






EDITORIAL

'Tending' the 'garden' of psychological safety in simulation-based education

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'Thank-you for joining the workshop today. This is a psychologically safe space'.

Have you ever attended a simulation or a meeting where the facilitator proclaimed it to be a 'psychologically safe space', but it didn't feel safe? If so, you're not alone. During a recent conference workshop, two authors (DN and GG) were assured by facilitators that they were 'in a safe space'. However, neither author reported feeling psychologically safe. There was a disconnect between *what was said* and *how we felt*. While everyone was polite and respectful, beneath the surface, we felt vulnerable, evaluated and to a degree professionally scrutinized. The vocalized 'nod to psychological safety' felt superficial and did not enable the conditions for us to have the social and intellectual bravery to honestly express our views. We felt psychologically unsafe.

This state of feeling unsafe (or vulnerable) was related to many factors, including the social and professional evaluation from others whom we had not met before nor got a chance to meet, uncertainty about the workshop content and processes, what was expected from us and other participants and, the aims of the faculty. Paramount is the notion that *we* individually determine our sense of psychological safety and that the 'same' situation can feel very different for others. Curiously, being *told* it was a psychologically safe space almost heightened resistance to this feeling. Our reaction to being told it was 'safe' paradoxically amplified our unease. This experience sparked many reflective conversations within the author team, and we would like to extend this conversation and reflections to the wider simulation community.

We have also noted the omnipresence of 'psychological safety' in the discourse of contemporary simulation practice such that it has been described as a 'god term' [1]. 'God terms' are powerful, overarching words or phrases that serve as ultimate values or ideals within a particular discourse or cultural context (see Author note). In this editorial, our purpose is to promote a critical and exploratory conversation about 'psychological safety' in simulation practice. We offer strands of several conversations we've been having and for which we plan to examine in future work. We pose more questions than answers as we surface our reflections, to seek guidance from the community and perhaps guide research directions (Box 1).

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Box 1: Questions fostering critical reflection on psychological safety and simulation-based education

1. What do you mean by psychological safety?
2. Why can there be a disconnect between *what we say* as being psychologically safe and *how we experience* psychological safety or not?
3. How do you see the possible connections between psychological safety and learning?
4. In your simulation practice, what strategies do you employ, what words do you use and what considerations do you make for learners' (including learner observers) psychological safety?
5. In your simulation practice, what strategies do you employ, what words do you use and what considerations do you make for others involved (e.g. faculty, simulated participants, technicians), and for yourself?
6. Which theories inform psychological safety in simulation-based education?
7. How might we measure psychological safety in simulation-based education?
8. How important is measurement of psychological safety for simulation-based education?

So, what is psychological safety?

Contemporary simulation-focused conferences, courses and published literature consistently refer to the construct that is 'psychological safety'. We'd like to encourage readers to pause and think deeply about what they *mean* when they *say* psychological safety. Further, to reflect on the actions or strategies that they take to foster psychological safety in others and manage their own, to reflect on the words that they use, and on the considerations that they make for psychological safety of all those involved.

Psychological safety has been described in various bodies of professional literature. Descriptions usually centre on individuals within a group context. They focus on the individual's confidence in that group to take 'risks' without the fear of consequences to their self-image, status, credibility or career [2,3]. Some descriptions refer to consequences such as the unproductive emotion of embarrassment [4]. Others include words such as shame, stigma, punishment or retaliation [5,6]. Contexts of descriptions also vary. For example, some emphasize organizational culture [6], engagement in work [2], teamwork [3], quality improvement [5], error reporting [5], patient safety [4], and inclusion and innovation [7]. These descriptions reflect different lenses through which psychological safety can be viewed. We value these variations and the complementarity of different perspectives to this important condition for learning in simulation.

Given the educational context of the experience we started the editorial with, we share Clark's (2020) description of psychological safety as 'a condition where individuals feel included, safe to learn, safe to contribute,

and safe to challenge the status quo, all without fear of being embarrassed, marginalized, or punished in some way' [7].

What commonly happens in simulation-based education?

In simulation-based education, we often place learners in situations that explore the boundaries of their competences. One might argue that being at the edge of your ability is needed for learning. For example, being at the edge of your ability aligns with Vygotsky's Zone of Proximal Development, where learners engage with tasks that challenge them just beyond their current abilities, thereby fostering growth through social interaction and guidance from more knowledgeable others [8]. We construct simulated environments in which we invite learners to behave as if in a naturalistic environment, without real-world harm to patients. But of course, those within the simulation are at risk of harm, including psychological distress. Giving learners more responsibility than what they might be used to – can often evoke intense emotions [9]. We closely observe learners' behaviours and then together discuss their thoughts and feelings about these observations. These are challenging demands for all those involved.

Metaphors and psychological safety

While metaphors have their limitations, they can be useful in critical reflection and sense-making. As an author team, we found the metaphor of a *garden* particularly resonant with how we conceptualized psychological safety and simulation-based education. This connection likely stems from our shared interest in using simulation to nurture learning and growth. The development of a learner in a simulation can sometimes be fragile, much like a delicate flower.

Given optimal soil conditions, buds of growth can emerge with flowers – and so it is with learners. In the 'psychological soil' of simulation, the right conditions must exist, to enable learners to establish foundational roots of learning and grow from this supportive state. As with flowers, no two learners are the same; different conditions are required to enable each to flourish. These conditions must be carefully maintained to sustain ongoing growth. Without this continued support, learners may falter and in the worst case, wither.

Like gardeners, educators must 'tend' the garden of learning to foster learner development and growth. They need to closely observe and attune themselves to signs of progress and the conditions, and 'till' the 'psychological soil' where possible to support sustained growth, enabling learners to fully blossom.

One limitation of the garden metaphor is the fundamental difference between plants and human beings. For many plants, we know the precise balance of nutrients, light, water and other conditions required for them to thrive. In contrast, understanding what fosters psychological safety for a person is highly complex and multi-layered. People vary greatly – what works for one individual may not work for another. Furthermore, the same person's needs can change over time and across contexts. This complexity calls on simulation researchers to deepen our understanding not only of what psychological safety is, but also of what

supports it: for whom, in which situations, at what time and for how long.

In returning to the workshop described earlier, we do not know how that situation is best managed. Rather than telling us what the soil was ('This is a psychologically safe space'), it may have been more helpful for the facilitators to have acknowledged their goal was to foster a space in which learners could feel psychologically safe, to participate, to take risks. Or, with our metaphor that they would monitor the soil as part of tending to foundational requirements of our garden.

Thanks for joining the workshop today. Together, we want to create and maintain a space in which you will feel comfortable to participate, to

During our critical reflection, we have tentatively concluded that we can speak of our intention as facilitators to foster a psychologically safe space in simulation, realizing that we can't ensure it on our own. It is a dynamic and fluid state [10], impacted by psychological, social and physical factors, that may need to be monitored before, during and after the simulation-based activity.

While there may never be definitive answers to the questions we have asked, we hope readers are prompted to critically reflect on their own practices relative to psychological safety in simulation-based education. That they tend their 'gardens', that they monitor their soil and factors influencing its quality at any given moment so that their plants thrive and blossom. In future work, we will explore some of the ideas raised here, and others that have barely surfaced such as theories that have relevance to psychological safety and the measurement of psychological safety.

Author Note

Lingard has described the notion of god terms in health profession education. She cites examples of competence, patient safety and objective assessment. In her argument of 'competence' as a god term, she draws on Burke describing 'the danger with god terms is that, through repeated use and familiarity, they become suggestive of a natural, universal and inevitable order of reality. Teasing them apart is an exercise in making them unfamiliar, excavating the motivations that underpin them, and opening space for an adaptive and flexible discourse of competence' [11].

Declarations

Authors' contributions

All authors contributed equally to the development of the concept. While DN led the writing, all authors edited and commented on multiple versions before approving this final manuscript.

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References

1. Alsaba N, Sokoloff LG, Smith CM, Nestel D. Fostering psychological safety in learning conversations. In: Smith CM, Alsaba N, Sokoloff LG, Nestel D, editors. *Comprehensive healthcare simulation: geriatric simulation: a focus on older adults as simulated participants*. Cham: Springer Nature Switzerland. 2024. p.33–45.
2. Kahn WA. Psychological conditions of personal engagement and disengagement at work. *Academy of Management Journal*. 1990;33(4):692–724.
3. Edmondson A. Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*. 1999;44(2):350–383.
4. Kingston MB, Dowell P, Mossburg SE, Makkenchery A, Hough KR. Annual Perspective: Psychological Safety of Healthcare Staff. PSNet [internet]. Rockville (MD): Agency for Healthcare Research and Quality, US Department of Health and Human Services. 2022. Available at: <https://psnet.ahrq.gov/perspective/annual-perspective-psychological-safety-healthcare-staff> [Accessed 3 April 2025].
5. Tucker A, Edmondson A. Why hospitals don't learn from failures: organizational and psychological dynamics that inhibit system change. *California Management Review*. 2003;45(2):55–72.
6. Schein EH, Bennis WG. *Personal and organizational change through group methods: the laboratory approach*. New York: Wiley. 1965.
7. Clark TR. *The 4 stages of psychological safety: defining the path to inclusion and innovation*. Oakland, CA: Berrett-Koehler Publishers. 2020.
8. Vygotsky LS. *Mind in society development of higher psychological processes*. Cole M, Jolm-Steiner V, Scribner S, Souberman E, editors. Cambridge, Massachusetts: Harvard University Press. 1978.
9. Behrens CC, Driessen EW, Dolmans DH, Gormley GJ. 'A roller coaster of emotions': a phenomenological study on medical students lived experiences of emotions in complex simulation. *Advances in Simulation*. 2021;6(1):24.
10. Kolbe M, Eppich W, Rudolph J, Meguerdichian M, Catena H, Cripps A, et al. Managing psychological safety in debriefings: a dynamic balancing act. *BMJ Simulation & Technology Enhanced Learning*. 2020;6(3):164–171.
11. Lingard L. What we see and don't see when we look at 'competence': notes on a god term. *Advances in Health Sciences Education*. 2009;14(5):625–628.