact such as distress, being ostracised, reprimanded or even failing clinical placement (Bellefontaine 2009, Levett-Jones & Lathlean 2009, Ion *et al.* 2015). Moral distress occurs when nurses find themselves in situations where they feel unable to do the right thing. Advocating unsuccessfully for patients has been associated with lack of professional respect and professional roles, which lead to moral distress (Gallagher 2011). Students felt at times they had no choice but to report incidents they thought put patients at risk of harm, some things they observed were morally distressing and in some instances remained with them for some time (Ion *et al.* 2015).

Students identified a fear of consequences related to speaking up, such as an impact on their grade including workplace staff not willing to complete student's clinical assessments or placement reports (Bellefontaine 2009, Ion *et al.* 2015). The negative consequence was considered to be so great that instead of speaking up, some students considered withdrawing or even taking time out from their nursing program (Myall *et al.* 2008). Registered Nurses identified speaking up at a unit level rather than at an organizational level or external to the health facility is considered less risky (Garon 2012). However, students felt a potential for reprimand by either or both the ward and the university (Bellefontaine 2009). Students who engaged in questioning behaviours have been identified as disruptive, 'rocking the boat' by speaking up which can lead to ostracism (Levett-Jones & Lathlean 2009). Indeed, people who speak up have been viewed as troublemakers in the workplace with some health professionals being treated differently by their peers after reporting errors or misconduct. Some have even held a fear for their personal safety (Jackson *et al.* 2010). However, the consequence of speaking up is not always negative. Strengthened interprofessional collaboration and professional respect (Kolbe *et al.* 2012) are positive consequences and students have also expressed a sense of pride and satisfaction in their actions when they have spoken up (Ion *et al.* 2015).

Perceived effectiveness

The desired effectiveness of voicing concerns is to immediately stop actions that may result in patient harm (Andrew & Mansour 2014). However, students' have expressed a sense of ambiguity when at times they found it was pointless, believing that even when the unsafe practice was known and was a common occurrence knowing others had previously spoken up (Ion *et al.* 2015). The degree to which students are being heard is difficult to assess. Receiving feedback is the clearest measure; however, at times the response was silence, therefore, making it difficult for students to measure the perceived effectiveness of their actions (Garon 2012).

Discussion

This concept analysis of nursing students speaking up revealed the individual and contextual factors influencing students speaking up in the workplace. Contextual factors include organization safety culture, supervision and support, professional role and responsibilities. These contextual elements influence the student responses; however, it is also necessary to identify individual factors that influence actions. Nursing students' moral and ethical positions, safety education, confidence and willingness to speak up are also key influencing factors. Speaking up as an act of advocacy, for student nurses is characterised by how voice is used and influenced by individual and contextual factors such as confidence, agency and organizational culture (Garon 2012, Morrison 2011). Student nurses are most likely to speak up when they are concerned for the patient and when perceive they environment to be supportive (Barnsteiner & Disch 2012, Mansbach *et al.* 2013).

Speaking up confidence has been found to increase after students engage in education on communication and challenging conflict (Sayer *et al.* 2012, Kent *et al.* 2015). However, students identified some difficulty when speaking up to persons with authority. Furthermore, they were more willing to report errors or misconduct at an internal level rather than at an external or organizational level (Mansbach *et al.* 2013, 2014). Moral distress experienced by the student is challenged by their moral courage and simultaneously influenced by the organizational culture (Gallagher

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2011). The perception of being heard when speaking up is an influencing factor that can be considered risky and challenging to RNs (Garon 2012, Law & Chan 2015). And as such, nursing students may have similar concerns, though research to date does not assimilate elements such as organizational divisions and roles and responsibilities. Students are exposed to the same precursors that influence RNs speaking up behaviours, that is, the fear of negative retribution and consequences remain, though the consequence may be viewed differently (Andrew & Mansour 2014).

Nursing students need to be willing to engage in using effective voice to deliver messages and raise concerns. It is the students' poor sense of agency in the workplace that challenges their willingness, which may result in active silence. Before formally disclosing the issue or concern, nurses sometimes engage in conversation such as the use of humour or sarcasm and seeking a second opinion to signal there is concern or discontent (Mannion & Davies 2015). They also use 'off the record' conversations between employees across various professional levels to express concerns (Kelly & Jones 2013). However, students' confidence leads them to be less likely to engage in such conversations (Levett-Jones & Lathlean 2009).

Identified areas where health professionals can speak up include; observing short cuts in practice, witnessing errors, when clinical support or teamwork is lacking, incompetence, disrespectful or disruptive behaviour and finally poor or micromanagement (Moss & Maxfield 2007, Henneman *et al.* 2010, Kolbe *et al.* 2012, Schwappach & Gehring 2014). The relationship between the characteristics of nursing students speaking up needs to be explored focusing on replicating the real workplace issues and challenges. Understanding the students' position in the workplace, focusing on aspects relating to speaking up about errors, aims to provide knowledge and information that will improve patient safety. Students' described the workplace culture as one that is blaming and punishing (Ion *et al.* 2015), unjust and unfair, therefore, giving a reason why they do not feel that is safe to speak up (Law & Chan 2015). An impartial culture or just culture would enable students to speak up when they have concerns about safety (Barnsteiner & Disch 2012). A just culture is one that has no fear of reprisal and liability and an atmosphere of confidence (Barnsteiner & Disch 2012). Exposure to situations that challenge students' professional and moral understandings helps them develop skill, voice, agency and courage. Gallagher (2011) suggests that courage is developed by getting into the habit of acting courageously as a reflective activity. Furthermore, courage requires self-scrutiny and learning from the feedback and role modelling of others. Students desire an applied approach to speaking up education, it is suggested that scenario-based learning and a reflective approach would be beneficial in developing skills helping them deal with such situations (Ion *et al.*'s 2015). This is where simulated situated environments could have a role in providing a safe learning context.

Limitations

Investigation into nursing students is limited due to the small number of studies that focus on students. Student experience in the clinical setting literature was used to concentrate on the organizational context. However, it was limited to literature focusing on students speaking up in the workplace context. Also, the inclusion of only English language articles limits the content from research conducted in other languages, therefore their content and perspectives.

Conclusion

Keeping patients safe from harm is a central goal of nursing care. Exploration of the ways nurses' practice to achieve patient safety is critical if student nurses are to become safe practitioners. Speaking up is a complex social practice that requires negotiation in complicated cultural and organizational circumstances that is challenging for students. Nursing students' transient position and engagement in the workplace brings different perspectives to safety culture, workplace structure and professional roles and responsibilities because they are both learners and visitors to a clinical organization. Their role and position of subservience influence their self-perception of the value of their contribution; and, their confidence to speak up. Organizational and individual antecedents including the students' sense of agency and their role as a patient advocate leads them to either speak up or to remain silent. Characteristics of voice, silence and being heard are key aspects for students when speaking up in the workplace. Future research is needed to investigate strategies to enhance nursing students speaking up in the workplace. The ultimate goal of such research is to enable nursing students to speak up effectively to prevent patient harm and improve patient safety.

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Author contributions

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