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The University of Texas at Austin
Dell Medical School

Feel-good or fundamental?

Psychological Safety, Clinical Performance, and Well-Being

GREG WALLINGFORD, MD, MBA

Assistant Dean, Professional Fulfillment & Well-Being
Assistant Professor, Department of Medicine
Dell Medical School at The University of Texas at Austin





Think about the last time you **held back** on sharing input that later impacted an outcome

How would speaking up (and being heard) have changed the outcome?

What held you back? How did you feel while you wrestled with speaking up?





**What does
"psychological safety"
mean to you?**

Amy Edmondson: psychological safety

- Coined term and conducted foundational research (Harvard Business School)
- Arose **from healthcare** research on medical errors



**Reported errors reflects psychological safety
Intercepted errors, learning from errors reduces harm**



Psychological safety has a precise definition ...

*“shared belief held by members of a **team** that it’s okay to take risks, to express their ideas and concerns, to speak up with questions, and to admit mistakes, all **without fear of negative consequences**”¹*

WHAT IT IS NOT NECESSARILY:

Being "nice"

Lowering standards

Avoiding conflict



... and can be measured ...

Edmondson's 7-item scale¹

- Likert responses (1-7)
- Brief and validated
- Measures team-level psychological safety

1* If you make a mistake on this team, it is often held against you

5* It is difficult to ask other members of this team for help

2 Members of this team are able to bring up problems, tough issues

6 No one on this team would deliberately undermine my efforts

3* People on this team sometimes reject others for being different

7 Working here, my unique skills and talents are valued and utilized

4 It is safe to take a risk on this team

*** = reverse scoring**

... but medicine has features that make it harder to speak up ...

Hierarchy

Power dynamics exist between different members of the team; culture of deference to expertise (often seniority)

Politeness culture

Disagreement can feel like disrespect; desire to remain collegial with colleagues can make silence feel easier

Asymmetric risk

The individual who speaks up bears the cost, but the team gets the reward

Perfectionism

Questions suggest lack of expertise or may provoke feelings of imposter syndrome for high-performing individuals

Lack of formal leadership training

Most leaders want teams to speak up; some may not know the specific behaviors that make it happen

... and families are part of your team - and feel these dynamics - too



- More time at bedside than anyone on your care team
- Often first to notice when something is off from baseline
- Whether they share this (or withhold it) depends on whether they feel psychologically safe enough to do so - **that's a patient safety problem too**

Amy Edmond son



(my moment of fame!)

Psych safety discovered in medicine, some findings counterintuitive

Better-performing
teams reported

**MORE
errors**

Not fewer

The paradox

“Better teams may appear to make more errors because they are more willing to report them, not because they actually make more mistakes.”¹

Why it matters

Teams with higher psychological safety also showed **better teamwork, unit performance, and learning**

Errors they surfaced were being caught and corrected (vs. hidden after or until they caused harm)

“People often withhold error information due to fear of embarrassment or punishment”

Google: psychological safety drives team performance

Not: degrees, experience, individual intelligence

#1

predictor of effective
teams

Psychological safety was the single **strongest predictor of team performance**, productivity, and innovation across every type of team studied¹

Equal turn-taking and active listening reduced self-censorship and let diverse perspectives surface

Project Aristotle: 250 teams studied over 2 years, performed by Google (~2012-14)

Psychological safety is more important the higher the ambiguity or complexity is (much of medicine & leadership)

MORE STANDARDIZED

COMPLEX / AMBIGUOUS

Scripted Checklist

Routine Visit

Complex Diagnosis

ICU treatment for
multi-organ failure

*"The greater the uncertainty, the more knowledge-intensive the work, the larger the effect of psychological safety on performance."*¹

Medicine sits at the complex/ambiguous end, and it is trending further that way with growing complexity, diagnostic uncertainty, and team-based care

Signals to the team can be fragile: even *mild* rudeness degrades pediatric team performance

52%

Mild rudeness explained 52%
of variance in dx performance
(24 NICU teams)

The intervention:

Mildly rude statements from observer in a simulated setting,
twice (raises perceived risk of speaking up)

The results:

- ↓ Information sharing (i.e., speaking up)
- ↓ Diagnostic performance
- ↓ Procedural performance
- ↓ Help-seeking behavior

Potential mechanism: Rudeness suppressed information sharing (likely through decreased psychological safety), with negative downstream impacts on performance

This is part of what you're being evaluated about as a leader

3.3%

**decrease in burnout
likelihood¹**

*for each 1-point increase in
supervisor leadership
score*

9.0%

**increase in physician
satisfaction¹**

*for each 1-point increase in
leadership score*

BMJ Brief Report (2025)²:

**"higher overall leadership index scores were positively
associated with psychological safety scores"**

The leader to whom I report...

1. Holds career development conversations with me
2. Empowers me to do my job
3. Encourages employees to suggest ideas for improvement
4. Treats me with respect and dignity
5. Provides helpful feedback and coaching on my performance
6. Recognizes me for a job well done
7. Keeps me informed about changes taking place at: (name of organization)
8. Encourages me to develop my talents and skills
9. I am satisfied with my immediate supervisor



Psychological safety: not all-or-nothing, critical for burnout and retention¹

27%

**lower odds of
burnout**

*per SD increase in psych
safety*

38%

**lower odds of intent
to leave**

*per SD increase in psych
safety*

N=867 clinical faculty

How much psychological safety
your team experiences matters,
not just surpassing a threshold

American Heart Association (2024)²: Psychological safety is “an important but often overlooked aspect of rising burnout rates” and requires organizational-level action.



Psychological safety drives engagement in QI initiatives¹

23
NICUs
~1,400
clinicians

*Nembhard &
Edmondson, 2006*

Teams with higher psychological safety were more engaged in QI work.

Hypothesis on why? Because psychological safety makes information available that may resonate and allow contribution by team members whose knowledge contributes to the solution and drives engagement.

Teams put “fingerprints” on the work, leading to more buy-in when it’s time to execute.



“This is a safe space! What do people think?”

...?!

Saying it doesn't create it ...

Leaders often don't know specific behaviors
that foster it

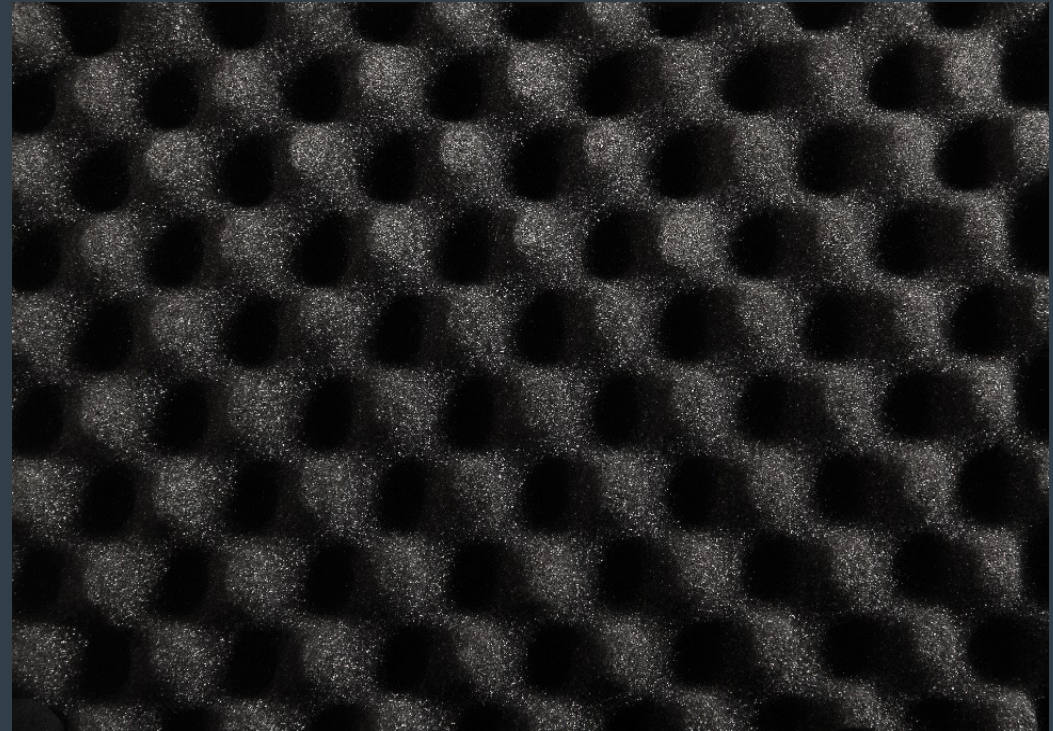
... specific behaviors do

We'll go through strategies that you can
use on your next team

Absence of psychological safety can be quiet, frictionless

What it looks like

People don't speak up
Minimal disagreement in meetings
Slow or unopposed decision-making
Conversations that happen in the hallway, not the room



Myth: “If no one is bringing this up, it must be psychologically safe.” **The absence of conflict is not evidence of safety.**



Four strategies that change the calculus on speaking up

- 1 Lower the cost of speaking up
- 2 Raise the cost of staying silent
- 3 Reinforce the value of speaking up
- 4 Deliberately acknowledge fallibility and desire to learn

1

2

3

4

Ask questions that assume concerns exist

BEHAVIOR 1

Lower the cost of speaking up

Ask questions that assume there should be concerns, dissent, or alternatives

When the question assumes these exist, the first person to raise one is answering your question, not going out on a limb

Try these:

“Is there anyone missing today whose opinion we should be considering?”

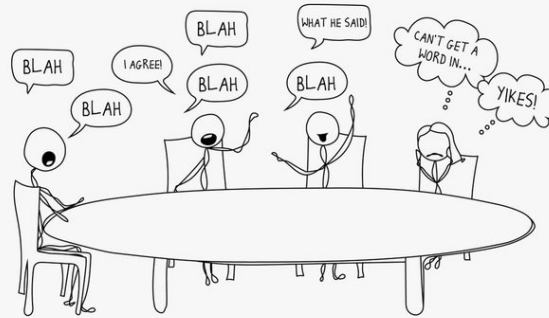
“If this initiative failed, where would it falter?”

“Take 30 seconds. I want everyone to name one concern or alternative.”

Try brainwriting: “Take 2 minutes, write your top concern independently, then we’ll share”; silent ideation before group discussion increases number and creativity of ideas and reduces anchoring/groupthink²



WHAT WE THINK WORKS BRAINSTORMING



WHAT ACTUALLY WORKS BRAINWRITING

STEP ONE GENERATE IDEAS INDEPENDENTLY



STEP TWO REGROUP TO EVALUATE AND DISCUSS



@RESEARCHDOODLES

Evidence: "Productivity loss in brainstorming groups" (Mullen, Johnson, & Salas, 1991)
"Idea generation and the quality of the best idea" (Girotra, Terwiesch, & Ulrich, 2010)
"Alternating individual and group idea generation" (Korde & Paulus, 2017)
"How intermittent breaks in interaction improve collective intelligence" (Bernstein, Shore, & Lazer, 2018)

1

2

3

4

Invite quieter voices directly

BEHAVIOR 2

Raise the cost of staying silent

Ask questions that make holding back harder or more uncomfortable

Name and empower voices who have not spoken up or are most likely to be quieted by the room's hierarchy¹ (*leader inclusiveness*)

Managing airtime of dominant voices, who can also suppress safety

Try these:

“Our MAs are often closest to this work. What do you suggest?”

“For this to work, I need to hear from all roles and levels of experience. Who have we not heard from?”

[pause after asking question]

“I’d like to hear everyone’s comments. Let’s go around the room.”

“Does anyone who hasn’t spoken up have a different opinion?”

1

2

3

4

Show you heard them ... even if you disagree

BEHAVIOR 3

Reinforce the value of speaking up

Your response (not just the decision) determines how they feel about speaking up and whether they do again; acknowledge what you heard and learned before explaining where you landed

Try these:

"That is an important perspective that I hadn't considered. Let me think about that."

"I'm so glad you brought that up, because many others may share that concern. I chose not to go that way because X, but you reminded me to communicate more proactively about this."

"I thought a lot about your input, and ultimately made the hard decision to choose X. Here is what it changed for me."

Model fallibility to normalizes learning from mistakes

BEHAVIOR 4

Deliberately acknowledge your fallibility and desire to learn

Proactively sharing feedback and mistakes and the importance of learning from them increases psychological safety¹ and models *why* speaking up matters

Try these (and model it publicly):

“I've received feedback that I both need to grant more autonomy to trainees and need to directly precept more patient conversations. I'm learning how to best find the right balance for you, and I'm going to need your help doing that.”

“I'm not sure what the best path forward is. I need your expertise and problem-solving to figure this out together.”



Now try it. Turn to the person next to you.

**Pick a phrase that stood out to you (1-4)
Say it out loud, in your voice, then switch
What felt natural? What felt off?**

90 seconds



Don't add something additional, before/after your recurring structures or routines. Try to **plug it into them**. First day on rotation, a team meeting, a rounding huddle.

Structure operationalizes soft skills

Examples of operationalizing psychological safety

1

Empty chair in the room

"Who is not in this room whose input we should be considering?"

The empty chair is a mental forcing function, automatically creates space to ask, "What are we missing?"

2

Embed into standard intake

"Do you anticipate this might have a positive, negative, or neutral impact on well-being?"

Systems, not just people, can create or erode psych safety; standardizing sends a message that this is an expected consideration; prompting before it happens feels less risky

3

Share workstyle quirk (or learning edge) when teaming

"I am trying to balance autonomy and providing the right level of support"

Clinical teams change frequently, and structuring psychological safety into teaming can foster both well-being and psychological safety



**One actionable takeaway
from today that I learned
is...**



Psychological safety is a driver of performance. It can be fostered through specific behaviors and operationalized through existing structures and workflows.

My hope:

**You had realizations, that will lead to actions
you can take right now, with resources you
already have**

And that you, your patients, and your organization will benefit!

greg.wallingford@austin.utexas.edu