Exploring Psychological Safety & Improvement Capability in NHS Administrative & Clerical Teams

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Study Background and Rationale

Administrative and clerical (A&C) staff make up around 21% of the NHS workforce, and the Manchester University NHS Foundation Trust (MFT) workforce mirrors this (NHS Digital, 2023). These staff are essential to patient access, coordination, and communication (NHS England, 2022). Yet, their experiences of *psychological safety—defined as the belief that it's safe to speak up and take interpersonal risks (Edmondson, 1999)*—remain largely unexamined.

While psychological safety is well established as a driver of effective teamwork and improvement in clinical settings (O'Donovan & McAuliffe, 2020; Newman et al., 2017), non-clinical teams remain barely visible in research and strategy.

Why the Research Matters

Understanding this dynamic matters: without a psychologically safe environment, a large segment of the MFT, and more broadly the NHS workforce, is excluded from the improvement culture necessary for safe, high-quality, and efficient care.

❖ **Evidence gap**: Of 912 documents screened, none explored psychological safety or improvement capability in the NHS A&C workforce. This aligns with wider findings that non-clinical staff remain largely absent from organisational learning and improvement research (West et al., 2020; Dixon-Woods & Martin, 2016).
❖ **Operational importance**: A&C staff are key enablers of patient safety and system performance through their roles in scheduling, coordination, data management, and communication (NHS England, 2022; NHS Confederation, 2021). Yet their contributions and barriers to improvement are under-recognised within the literature and policy (Bate & Robert, 2014; West et al., 2020).
❖ **Strategic opportunity:** This research provides the first local insight into psychological safety and improvement capability in this workforce, positioning MFT to lead national inquiry and inclusive improvement policy.

Research Questions

To investigate these concepts in this staff group, the Pre-Doctoral Research Fellow sought to answer the following questions:

1. What is known about psychological safety as an enabler for improvement capability in the NHS A&C cohort?
2. Are there gaps in the research relating to psychological safety as an enabler for improvement capability in the NHS A&C cohort?
3. What is the current state of psychological safety and perceptions of improvement capability in the MFT A&C workforce?
4. Is there any relationship between psychological safety and improvement capability in the MFT A&C cohort?

Methods & Analysis

A **scoping review** (2015–2025) was conducted following PRISMA-ScR guidelines to identify UK research on psychological safety and improvement capability in NHS A&C staff.

An **organisational audit** using Edmondson's 7-Item Psychological Safety Scale and an independently designed 10-item Quality Improvement Capability (QIC) tool was distributed to MFT's A&C staff (n=201).

Quantitative analysis (Kruskal-Wallis and Spearman's Rank) explored relationships between the two constructs, supported by qualitative thematic analysis of open-ended responses.
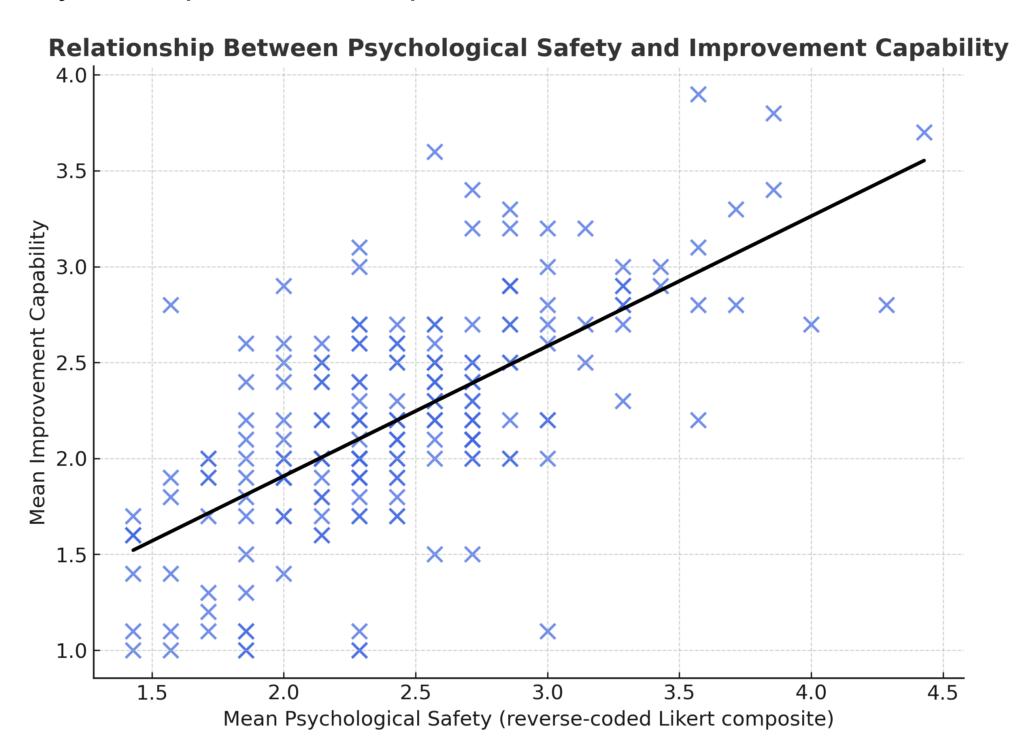

Relationship Between Psychological Safety and Improvement Capability

Figure 1. *Higher psychological safety is positively associated with greater improvement capability among the sample of MFT administrative and clerical teams (ρ = 0.65, p < 0.001).*

PhD Plans and Next Steps:

Building on this pre-doctoral work, the proposed PhD will:

• Conduct a mixed-methods study exploring how psychological safety influences improvement engagement and behaviour.

• Include PPI in the PhD approach- exploring patient impact

• Develop and validate a Psychological Safety Improvement Framework for non-clinical teams.

• Evaluate interventions (e.g., leadership behaviours, recognition structures, team learning mechanisms) that strengthen psychological safety as a foundation for improvement capability.

• Partner with national networks to extend findings across the NHS, embedding inclusive improvement in workforce and culture strategies.

Key Findings

• No empirical UK studies met the inclusion criteria, confirming an evidence gap.

• Moderate but inconsistent psychological safety: staff felt valued but were hesitant to speak up due to fear of blame.

• Improvement capability moderate: staff understood improvement concepts but lacked recognition and support to innovate.

• Higher psychological safety is positively associated with greater improvement capability among the sample of MFT A&C teams. Strong, significant positive correlation (ρ = 0.65, p < 0.001).

• Qualitative themes: communication, leadership behaviours, workload pressure, and process rigidity shaped safety and improvement climate.

Learning from Pre-Doctoral Fellowship

• 1-2-1 guidance from experienced research Supervisors and ARC-GM peers
• Patient Involvement & Engagement Workshop
• Research Design and Scoping Review skills (PRISMA-ScR)
• Audit design using validated measures
• Qualitative and quantitative data analysis
• Research Ethics

Acknowledgements