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Literature review

Management responses to staff speaking up in the NHS settings: a scoping review

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Abstract

Staff speaking up about patient safety concerns is crucial to improving care and learning from mistakes. Poor management responses to speaking up can result in missed opportunities to prevent harm and hinder staff learning. This scoping review explored the literature on managers' responses to staff-raised patient safety concerns in the NHS, identifying key factors that influence these responses and suggesting strategies for improvement. Arksey and O'Malley's five-stage framework was used to systematically analyse studies from databases such as MEDLINE, PubMed, EMBASE, APA PsycINFO and CINAHL. The review included 25 studies published between 2005 and 2023. Eleven identified studies were based in the UK, but international literature was also included to expand the insights collected. Three main factors affecting managers' responses to staff speaking up about patient safety concerns were identified: cultural factors; individual factors; and structural factors. A culture of openness, inclusive leadership and clear legal frameworks and guidance were all found to support positive responses to staff speaking up, while the absence of these factors was found to hinder this. This review emphasises the need for a comprehensive approach to management that addresses patient safety concerns raised by staff, focusing on cultural, individual and structural factors.

Keywords

Management; Organisational culture; Patient safety; Speaking up

Introduction

In healthcare organisations, including the NHS, managers play a key role in shaping organisational culture and ensuring patient safety. Frontline staff often identify risks before they escalate, so the way in which management responds to these concerns can significantly impact patient safety outcomes and the organisational learning culture (Jones and Kelly, [2014a](#); Mannion and Davies, [2015](#)).

Despite the importance of this issue, there is a notable gap in understanding of factors that influence managers' responses to staff-raised patient safety concerns (Jones and Kelly, [2014a](#)). Analysis of reports and inquiries, such as the Francis ([2013](#)) report, the Morecambe Bay investigation (Kirkup, [2015](#)) and the Ockenden (2022) report reveal a pattern of inadequate managerial responses to staff concerns, leading to severe consequences, including patient harm, decreased staff morale and erosion of trust in the healthcare system. These reports highlight the need for substantial improvement to the ways in which management addresses staff-raised patient safety concerns. However, more research is warranted to fully understand the dynamics of managers' responses to these concerns (Francis, 2013).

Factors such as leadership style, organisational culture and manager training can play a crucial role in fostering a work environment that is supportive and transparent in addressing staff-raised patient safety concerns (Blenkinsopp and Snowden, [2015](#)). Research has indicated that management responses can vary widely, depending on these factors, leading to inconsistency across settings (Miceli and Near, 2016). Challenges such as fear of retaliation or lack of adequate support can prevent effective and timely responses, contributing to a culture of silence that negatively impacts patient care and safety (Vandekerckhove et al, 2014).

Systematic research is urgently needed to assess these dynamics, identify factors influencing management responses and improve training and organisational frameworks. Systematic reviews can offer practical insights into strategies for responding to concerns and help to develop safer and more supportive environments (Mannion and Davies, [2019](#)). Addressing gaps in knowledge is crucial to ensuring that staff concerns are heard and acted on meaningfully, contributing to improved

patient safety and overall healthcare quality (Hughes, [2019](#)). Therefore, this scoping literature review aimed to explore the literature regarding managers' responses to staff speaking up in healthcare settings.

Methods

The scoping review followed Arksey and O'Malley's (2005) five-stage methodology to capture a broad range of literature systematically and rigorously (Pollock et al, [2020](#)):

- (1) Identify the aim of the review
- (2) Identify relevant studies
- (3) Select relevant studies
- (4) Chart the data
- (5) Collate, revise and summarise findings.

This structured approach was chosen to ensure a comprehensive examination of the literature and enhance the review's reliability and validity. As part of this, key themes, concepts and research gaps were identified, providing a solid foundation for future studies (Peters et al, [2021](#)).

The scoping review aimed to explore the literature on management responses to staff speaking up, focusing on understanding factors that influence these responses, identifying barriers and facilitators, and studying support mechanisms for management responses to staff speaking up. Using the population, concept, context framework, the literature search aimed to identify studies on healthcare managers at local and national levels (population), focusing on responses to patient safety concerns (concept) and including evidence from various healthcare settings (context). Exclusion criteria specifically omitted non-English language publications to streamline analysis. This approach aimed to comprehensively examine key themes and gaps for future research (Tricco et al, [2018](#); Peters et al, [2021](#)).

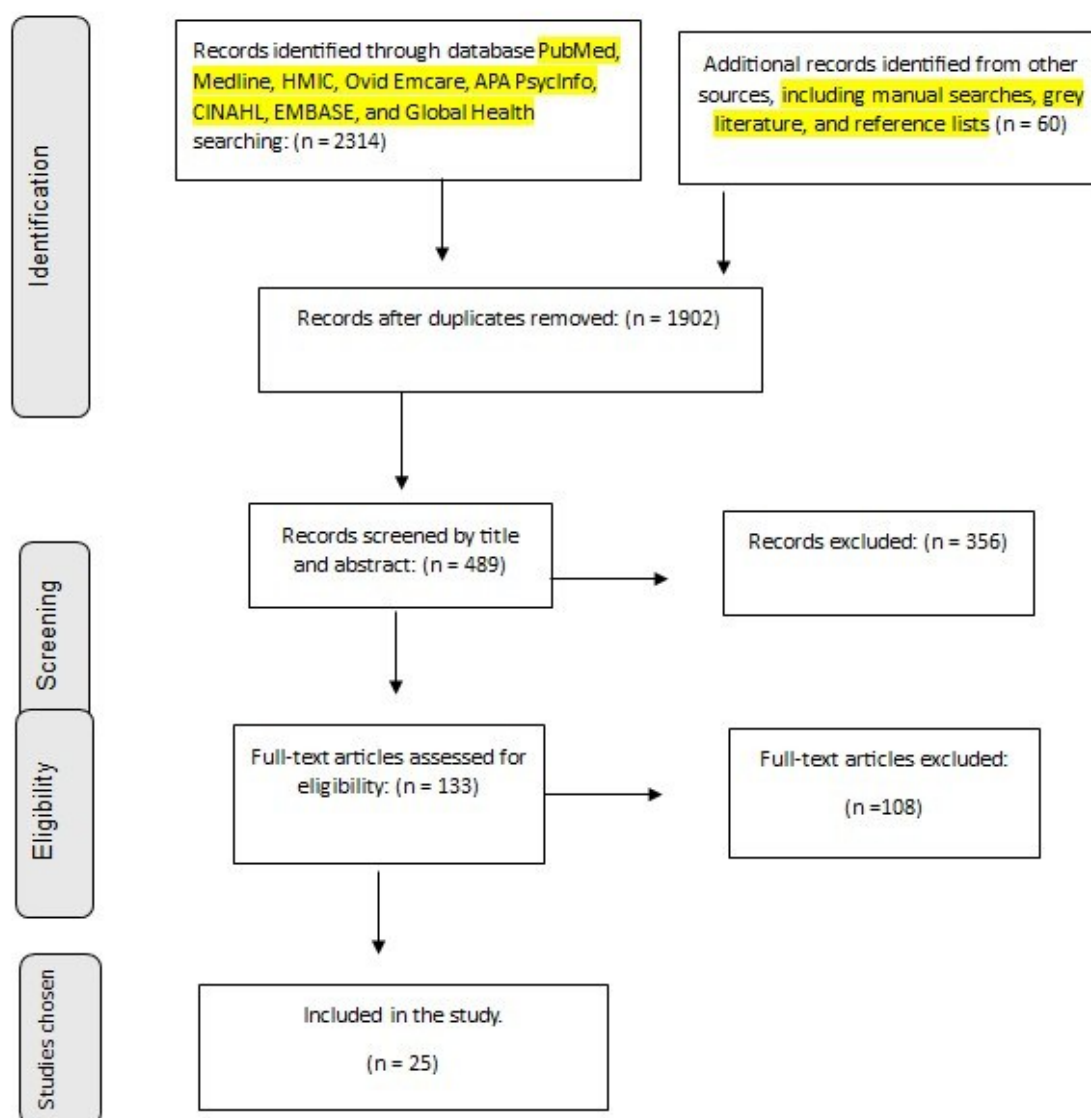
A comprehensive search strategy was used across multiple databases, including PubMed, Medline, HMIC, Ovid Emcare, APA PsycInfo, CINAHL, EMBASE and Global Health, to capture a broad range of literature (Peters et al, [2021](#)). Boolean operators, phrase searching with quotation marks and the wildcard character (*) were used to maximise inclusiveness. For example, terms such as 'healthcare managers', 'clinical managers' and 'middle-level managers' were combined using 'OR', and phrases such as 'responding to concerns' or 'dealing with speaking up' were used. Additionally,

medical subject headings (MeSH) terms such as 'leadership' OR 'management' aligned the search with standardised biomedical literature, ensuring that all relevant terminology was captured. Citation tracking was used to identify recent articles referencing foundational studies. The results were systematically exported into Mendeley software, where duplicates were removed and data were organised for further analysis (Peters et al, [2021](#); Tricco et al, [2018](#)).

The titles and abstracts of the identified articles were screened according to the established inclusion and exclusion criteria (Tricco et al, [2018](#)). This step ensured that only studies aligned with the review's objectives—focusing on the NHS and similar healthcare settings where management responses to staff speaking up are addressed—were selected. Initially, 2314 records were retrieved, supplemented by 60 additional references. After removing duplicates, 489 records remained. Titles and abstracts of these 489 records were screened, resulting in 133 full-text articles being assessed for eligibility based on predefined criteria. After careful evaluation, 25 studies met the inclusion criteria and were included in the final review (Figure 1). As this study was conducted as a scoping review, a formal critical appraisal of the included studies was not performed, which is consistent with the methodological framework for scoping reviews (Arksey & O'Malley, 2005; Tricco et al., 2018).

The data extracted from the studies were analysed to identify key features and patterns related to the research question. Relevant data points were coded and categorised, then the categories were refined into themes that captured the main factors influencing managerial responses to staff-initiated patient safety concerns. The findings were then synthesised to provide an overview of the factors that hinder managerial responses to staff raising patient safety concerns in healthcare settings.

Figure 1. PRISMA flow chart of study identification, screening, eligibility assessment and inclusion



Findings

Of the 25 studies, 9 were set in the UK, 6 in the United States, 4 in Australia, and one each in New Zealand, Canada, Jordan, the Netherlands, Saudi Arabia, and South Korea. All studies were published between 2005 and 2023. A majority ($n = 15$) were empirical investigations, while 10 were secondary analyses, employing a range of methodologies including qualitative interviews, focus groups, and quantitative surveys. Key findings were categorised into factors that either facilitated or hindered managers' responses to staff concerns in healthcare settings (Table 1).

Table 1. Summary of studies on management responses to staff speaking up in healthcare settings

Author (year)	Setting	Study type	Facilitators to staff speaking up	Barriers to staff speaking up
Long et al (2020)	Hospital operating theatres in New Zealand	Empirical (qualitative, semi- structured interviews)	Transparency and learning culture	Managers avoiding concerns
Bagot et al (2023)	Australian metropolitan hospital environments	Empirical (qualitative, interviews and focus groups, grounded theory)	Inclusive leadership	Lack of openness and inconsistent policies
Sirriyeh et al (2012)	A large UK teaching hospital	Empirical (qualitative, semi- structured interviews)	Clear policies for reporting and addressing errors	Lack of openness in reporting errors
Jefferis et al (2012)	Canadian hospital setting,	Empirical (qualitative, grounded theory)	Transparent communication; clear and structured policies on safety management	None reported
Jackson et al (2011)	Australian healthcare services.	Empirical (qualitative, narrative inquiry)	Inclusive leadership	Fear of retaliation; lack of openness; lack of legal support for whistleblowers.
Jones and Kelly (2014b)	UK residential and nursing care homes for older people.	Empirical (qualitative, semi-	None reported	Poor organisational culture around whistleblowing; lack of institutional support

Author (year)	Setting	Study type	Facilitators to staff speaking up	Barriers to staff speaking up
		structured interviews)		
Martin et al (2020)	English National Health Service (NHS).	Empirical (qualitative, semi-structured interviews)	Encouraging identification of problems	Inadequate response systems
Martin et al (2018)	English National Health Service (NHS).	Empirical (qualitative, semi-structured interviews)	Learning from mistakes in culture; supportive policy frameworks	Resistance to transparency
Ali et al (2021)	Three hospitals in different clinical settings in Jordan.	Empirical (qualitative, semi-structured interviews)	Leadership support	Lack of organisational framework for error reporting
Cleary and Doyle (2016)	Royal Melbourne Institute of Technology University in Melbourne, Australia.	Empirical (qualitative, focus group interviews)	Open dialogue in the workplace; clear internal reporting channels	Lack of support from leadership
Garon (2012)	Various healthcare settings in California, USA	Empirical (qualitative, semi-structured interviews)	Supportive communication from management	Poor communication culture

Author (year)	Setting	Study type	Facilitators to staff speaking up	Barriers to staff speaking up
Jones et al (2016)	NHS organisations in England and Wales,	Empirical (qualitative, semi- structured interviews)	Transparency at higher levels; strong policies for safety and quality	None reported
Santa et al (<u>2018</u>)	Hospitals in Saudi Arabia	Empirical (quantitative, survey, Structural Equation Modelling)	Open safety culture; strong legal frameworks and structured policies	None reported
Johnson (2005)	South Georgia community, USA	Empirical (quantitative, survey)	Inclusive and approachable leadership	None reported
Alingh et al (2019)	Clinical hospital wards in the Netherlands.	Empirical (quantitative, survey)	A culture that values safety; clear policies for addressing safety concerns	None reported
Cunningham and Geller (<u>2013</u>)	USA	Secondary analysis	Structured response protocols	None reported
Hussain et al (<u>2015</u>)	USA	Secondary analysis	Clear improvement frameworks	None reported
Mannion et al (<u>2018</u>)	UK	Secondary analysis	Leadership support	Fear of whistleblowing; lack of formal structures for addressing issues

Author (year)	Setting	Study type	Facilitators to staff speaking up	Barriers to staff speaking up
Wilkinson et al (2011)	USA	Secondary analysis (case study)	Effective leadership	Lack of support structures for evidence-based practice
Henriksen et al (2008)	USA	Secondary analysis	Structured framework for addressing errors	None reported
Meadows et al (2005)	UK	Secondary analysis	Decision-making frameworks	None reported
Storey and Buchanan (2008)	UK	Secondary analysis	None reported	Poor organisational learning culture; lack of governance to support learning
Seo and Lee (2022)	South Korea	Secondary analysis	Supportive management culture; clear protocols to support speaking up	None reported
Cleary and Duke (2017)	Australia	Secondary analysis (case study)	None reported	Culture of willful ignorance; lack of supportive leadership; poor structural support for whistleblowers
Dixon-Woods et al (2014)	UK	Secondary analysis (mixed methods)	None reported	Poor organisational culture and communication; lack of clear policies and accountability

Table 2 summarises the key factors identified in the scoping review that were found to either facilitate or hinder appropriate managerial responses to staff-raised patient safety concerns, categorised as cultural, individual or structural factors.

Table 2. Cultural, individual and structural facilitators of and barriers to appropriate managerial responses to staff speaking up about patient safety concerns

Type of factor	Facilitators	Barriers
Cultural	Culture of openness and learning Transparent communication culture	Lack of culture of openness and learning Fear of retaliation and lack of trust in management
Individual	Inclusive leadership Managers actively listening to staff and demonstrating support for safety concerns	Avoidant leadership styles Disengaged or unresponsive leadership
Structural	Clear reporting structures and legal frameworks Well-established policies and protocols for addressing safety concerns	Inconsistent policies across departments and lack of institutional support Lack of clear legal frameworks and policies for addressing concerns

Facilitators to appropriate responses to staff speaking up

Culture of openness

A culture that prioritises transparency and learning was a facilitator of managerial responsiveness to staff speaking up. Long et al (2020) and Sirriyeh et al (2012) highlighted that, when managers cultivate an open environment, staff are more likely to feel confident in raising concerns without fear of retaliation. This encourages transparent discussions and enables staff to provide their managers with comprehensive, thorough and timely information regarding patient safety issues. This approach was shown to facilitate quicker identification and more effective handling of safety concerns (Jefferis et al, 2012).

Inclusive leadership

Inclusive leadership that actively engages with staff and values their input is vital in creating an environment where staff concerns are effectively addressed. Research by Bagot et al ([2023](#)) and Jackson et al ([2011](#)) suggested that inclusive leadership—characterised by managers who actively listen to their teams and show genuine support for staff-raised patient safety concerns—promotes more timely and constructive responses. Approachable and visible managers who maintain open communication with their staff were found to be better positioned to respond promptly, fully understand the details of patient safety issues and streamline the process of addressing these concerns.

Clear reporting structures and legal frameworks

Clear legal frameworks provide managers with structured guidance to address staff concerns, ensuring compliance, accountability and consistency while reducing legal risks (Jeffs et al, 2012; Bagot et al, [2023](#)). In healthcare, these frameworks standardise responses to patient safety issues and support ethical decision-making, fostering trust and transparency (Jones et al, 2016; Martin et al, [2020](#)). Ethical considerations complement legal mandates by prioritising fairness, honesty, and patient welfare in managerial decisions (Cleary and Duke, [2017](#)). Legal clarity and ethical leadership promote professionalism, safeguard patient care, and enhance organisational integrity, ensuring staff concerns are addressed effectively and responsibly (Mannion et al, [2018](#); Bagot et al, [2023](#)).

Barriers to appropriate responses to staff speaking up

Fear of retaliation and lack of trust and openness culture

A workplace culture lacking in trust and openness was identified as a barrier to managers responding to staff speaking up, which could be exacerbated by staff fears of retaliation when voicing concerns. Jackson et al ([2011](#)) and Jones and Kelly ([2014b](#)) highlighted that, when staff perceive the organisational culture as unsupportive or fear adverse outcomes for speaking up, they are less likely to raise issues with managers. This hinders managers' ability to respond effectively to concerns, leading to unresolved patient safety issues and fostering a culture of silence that increases risks.

Avoidant leadership styles

Cleary and Duke ([2017](#)) noted that managers who avoid confrontation or disengage from concerns contributed to delays in addressing patient safety issues. This leadership style was shown to foster

an environment where staff feel that their concerns are not taken seriously, reducing their confidence in the responsiveness of management and their willingness to report issues in the future. This avoidance also could also the timely identification and dealing with safety concerns.

Inconsistent policies and lack of institutional support

The absence of clear frameworks and guidance was found to undermine managers' ability to address staff concerns effectively (Martin et al, [2018](#); Long et al, [2020](#)). Without structured policies, decision making can become inconsistent, delaying responses and eroding trust among staff (Jeffs et al, 2012). Inadequate training could further exacerbate these challenges, leaving managers unprepared to handle complex issues (Sirriyeh et al, [2012](#)). Both Martin et al ([2018](#)) and Long et al ([2020](#)) argued that healthcare organisations must establish clear, consistent frameworks to support managers, ensuring timely and effective responses to concerns while fostering trust and accountability.

Discussion

The findings of this review showed that organizational culture, leadership styles and structural frameworks all play a role in shaping managerial responses to staff-raised patient safety concerns. These elements are vital in fostering an environment where patient safety can be assured.

A culture of openness and transparency was found to be essential for ensuring that concerns can be raised freely, without fear of retaliation or dismissal (Jones and Kelly, [2014b](#); Cleary and Doyle, [2016](#)). When managers do not create a responsive and supportive culture, staff may feel compelled to escalate their concerns to formal whistleblowing channels (Martin et al, [2020](#)). Fostering a safety culture where staff feel empowered to speak up without fear of retribution is critical to preventing situations where whistleblowing becomes the only viable option. This review underscores the role of managers in creating this environment, through inclusive leadership and establishing clear, structured reporting frameworks. Inclusive leadership can be characterised by active engagement and support for staff concerns, and was found to improve responses to safety issues and encourage staff to raise concerns when they first arise (Jackson et al, [2011](#); Bagot et al, [2023](#)). Conversely, when leaders are avoidant or disengaged, staff may feel that their concerns will be ignored, increasing the likelihood of them resorting to whistleblowing.

A culture of openness is essential in ensuring that managers can effectively address staff concerns. When managers foster a transparent and supportive environment, it encourages staff to raise issues and provides a foundation for managers to respond proactively. Without this culture, staff may feel discouraged from raising issues, leaving managers unaware of critical safety problems (Jones and Kelly, [2014b](#); Cleary and Doyle, [2016](#)). This lack of communication hinders managers' ability to promptly identify and address concerns, increasing patient safety risks (Cleary and Duke, [2017](#)).

Clear legal frameworks and structured reporting systems are also essential for managers in addressing staff concerns. Legal frameworks provide managers with the guidance and structure to navigate complex issues while ensuring consistent, ethical and accountable responses. The absence of such frameworks can lead to inconsistency and confusion, making it more difficult for managers to respond promptly and effectively (Martin et al, [2018](#); Long et al, [2020](#)). Additionally, a lack of institutional support or training can leave managers unprepared to deal with complex patient safety concerns, further hindering their ability to respond appropriately (Jeffs et al, 2012; Sirriyeh et al, [2012](#)).

Implications for practice

To overcome these barriers, healthcare organisations must foster a culture of openness, promote inclusive leadership and establish clear legal and procedural frameworks. These factors could equip managers with the tools and support to address staff concerns effectively, ensuring patient safety and enhancing organisational accountability (Jackson et al, [2011](#); Jeffs et al, 2012; Alingh et al, 2019; Long et al, [2020](#); Bagot et al, [2023](#)). The findings of this review highlight the need for a holistic, integrated strategy, combining cultural openness, inclusive leadership and robust structural frameworks. Healthcare organisations must recognise the need for ongoing commitment to fostering a supportive culture, developing leadership and ensuring clear guidelines to empower managers to address concerns promptly and effectively (Dixon-Woods et al, [2014](#); Long et al, [2020](#); Bagot et al, [2023](#)).

Limitations

The geographical focus of the included studies on the UK, US and Australia may limit the generalisability of the findings to other healthcare systems with different cultural and structural contexts. Additionally, the review was confined to studies published between 2005 and 2023, which

have led to earlier studies that could offer foundational insights into managerial responses being overlooked. There is also a risk of publication bias, as only published studies were included, which may exclude research with null or negative results. While the review highlighted key factors that influence managerial responses, it lacked a deeper exploration of how these factors are applied in real-world settings. Future research could benefit from case studies or observational studies to better understand how barriers and facilitators manifest in practice, particularly in a specific NHS context.

Conclusions

This scoping review suggests that cultural, individual and organisational factors shape managerial responses to staff-raised patient safety concerns, highlighting the potential importance of an integrated approach that acknowledges these factors. The findings indicate that an open organisational culture, inclusive leadership and legal clarity may be critical in fostering responsiveness to safety concerns, thereby contributing to improved patient care and promoting a culture of continuous improvement. Gaps in the literature regarding the real-world application of these factors and the complex interplay between facilitators and barriers require further exploration. Future research should explore strategies, practices and organisational dynamics that support or hinder managerial responsiveness, and examine how these factors play out in healthcare settings. By investigating the intersectional dynamics within organisations, future research could inform the development of targeted interventions that enhance managerial capabilities in responding to patient safety concerns raised by staff.

Key points

- Cultural, individual and structural factors can all shape managerial responses to staff-raised patient safety concerns.
- An open organisational culture with inclusive leadership and transparent legal frameworks are key facilitators of managerial responsiveness to staff-raised patient safety concerns. The absence of these factors could hinder managers' ability or willingness to address concerns effectively, leading to a lack of trust, reduced reporting of issues and potential risks to patient safety.
- This review highlights the need for further research into how cultural, leadership and structural factors interact in real-world practice, to facilitate the development of targeted interventions and strategies to support managers to address patient safety concerns raised by staff.

Conflicts of interest

No Conflict of interest

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