

Effectiveness of a Training Module on Psychological Safety among Nursing Personnel in a Hospital in Ranchi

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ABSTRACT

Background: Psychological safety, a vital element in healthcare, promotes open communication, error reporting, and collaborative decision-making, directly influencing patient safety and care quality. This study examines the effect of a structured training module aimed at enhancing psychological safety among nursing personnel in a district hospital in Ranchi, India. **Methods:** An experimental design was used on 100 nurses randomly divided into control and study arms. The training module was delivered through interactive PowerPoint sessions, distributed modules, and discussions. Pre- (baseline) and post-intervention data were collected on the 1st and 10th days, respectively, using one standardised and one structured, expert-validated tool to measure knowledge and attitude toward psychological safety. **Results:** Comparable age, qualifications, and experience between arms ensured similar baseline characteristics, minimising demographic bias and influence. Similar baseline knowledge and attitude scores confirmed arm equivalence. Significant ($p < 0.000^{***}$) improvements were observed in the study arm, with mean knowledge scores rising from 8.44 to 17.94 (SD reduced from 1.554 to 0.843) and mean attitude scores increasing from 33.06 to 43.38, compared to the control group. **Conclusion:** The marked improvement in knowledge and attitude confirms the training module's effectiveness in enhancing psychological safety among nursing staff. Integrating such training into routine professional development may foster safer and more positive patient outcomes.

Keywords: Effectiveness; Psychological Safety; Training Module

INTRODUCTION

Gains in patient safety require changes in the knowledge and attitudes of nursing personnel, which in turn influence psychological safety on a large scale. The impact of adequate psychological safety leads to better job satisfaction and improves patient safety through open communication and judgement. Nurses' knowledge and attitude regarding psychological safety are important components for the comprehensiveness of the system (Vu *et al.*, 2025). Occupational stress refers to psychological strain arising from one's job. It typically results from pressures that do not align with an individual's knowledge, skills, or expectations. Such stress may intensify when workers lack support from supervisors or colleagues, experience limited control over work processes, or perceive that their efforts are disproportionate to the rewards received (Jayaswal & Dewan, 2020).

In the face of increasing workloads, psychological distress, and moral injury in modern healthcare, psychological safety and occupational well-being have become urgent issues for nurses and healthcare teams (Amorim-Ribeiro, 2025). The Covid-19 pandemic highlighted the importance of psychological safety of nursing personnel. Nurses are an essential component of the healthcare system. In the current years, there is an increasing focus on the enhancement of psychological safety as well as the improvement of patient outcomes (Shorey & Ng, 2021). Nurses are universally acknowledged to have a critical role in providing quality nursing care and ensuring patient safety (Clark *et al.*, 2020).

Nurses confront various problems, including severe workloads, emotional stress, and intensive patient contacts, all of which can have a negative influence on their psychological well-being and satisfaction with work

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(Mehta, 2025). A psychologically safe work environment is one in which employees feel free to speak out, express their views and worries, and take challenges without fear of repercussions (Geller & Greenberg, 2023). Psychologically safe nurses are inclined to be confident with their jobs, suffer less burnout, and deliver exceptional care to patients (Fransen *et al.*, 2020). As a result, creating a psychologically safe work environment has grown in importance within healthcare organisational programmes (Yılmaz & Ünkür, 2023).

Psychological safety is a comprehensive term that includes various aspects that are necessary for building a supportive and inspiring work environment for nursing personnel. This concept encompasses learner safety, inclusive safety, contributor safety, and challenger safety (Fransen *et al.*, 2020). The purpose of this study is to determine the efficacy of a comprehensive training module to improve psychological safety among nursing personnel. Psychological safety can foster employee resilience and organisational commitment, even when resources are strained (Bahadurzada *et al.*, 2024). Structured interventions, such as faculty development programmes, are equally important to establish systems that promote adaptability and make effective use of varied resources. A positive work environment can foster a continuous cycle of professional growth, reinforced by enhanced motivation and constructive attitudes toward work. (Satoh *et al.*, 2024). Psychological safety aligns closely with Sustainable Development Goals (SDGs). Psychological safety promotes open communication and collaboration among healthcare teams, which is essential for improving patient safety and outcomes.

Objectives

1. To assess the baseline knowledge and attitude of nursing personnel regarding psychological safety.
2. To evaluate the effectiveness of a structured training module in improving knowledge and attitude towards psychological safety among nursing personnel.

METHODOLOGY

It was a quantitative, hospital-based, experimental study (Vu *et al.*, 2025) conducted at District Hospital, Ranchi, among nursing personnel. The study period was from October 2022 to November 2022. The sample comprised nursing personnel who met the inclusion criteria: nurses with GNM or B.Sc. qualifications, employed at the hospital for a minimum of one year, in permanent service, able to read, write, and understand Hindi or English, and willing to participate. Exclusion criteria included nursing personnel with chronic or acute illness and those who were pregnant at the time of data collection.

Sample Size: Since no prior studies were available, the sample size was calculated using the Raosoft Sample Size Calculator (Raosoft, Inc., 2016). The required sample size was determined to be 100.

Multistage sampling techniques were used to obtain 50 samples from each intervention and control group. This District Hospital has 22 units, from which 10 randomly selected units were taken by using a computer-generated random table. Then paired samples were selected using a coin toss for randomisation. If the head falls, it is kept in the intervention arm and the rest in the control arm. A total of 100 participants were kept in the intervention and control arms equally.

Study Variables

Independent Variable (I.V.): Training module on the psychological safety of nurses.

Sociodemographic variables include age, marital status, type of family, religion, educational qualification, professional qualification, and professional experience.

Dependent Variable (D.V.): Knowledge and attitude of nurses regarding psychological safety.

Table 1: Data Collection Tool and Technique

Tool No.	Variables	Tool	Technique
I	Socio demographic variable	Semi -structured questionnaire	Paper pencil test
II	Measuring the attitude regarding Psychological Safety among nurses	Standardised Likert Scale	Paper pencil test
III	Knowledge questionnaire on psychological safety-among nurses	Structured questionnaire	Paper pencil test

Table 1 presents the tools and techniques used for data collection. Socio-demographic data of the participants were collected using a semi-structured questionnaire in a self-reporting, paper-pencil format. Attitude was measured with a standardised Likert scale, also administered in a self-reporting format. Existing knowledge was assessed through a structured knowledge questionnaire administered in the same way.

Table: 2 Tool for Intervention

Training module on psychological safety	Structured teaching material	Power point presentation with distribution of information booklet
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Table 2 reflects a prepared and validated training module, which was administered through a PowerPoint presentation and distribution of an information booklet.

Establishing Validity

The prepared tool and criteria checklist were given to eleven experts to establish validity.

The experts were asked to consider additions, omissions, and suggestions to improve the clarity of the items. Item-wise validation was done.

CVR of each item is calculated by applying the formula additions.

$$\frac{N_E - N/2}{N/2}$$

CVR value above 0.78 was accepted, and the questions were subsequently reorganised.

Tool I: In demographic tool two (item number 4 and 7), items were discarded as per suggestions from experts, and the final items came to 7.

Tool-II: The standard 5-point rating scale consisting of 11 items across three specific domains was used to measure nurses' attitudes toward psychological safety, with permission obtained from the original author. The concept of psychological safety and its initial measurement scale were developed by Edmondson (1999). This instrument was later revised and expanded with additional items by Geraghty (2020) to enhance its applicability in contemporary workplace contexts.

Standard scale (5-point rating scale) consisting of 11 items of 3 specific domains.

Specific domains of the scale:

Individual safety: 4 items, Team respect: 3 items, Team learning: 4 items, Range of score: 11-55

The lower the aggregate score, the lower the psychological safety.

Tool III: Structured knowledge questionnaire on psychological safety among nursing personnel.

The questionnaire was prepared after extensive research and non-research literature and informal discussion with peer groups, colleagues, and supervisors on psychological safety. Answers to each question were adopted from existing material to assess the knowledge of nurses regarding psychological safety, and it consists of 20 questions, with a range of scores from 0 to 20.

Tool IV (Content): Structured material on psychological safety among nurses was developed with the aim of enhancing nurse wellness, quality of care, and patient satisfaction. It was prepared based on extensive literature searches, including both research and non-research sources, and refined through expert discussions. A content outline and a lesson plan on psychological safety were then finalised.

UNIT: -I

The article presents an introduction to psychological safety, the psychological safety climate, and its significance in healthcare settings. Furthermore, it outlines the various stages of psychological safety and highlights the advantages it offers to nurses.

UNIT: - II

Psychological Wellbeing: Exploring the Relationship between Psychological Safety and Psychological Wellbeing, with Emphasis on Enhancing Psychological Safety.

Language validation done by experts: The tool was prepared in English, translated to Hindi and again re-translated to English by experts. Tools were applied in the local language and local dialect.

Try out the tool: The try-out was done on 10 nurses in the district hospital of Ranchi to check its clarity, ambiguity of statements, difficulty of any item and feasibility. It was clear and understandable. The tool took 30—45 minutes.

Reliability of the tool: The reliability of the tool was tested using Cronbach's alpha and found satisfactory ($\alpha=0.90$).

Final Data Collection Procedure

Prior information was given to administrative authority and nursing personnel, and the procedure was explained.

The intervention was administered in the OPD hall. Ten days after the intervention, a post-assessment was conducted. For the control arm nurses, the post-assessment was carried out on the same day.

Data Analysis

Data coded and organised in an Excel sheet. Excel and SPSS 20 software were used for analysis. Descriptive statistics were used to get frequency and percentages to analyse background data, baseline scores and post-interventional scores of participants for both arms. Mean, median, and standard deviation were used for the assessment of baseline and post-interventional attitude and knowledge scores. Inferential statistics were used to do independent t-tests and paired t-tests to assess the effectiveness of the training module.

Ethical Consideration

The researchers obtained ethical clearance from the Ethics Committee of the Rajendra Institute of Medical Sciences, India, with reference number IEC Reg no R/769/INST/JH/2015/RR-18 on 3rd February 2022. Voluntary written consent was taken from participants/nursing personnel.

RESULTS

Description of Socio-Demographic and Other Profiles of Participants

Table 3: Distribution of Participants According to their Socio- Demographic Characteristics n=100

Variables	Attributes	Study Arm		Control Arm		Chi Square	Df	P value
		F	%	F	%			
Religion	Hindu	26	52	29	58	0.406	2	0.81
	Islam	04	08	04	08			
	Christian	20	40	17	34			
Age of nursing personnel	<30 years	14	28	13	26	0.071	2	0.96
	30 to 40 years	14	28	15	30			
	>40 years	22	08	22	44			
Marital status	Unmarried	13	26	16	32	0.515	2	0.77
	Married	33	66	31	62			
	Separated/ Divorcee	04	08	03	06			
Type of family	Nuclear	28	56	29	58	0.040	1	0.83
	Non-nuclear	22	44	21	42			
Educational qualification	HS	40	80	38	76	0.233	1	0.62
	Graduate	10	20	12	24			
Professional qualification	GNM	44	88	44	88	0	1	1
	B.Sc.	06	12	06	12			
Professional Experience	≤ 5Years	48	96	44	88	2.17	1	0.14
	>5 Years	02	4	06	12			

*P – value has been obtained from chi-square test.

Data given in Table 3 depicted that the majority of participants from both arms were Hindu (>50%), married (>60%) and from nuclear families (>55%). The majority of participants (>76%) had passed at the higher professional secondary level, an equal percentage (88%) of participants completed their GNM as a professional qualification, and the majority (>85%) had more than 5 years of professional experience.

The table also suggests that at baseline, participants from both arms have no significant differences in terms of their religion, age, qualifications, and experience.

Table 4: Mean Knowledge Score and Independent T-Test Results for Study and Control Arms Before and After Intervention

Level	Arms	Mean knowledge score $\pm$ SD	<i>t</i> value	<i>Df</i>	<i>P</i> value
Pre Intervention	Study	8.44 $\pm$ 1.554	1.320	98	0.187
	Control	8.10 $\pm$ 1.282			
Post Intervention	Study	17.94 $\pm$ 0.843	76.768	98	<0.000***
	Control	10.26 $\pm$ 1.454			

(***) indicate that after the *p*-value typically denote a highly significant result

Table 4 shows the mean knowledge scores, standard deviations (SD), and the results of the independent *t*-test for knowledge scores between the study and control arms before and after the intervention. The pre-intervention mean knowledge scores were similar between both arms, 8.10 for the control group and 8.44 for the study group ($t = 1.320$, $p = 0.187$). After the intervention, the knowledge scores significantly improved in the study group (17.94 $\pm$ 0.843) compared to the control group (10.26 $\pm$ 1.454), with a highly significant difference ($t = 76.768$, $p < 0.000$).

Table 5: Comparison of Mean Attitude Scores Between Study and Control Arms Before and After Intervention (n=100)

Level	Arms	Mean Attitude Score $\pm$ SD	<i>t</i> value	<i>Df</i>	<i>P</i> value
Pre Intervention	Study	33.06 $\pm$ 1.096	1.558	98	0.122
	Control	33.50 $\pm$ 1.669			
Post Intervention	Study	43.38 $\pm$ 1.576	34.130	98	<0.001*
	Control	32.26 $\pm$ 1.382			

(*) indicates statistical significance at the $p < 0.05$ level

Table 5 shows the mean attitude scores (with standard deviations) and the independent *t*-test results comparing the study and control arms before and after the intervention. Before the intervention, the mean attitude score for the control arm was 33.50 (SD = 1.669), while the study arm had a score of 33.06 (SD = 1.096). The difference between the two arms was not statistically significant ($p = 0.122$). After the intervention, the study arm showed a higher mean attitude score of 43.38 (SD = 1.576), compared to 32.26 (SD = 1.382) for the control arm. The *t*-test indicated that this difference was statistically significant ($p < 0.0001^*$), suggesting that the intervention had a significant impact on attitude scores.

Table 6: Paired Sample *t*-test for Knowledge Score within Study Arm, n= 50

Level	Mean Knowledge Score	$\pm$ SD	<i>t</i> value	<i>Df</i>	<i>P</i> value
Pre Intervention	8.44	1.554	14.110	49	<0.001***
Post Intervention	17.94	0.843			

(***) : $p < 0.0001$, indicating highly significant results.

This table 6 presents the results of a paired sample *t*-test comparing the knowledge scores before and after the intervention in a study arm with 50 participants. The pre-intervention mean knowledge score was 8.44 ($\pm$ 1.554), and the post-intervention mean knowledge score increased to 17.94 ($\pm$ 0.843). The *t*-test result showed a significant difference between the pre- and post-intervention scores ($t = 14.110$, $df = 49$, $p < 0.0001$),

indicating that the intervention had a highly significant impact on knowledge scores.

Table 7: Paired sample *t*-test for Attitude Score within Study Arm, *n*= 50

Level	Mean Attitude Score	± SD	<i>t</i> value	<i>Df</i>	<i>P</i> value
Pre Intervention	33.06	1.096	9.1467	49	<0.0001
Post Intervention	43.38	1.576			

Table 7 shows a significant improvement in attitude scores among study arm participants following the intervention, as evidenced by a significant increase in the mean score from 33.06 to 43.38. This improvement was statistically significant with a *t*-value of 9.1467 ($p < 0.0001$), indicating a highly significant impact of the intervention on attitude scores.

DISCUSSION

The investigators reviewed more than 150 articles; however, none were found to focus entirely on the psychological safety of nursing personnel. Existing studies were primarily conducted either among engineers or within other groups of the healthcare delivery system. Most of these studies employed descriptive or pre-experimental designs, whereas the present study is interventional in nature.

During the discussion, the socio-demographic characteristics of the participants in this study were compared with those of the general population of Jharkhand and India, based on NFHS-5 data (2019–2020). As no previous studies were identified on psychological safety among nursing personnel, comparisons were primarily drawn from descriptive studies and research conducted in other developed countries. For instance, a longitudinal study by Hessler *et al.* (2025) highlighted how leadership training for nurse managers can foster a psychologically safe work environment for registered nurses. Similarly, Hallam *et al.* (2023) identified several key elements essential for psychologically safe workplaces in healthcare settings, including effective communication, organisational culture, leadership practices, performance feedback mechanisms, mutual respect among colleagues, staff development opportunities, teamwork, and trust. These findings emphasise the critical role of such foundational elements in promoting psychological safety within healthcare.

In this present study, the prepared training module significantly enhanced both knowledge and attitude towards psychological safety among nursing personnel. At the baseline, both the control and study arms exhibited similar levels of knowledge and attitude, ensuring a fair comparison post-intervention. At the outset, baseline assessments were conducted to gauge the existing knowledge and attitudes towards psychological safety among nurses in both the control and study arms. The results revealed relatively low levels of awareness about psychological safety, which is consistent with findings from another study indicating that many healthcare workers are unfamiliar with the concept (Grailey *et al.*, 2021). From one study, it was found that psychological safety was significantly associated with the commitment of nurse managers, an association that, to knowledge, has not been previously demonstrated. It was found psychologically safe workplaces are associated with reduced errors and adverse events, improved patient safety and the courage to address concerns. Such workplaces have been reported to lead to higher job satisfaction and work engagement by all nurses (Hirvikallio *et al.*, 2024). One study also highlighted the significant role of the work environment in both psychological safety and patient safety. An environment that supports and encourages safety is crucial (Johnson, 2025). Various studies highlight the potential role of psychological safety for effective patient care (Hunt *et al.*, 2021; Ito *et al.*, 2022; Galanti *et al.*, 2024). A safe working environment is a fundamental prerequisite for the well-being of healthcare workers and an essential condition for delivering high-quality care. Health service managers should focus not only on maintaining physical safety but also on fostering an optimal level of psychological safety in the workplace (Vévoda *et al.*, 2016). Another study (de Lisser *et al.*, 2024) revealed nurses' burnout prevention and mitigation. Their findings highlight the interconnected relationships between psychological safety, work environment, and burnout. By fostering psychologically safe environments and tailoring interventions to specific practice settings, healthcare organisations can contribute to a more resilient, satisfied, and effective workforce, which will ultimately improve patient outcomes and the overall quality and safety of healthcare delivery.

The intervention was effective due to its targeted approach in addressing the gaps in knowledge and attitude towards psychological safety among nursing personnel. By providing a structured and evidence-based training module, the study was able to foster a deeper understanding of psychological safety, which contributed to positive changes in both knowledge and attitudes, directly impacting the participants' workplace behaviour and mindset.

The intervention involved a structured training module designed to address these issues and was evaluated through an experimental design. This discussion integrates the study's findings with the existing literature to provide a comprehensive interpretation of the results. It focuses on changes in knowledge and attitudes. Psychological safety promotes better teamwork, open communication, and overall job satisfaction. These aspects are essential for maintaining high standards of patient care while reducing nurse burnout and turnover. The structured training module was an essential intervention to enhance the understanding and practical application of psychological safety concepts among nursing staff, directly contributing to improved patient outcomes and a safer healthcare environment. A core element of this study was the structured training module on psychological safety, which was prepared and validated through extensive expert consultation. The module covered essential topics such as the stages of psychological safety, its importance in healthcare, and strategies for fostering a psychologically safe work environment.

Strength of the Study

An experimental research design with random allocation of participants into control and study arms strengthens the internal validity of research. Practical and targeted intervention will be directly applicable in real nursing practice. Use of interactive sessions with the module and a PowerPoint presentation may help retain knowledge for a long time.

Limitations

The setting was limited to a district hospital, and a short-term assessment was done, but for retention of knowledge, long-term planning is needed. Actual behavioural changes and patient satisfaction after improved knowledge on psychological safety were not assessed.

CONCLUSION

The structured training module on psychological safety implemented in this study demonstrated significant improvements in both knowledge and attitudes among nursing staff at a district hospital. The findings of this study support the inclusion of psychological safety in nursing policy development, for which the necessity of continuous training regarding psychological safety is essential during policymaking and for every healthcare institution to provide better patient satisfaction. The future scope of studying psychological safety among nurses is vital, particularly in the face of increasing healthcare pressures and the need for improved patient care and job satisfaction of the nurses. Creating a work environment where nurses feel psychologically safe will not only enhance communication and collaboration among staff but will also contribute to better patient care and improved healthcare outcomes. The long-term retention of knowledge and sustained improvements of attitude are required for better patient care and safety. The present study directs future studies to be conducted across multiple hospitals of different tiers and regions to increase the generalisability of the findings, and diverse healthcare institutions can offer insights into how psychological safety training functions across different environments.

Recommendation

The present study recommends that future research extend to follow-up assessments to measure the long-term retention of knowledge and attitudes and their impact on actual nursing practices. Such data can help assess the sustainability of psychological safety interventions. Behaviour changes of different cadres among nursing personnel are to be assessed for quality care for the patient's satisfaction as well as their own satisfaction.

Conflict of Interest

The authors declare that they have no competing interests.

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