

# Fostering Psychological Safety in Iowa Hospitals: Enhancing Patient Care and Equity for Underserved Communities

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DEIL 798: Capstone for DEI Practice

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## **Introduction**

The internal dynamics of healthcare teams significantly influence the quality of patient care, especially in high-stakes settings like hospitals, where team members' ability to communicate openly directly impacts patient safety and outcomes. Psychological safety, a concept introduced by Amy C. Edmondson (1999), is defined as the shared belief among team members that they can express themselves without fear of humiliation or retribution, and it plays a pivotal role in healthcare, particularly for underserved populations who often face systemic barriers to equitable care. This project examines the effects of fostering psychological safety within healthcare teams in Iowa hospitals and its potential to enhance patient care for vulnerable communities, which is increasingly urgent as the state addresses persistent health disparities (Iowa Department of Public Health [IDPH], 2021; Iowa Department of Health and Human Services [IDHHS], 2023).

A historical analysis of Iowa's healthcare landscape reveals systemic challenges that amplify the need for psychological safety. Iowa's rural-urban divide has shaped healthcare access since the mid-20th century, with rural counties often experiencing provider shortages, underfunded infrastructure, and limited preventive care services. As of 2021, 81 of Iowa's 99 counties were designated healthcare provider shortage areas (IDPH, 2021). These shortages have historical roots in declining rural populations, exacerbated by policies that historically favored urban healthcare investments. Additionally, Iowa's demographic composition has evolved, with a growing percentage of immigrant populations and racially minoritized communities, intensifying the demand for culturally competent care.

Healthcare policy has also shaped the state's capacity to address disparities. Federal initiatives like the Rural Health Care Act (1997) spurred investments in rural telemedicine, but

implementation in Iowa has lagged due to broadband access disparities. Furthermore, Iowa's Medicaid expansion under the Affordable Care Act (2014) significantly improved coverage rates, yet gaps persist in addressing social determinants of health. These historical and policy-driven barriers underscore the relevance of psychological safety, particularly as healthcare teams navigate the complexities of serving diverse populations.

The demographic shifts within Iowa, with growing immigrant and historically underserved populations, add further complexity to healthcare delivery, necessitating culturally competent and inclusive practices. The 2023-2027 State Health Improvement Plan (SHIP) highlights a commitment to health equity, emphasizing the need for healthcare environments that support diversity, equity, and inclusion and that prioritize workforce training in cultural competency (IDHHS, 2023). Integrating psychological safety in healthcare settings aligns with these DEI goals by promoting an atmosphere where healthcare professionals feel safe discussing and addressing issues of cultural sensitivity and bias, ultimately improving patient-centered care (O'Donovan & McAuliffe, 2020; Nembhard & Edmondson, 2006).

Through the lens of psychological safety, this project situates itself within the framework of Social Change Theory, which emphasizes leadership's role in fostering inclusive environments. This theoretical approach underscores the importance of enabling open dialogue in healthcare teams to address social determinants of health and enhance care quality for marginalized groups. By investigating the relationship between psychological safety and improved care outcomes, this research aims to provide Iowa hospitals with actionable insights to cultivate inclusive, high-performing healthcare teams capable of reducing healthcare disparities and advancing equitable care.

## Historical Context

Iowa's healthcare landscape is deeply influenced by a confluence of historical, demographic, and policy-driven factors, which underscore the importance of fostering psychological safety within healthcare teams. Historically, the state has faced significant challenges in maintaining equitable access to healthcare, largely due to its rural-urban divide. The mid-20th century saw substantial population declines in rural areas, driven by economic shifts such as the mechanization of agriculture and the consolidation of family farms (Hart, 1998). This rural exodus weakened the financial viability of local healthcare systems, leading to closures of hospitals and clinics in underserved areas (Rosenblatt & Hart, 2000). These closures have left rural residents with fewer options for care and heightened the burden on remaining facilities, creating an urgent need for innovative solutions to improve team dynamics and patient outcomes.

Iowa's rural healthcare challenges are compounded by infrastructure gaps. The state's reliance on critical access hospitals—small facilities designed to provide limited inpatient and emergency services—illustrates both the ingenuity and limitations of its response to rural healthcare needs (Flex Monitoring Team, 2022). While these hospitals serve as lifelines for rural communities, their constrained resources often hinder their ability to implement comprehensive quality improvement initiatives, including those that foster psychological safety. Furthermore, the persistent lack of broadband access in rural Iowa has hindered telemedicine expansion, despite federal investments through initiatives like the Rural Health Care Act of 1997 (Federal Communications Commission [FCC], 2021).

Demographic shifts further complicate Iowa's healthcare landscape. The state has experienced an increase in immigrant and historically underserved populations, with Latinos

becoming the largest and fastest-growing minoritized group, rising from 2.8% of the population in 2000 to 6.3% by 2020 (Pew Research Center, 2021). Additionally, Iowa's Black population has grown, contributing to a more diverse healthcare consumer base with varied needs. However, disparities in healthcare access and outcomes persist, disproportionately affecting racially and ethnically minoritized populations. These communities often encounter systemic barriers such as language access, implicit bias, and underrepresentation in the healthcare workforce (Zelaya et al., 2021).

Policy interventions like Iowa's Medicaid expansion under the Affordable Care Act (2014) have had a transformative impact, increasing healthcare coverage for low-income residents by over 150,000 individuals (Henry J. Kaiser Family Foundation [HJKFF], 2022). While this expansion improved financial access to care, addressing non-financial barriers, such as cultural competence and provider availability, remains a challenge. State-specific efforts like the 2023-2027 SHIP have recognized these gaps, emphasizing the need for training healthcare providers in cultural competency and fostering inclusive care environments (IDHHS, 2023). The intersection of these demographic and policy trends demonstrates how integrating psychological safety within Iowa's healthcare teams could significantly improve the ability of providers to serve diverse populations effectively.

Lastly, the interplay between healthcare team dynamics and historical inequities reinforces the urgency of cultivating psychological safety. Legacy policies that disadvantaged rural and minoritized communities created a fragmented healthcare system that often prioritizes reactive over preventative care (Jones, 2018). By fostering open communication and mutual respect within healthcare teams, psychological safety offers a pathway to address these historical

injustices, enabling teams to innovate and prioritize patient-centered strategies tailored to Iowa's unique healthcare challenges.

## **Policy and Legal Landscape**

The policy and legal framework surrounding psychological safety in Iowa is shaped by both federal and state mandates. The Centers for Medicare & Medicaid Services (CMS) require hospitals to adopt systems that minimize errors and improve quality of care, aligning with psychological safety principles (CMS, 2020). These standards emphasize reporting transparency and accountability, both of which thrive in psychologically safe environments. Iowa's own healthcare regulations reinforce this focus through the enforcement of quality improvement measures tied to state Medicaid funding, encouraging hospitals to foster inclusive, team-oriented cultures.

The Directed Payment Program (DPP), implemented under Section 1115 Medicaid waivers, provides a crucial mechanism for encouraging Iowa hospitals to foster inclusive workplace cultures (HJKFF, 2023). By tying supplemental Medicaid payments to performance metrics such as quality improvement, patient satisfaction, and health equity outcomes, the program aligns financial incentives with institutional efforts to create psychologically safe environments (CMS, 2020). This is particularly relevant for rural hospitals in Iowa, where limited resources often hinder comprehensive implementation of inclusion initiatives. DPP-funded programs frequently prioritize measurable improvements in culturally competent care, workforce diversity, and equitable access to healthcare services, which are all underpinned by psychological safety principles.

Moreover, the financial framework of DPP encourages hospital leadership to invest in initiatives that address implicit bias and promote collaboration among diverse teams, ensuring

compliance with Title VII of the Civil Rights Act and supporting broader state health improvement goals (Pfeifer & Vessey, 2019). By embedding these priorities within regulatory and funding structures, the DPP empowers Iowa hospitals to integrate inclusive practices into their organizational culture, ultimately improving outcomes for both patients and healthcare providers.

Additionally, Iowa's SHIP sets ambitious goals for addressing social determinants of health and promoting equitable care access. This includes workforce training in cultural competency and initiatives to increase diversity among healthcare professionals. Psychological safety is instrumental in achieving these objectives, as it enables teams to address implicit biases and develop patient-centered care strategies (Pfeifer & Vessey, 2019). Moreover, legal protections under Title VII of the Civil Rights Act require employers to address workplace discrimination, further supporting the importance of creating safe and inclusive environments for all team members.

Despite these policy advances, challenges remain in implementation. For example, Iowa's reliance on small, resource-limited rural hospitals often restricts their ability to adopt comprehensive psychological safety initiatives. However, integrating psychological safety into existing regulatory frameworks, such as CMS-mandated quality assurance programs, offers a viable pathway for scaling these practices statewide.

## **Theoretical Framework**

This project applies Social Change Theory as the conceptual framework, centering on how leadership can support an environment of psychological safety in healthcare settings to address disparities in patient care. Social Change Theory emphasizes transformative leadership that actively encourages inclusive participation, fostering a culture where diverse perspectives

are acknowledged and truly heard, and open communication is prioritized (Nembhard & Edmondson, 2006). This approach aligns well within the Iowa healthcare context where addressing social determinants of health and health disparities is essential for providing equitable care, particularly in underserved rural communities and for minoritized populations across the state (IDPH, 2021).

Edmondson's (1999) foundational work on psychological safety offers a critical lens through which Social Change Theory is applied in this context. Psychological safety allows healthcare team members to express themselves openly without fear of retribution, which is essential for quality patient outcomes. Edmondson's research further highlights the fact that in hierarchical settings like healthcare, where team members might hesitate to report errors or provide feedback due to potential negative consequences, a culture of psychological safety enables continuous learning and improvement (Derickson et. al., 2015; Grailey et. al., 2021). Applying Social Change Theory to psychological safety highlights the need for leadership that promotes an inclusive culture by actively encouraging open dialogue, acknowledging diverse perspectives, and addressing biases.

In Iowa hospitals, this framework is particularly important when considering ongoing healthcare challenges. The 2021 State Health Assessment (SHA) and the 2023 SHIP both highlight the need for cultural competency and equitable healthcare access in response to Iowa's demographic shifts and rising disparities among racial and ethnic populations (IDPH, 2021; IDHHS, 2023). By fostering psychological safety through inclusive leadership, healthcare teams can better address these disparities and work toward culturally competent care (Luther & Flattes, 2022).

## Literature Review

Numerous studies emphasize the importance of psychological safety in improving team collaboration and patient outcomes in healthcare. Edmondson's (1999) foundational work on psychological safety highlights its role in encouraging open communication within teams, an essential factor in preventing errors and promoting continuous learning. Derickson et. al. (2015) further demonstrated that psychological safety improved error reporting among teams, specifically in Veterans Health Administration hospitals. These findings suggest that psychological safety may support a culture of transparency and accountability, which is particularly valuable in healthcare.

Similarly, Grailey et. al. (2021) found that psychological safety in healthcare settings promotes an environment where team members are more likely to report errors, discuss potential problems, and engage in critical feedback. This openness is particularly relevant in Iowa, where healthcare providers face unique challenges, including workforce shortages and limited resources, particularly in rural areas (IDHHS, 2023). In these settings, psychological safety may contribute to sustaining a culture of resilience and collaboration, mitigating the impacts of resource limitations on patient care.

O'Donovan and McAuliffe (2020) explored psychological safety as a target for intervention in healthcare teams, noting that structured interventions designed to promote psychological safety lead to improvements in team communication and collaboration. Their study highlights the potential for psychological safety interventions to transform team dynamics, making them more adaptable and capable of managing complex patient cases. This finding is particularly relevant for Iowa hospitals, where healthcare teams must be equipped to address the needs of underserved communities and adapt to varying patient demographics (IDPH, 2021).

For healthcare providers aiming to address health disparities, psychological safety is essential. According to Williams et. al. (2019), psychological safety allows team members to acknowledge and discuss biases, making it a valuable mechanism for promoting equity in care. This is critical in Iowa where health equity has been recognized as a priority. Pfeifer and Vessey (2019) emphasize that psychological safety in healthcare teams enables providers to openly confront biases and discuss culturally sensitive care practices, thereby reducing disparities in patient outcomes. Such discussions are crucial for enhancing culturally competent care, especially in diverse teams where various cultural perspectives must be integrated into patient care protocols.

Luther and Flattes (2022) argue that psychological safety is a prerequisite for reducing implicit biases, which can further hinder equitable care. Their research suggests that when team members feel safe to discuss and challenge biases, they are better equipped to recognize and address disparities in treatment. This aligns with the Iowa Department of Public Health's 2021 State Health Assessment which calls for more culturally competent care models that are sensitive to the social determinants of health affecting marginalized populations.

Healthcare teams often operate in high-stress environments, and workforce shortages amplify these pressures. Murray et. al. (2022) discuss the role of psychological safety in supporting team resilience, suggesting that it can reduce burnout by fostering a supportive environment where team members feel valued and respected. This is especially relevant in Iowa as many hospitals face significant staffing challenges. Psychological safety may be a critical factor in retaining staff in these settings by promoting a workplace culture that prioritizes mutual support, collaboration, and well-being.

Additionally, Rousin et. al. (2018) highlight the importance of psychological safety in promoting self-efficacy within healthcare teams, especially when resources are limited. In Iowa's rural hospitals where healthcare teams may be smaller and must rely heavily on each other's expertise, psychological safety may enhance team cohesion and collaboration, contributing to better patient outcomes even in the face of resource limitations.

The Iowa Department of Public Health and Human Services' (2023) SHIP highlights the need for policies that address health disparities and promote equitable care. This policy initiative aligns with the concept of psychological safety by advocating for culturally competent care environments that support open dialogue on health equity issues. Implementing psychological safety as part of organizational policies can help healthcare providers create inclusive spaces where all team members feel comfortable discussing patient care strategies that address the social determinants of health, which disproportionately affect historically underrepresented populations.

Healthcare organizations must also navigate legal standards related to patient safety and quality improvement, which align with the principles of psychological safety. For example, CMS requires hospitals to adopt practices that minimize errors and enhance quality of care. By fostering environments where healthcare professionals feel safe to report mistakes and participate in continuous improvement initiatives, psychological safety directly supports these regulatory standards (Derickson et. al., 2015).

Organizational commitment to DEI further reinforces psychological safety by establishing policies that encourage respect and inclusivity. Nembhard and Edmondson (2006) highlight that leader inclusiveness fosters psychological safety by encouraging team members to share their perspectives, thus promoting a culture of respect and open communication. In Iowa

hospitals, embedding inclusion principles in psychological safety practices may enhance team cohesion and contribute to achieving the state's health equity goals (IDPH, 2021).

Psychological safety and Social Change Theory provide a robust framework for advancing DEI initiatives and promoting health equity in Iowa's hospitals. By creating environments where teams feel secure in expressing concerns and exploring biases, healthcare leaders can foster collaboration and cultural competency, ultimately leading to better patient outcomes across the state. As healthcare systems nationwide seek to address disparities, Iowa's commitment to psychological safety and inclusive leadership offers a promising model for building resilient, culturally responsive healthcare teams prepared to meet the challenges of an increasingly diverse patient population.

### **Application of Framework**

Social Change Theory, often applied in social and behavioral sciences, addresses how collective change processes unfold within groups and organizations. Key to this theory is the role of transformative leadership that actively engages in facilitating an inclusive and equitable environment. Within the framework of Iowa healthcare, Social Change Theory supports the creation of psychologically safe spaces as a mechanism to enhance collaboration, encourage transparency, and ultimately improve patient care outcomes by addressing social determinants of health and fostering inclusive dialogue within teams.

A core aspect of Social Change Theory as applied here is leader inclusiveness, particularly how leaders can model openness and invite contributions from all team members, which aligns with the foundational work by Edmondson on psychological safety. In this environment, leaders in Iowa hospitals are positioned to champion psychological safety by demonstrating behaviors that encourage open communication and addressing power dynamics

that often inhibit marginalized experiences in healthcare settings. Social Change Theory emphasizes that when leaders acknowledge and validate diverse perspectives, they are enacting a transformative role that can catalyze broader organizational changes, including improved health equity (Nembhard & Edmondson, 2006; Grailey et. al., 2021).

Social Change Theory also addresses the social and structural elements within organizations that either support or impede change. In Iowa hospitals, structural hierarchies and long-standing practices might limit open discussion and reporting, making Social Change Theory's focus on dismantling these barriers highly relevant. As a healthcare team becomes empowered to discuss and address biases openly, this dialogue becomes a critical pathway for addressing health disparities, as it brings attention to systemic inequities that affect patient outcomes. This approach aligns with Iowa's 2021 SHA and the most recent SHIP, both of which emphasize health equity as a critical goal and advocate for inclusive health practices to address social determinants of health affecting Iowa's underserved populations (IDPH, 2021; IDHHS, 2023).

The theory also lends itself to building resilience in healthcare teams through psychological safety, especially in environments constrained by workforce shortages or high stress, as is common in many Iowa hospitals. By embedding a commitment to psychological safety, leaders can support the mental and emotional well-being of team members while reducing burnout and enhancing retention rates, all of which are pressing issues in Iowa's rural hospitals. This model, guided by Social Change Theory, envisions psychological safety as not only a tool for enhancing patient care but also a sustainable approach to strengthening healthcare teams over time (Murray et. al., 2022; Luther & Flattes, 2022).

Applying Social Change Theory to Iowa healthcare centers on transformative leadership, open and inclusive communication, and addressing systemic barriers within the healthcare system to create a safe environment for all team members. This approach is crucial for advancing equity-focused health policies and practices, reinforcing the idea that psychological safety within healthcare teams can drive meaningful change across multiple levels of the organization, thus enhancing care quality and health outcomes across the state.

## **Recommendations**

In response to the need for improved team collaboration and health equity outcomes, below are strategic recommendations for Iowa hospitals to integrate psychological safety training and inclusive workplace initiatives effectively. These actions are grounded in evidence-based practices and Social Change Theory, aiming to foster environments where staff feel safe to raise concerns, share diverse perspectives, and work toward a common goal of equitable patient care.

### **1. Implement Structured Psychological Safety Training Programs**

The first step in fostering psychological safety in healthcare teams is the implementation of structured training programs designed to create a supportive environment for open communication. Effective training will increase the understanding of psychological safety and reduce hierarchical barriers that often stifle innovation and collaboration.

- **Educate on psychological safety:** Psychological safety should be a foundational concept introduced across all levels of the organization. Healthcare professionals need to understand that psychological safety is not about reducing accountability, but rather creating a climate where individuals feel confident to express concerns about patient safety issues, potential errors, or system flaws without fear of retribution (Edmondson, 1999). This can be achieved through workshops that explore the research on

psychological safety and its impact on patient outcomes. As Edmondson (1999) and Nembhard & Edmondson (2006) argue, psychological safety is crucial for promoting error reporting, reducing burnout, and improving patient care outcomes.

- **Train leaders in inclusive practices:** Leaders within healthcare settings, especially those in senior management, must undergo specific training that addresses their pivotal role in shaping the internal organizational culture. Effective leadership training should emphasize inclusive practices such as listening actively, providing constructive feedback, and empowering team members (Grailey et. al., 2021). When leaders model inclusive behaviors, they send a message that diversity of thought and open communication are essential for team success.
- **Implement communication skill-building:** Training programs should focus on enhancing communication skills, especially regarding conflict resolution and giving feedback. These skills are critical to maintaining psychological safety, as healthcare workers must engage in delicate conversations about mistakes, errors, and systemic issues without fear of judgement or backlash (O'Donovan & McAuliffe, 2020). Learning to navigate these conversations with respect and empathy will help break down communication silos and encourage transparency.

## **2. Establish Continuous Psychological Safety and Inclusion Assessment Frameworks**

In order to create a sustainable culture of psychological safety and inclusion, hospitals must implement ongoing assessment frameworks to monitor the effectiveness of these initiatives. Regular feedback loops will ensure that leadership can adapt and improve their strategies to align with both team dynamics and patient care objectives.

- **Regular assessments:** Implement regular surveys and focus group sessions that assess how safe employees feel in their ability to raise concerns, offer feedback, and discuss issues openly. This can include asking employees about their comfort level in raising concerns about patient safety or errors. Research by Edmondson (1999) and Williams et. al. (2019) has shown that regular assessments lead to tangible improvements in team collaboration and psychological safety. The use of qualitative and quantitative data will allow hospitals to track changes in employee perceptions over time and intervene early if issues arise.
- **Assess inclusivity and belonging:** As part of the overall evaluation of organizational culture, hospitals should also evaluate the effectiveness of inclusive initiatives. This involves assessing how well employees are integrated into teams and whether staff feel that their perspectives and experiences are understood and considered. Pfeifer & Vessey (2019) highlight the importance of DEI assessments, emphasizing that organizations that successfully integrate these strategies experience better communication, higher employee satisfaction, and improved patient outcomes.
- **Confidential reporting mechanisms:** Confidential reporting systems, such as anonymous surveys or suggestion boxes, can provide an outlet for healthcare workers to raise concerns about psychological safety, errors, or discriminatory practices. These systems should be anonymous to protect individuals from potential retaliation. Regularly reviewing the data from these systems will give leadership critical insights into potential gaps in their psychological safety initiatives (Edmondson, 1999).

### **3. Foster Leadership Development to Champion Psychological Safety**

A major contributor to creating a culture of psychological safety is effective leadership. Leaders must be equipped with the tools to challenge existing norms, promote inclusivity, and model behaviors that contribute to both psychological safety and health equity.

- **Inclusive leadership training:** Effective leaders in healthcare must possess the skills to foster inclusivity and empower all team members to contribute their unique perspectives. This includes training on how to actively engage with diverse viewpoints, how to provide fair and transparent feedback, and how to navigate challenges such as implicit bias (Nembhard & Edmondson, 2006). Leaders should also understand the role they play in encouraging others to express themselves, thus ensuring that employees feel confident in sharing their thoughts without fear of retaliation.
- **Cultural competence training:** In light of increasing cultural diversity in healthcare settings, cultural competence is critical. Leaders should be trained to recognize and address cultural differences in both their teams and the patient populations they serve. This includes understanding the impact of social determinants of health, as well as ensuring that diverse cultural needs are respected in both clinical and organizational decision-making (Luther & Flattes, 2022). Cultural competence helps leaders mitigate healthcare disparities and create a more inclusive environment for both patients and staff.
- **Power dynamics management:** Power imbalances within teams often undermine psychological safety, particularly when junior staff feel that raising concerns against senior leadership or peers could jeopardize their career. Leaders must be trained to recognize these dynamics and take steps to flatten hierarchies, ensuring that everyone feels empowered to contribute. Grailey et. al. (2021) suggest that leadership training

should specifically address the ways in which power imbalances can erode team collaboration and patient care.

#### **4. Support Workforce Resilience through Psychological Safety**

Healthcare workers are under immense pressure, and their well-being is directly linked to their ability to provide quality care. Supporting workforce resilience through psychological safety programs will reduce burnout and improve overall job satisfaction.

- **Mental health and well-being initiatives:** To ensure that healthcare workers remain resilient, hospitals should provide programs designed to support mental health and stress management. This includes providing access to counseling, peer support networks, and stress-reduction techniques such as mindfulness and meditation. Research by Murray et. al. (2022) shows that resilient healthcare teams are more likely to maintain psychological safety, as employees are less likely to feel overwhelmed by stress or fear of retaliation when they have adequate support systems in place.
- **Retention strategies:** High turnover rates can undermine the benefits of psychological safety initiatives. By prioritizing workforce well-being, hospitals can reduce burnout and retain experienced staff. This leads to more consistent care and the cultivation of a supportive work environment where trust and psychological safety are ingrained (Rousin et. al., 2018).

#### **5. Engage in Collaborative Partnerships to Strengthen Psychological Safety Practices**

Building a network of external partnerships can help hospitals stay informed of best practices and current research, ensuring continuous improvement in their psychological safety and DEI strategies.

- **Leverage partnerships:** Collaborating with academic institutions, local health agencies, and DEI organizations provides hospitals with access to cutting-edge research and the opportunity to benchmark their efforts against other institutions. Partnerships can also offer specialized training and resources for hospitals aiming to improve their psychological safety and DEI practices (Pfeifer & Vessey, 2019).
- **Align with state and federal health improvement initiatives:** By aligning hospital practices with state and federal health improvement initiatives, such as the State Health Improvement Plan (SHIP), hospitals can ensure that their efforts support broader health equity goals. These partnerships also provide hospitals with an opportunity to contribute to state and national conversations around health equity and healthcare innovation (IDPH, 2021).

The intentional integration of psychological safety measures and inclusive workplace initiatives has the power to transform Iowa hospitals by fostering collaborative healthcare teams, enhancing patient care quality, and addressing systemic health disparities. Structured training programs, continuous assessment frameworks, leadership development, and workforce resilience initiatives are crucial strategies to achieve these goals. These measures align with state and federal health equity priorities, offering a pathway to better care outcomes for vulnerable populations. Importantly, by creating environments where healthcare staff feel valued, respected, and empowered to raise concerns, hospitals can mitigate the risks associated with hierarchical silos, improve error reporting, and drive innovation.

Furthermore, intentional integration of psychological safety measures supports not only patient safety but also critical organizational outcomes, such as improved employee retention and reduced turnover rates. High rates of burnout and staff attrition in healthcare significantly disrupt

team dynamics and compromise care delivery. Psychological safety, by fostering trust, transparency, and inclusion, creates a workplace culture that prioritizes employee well-being, reduces stress, and builds a sense of belonging, ultimately lowering turnover and preserving institutional knowledge.

However, resource constraints and structural limitations in many Iowa hospitals pose challenges to implementing and sustaining these robust programs independently. To overcome these barriers, hospitals should partner with external experts in psychological safety, DEI, and leadership development. Collaborations with academic institutions, healthcare consultants, and similar organizations can provide hospitals with tailored programs, ongoing mentorship, and the tools needed to support leaders in fostering long-term, sustainable cultural change. By investing in these partnerships, hospitals can establish systems that prioritize equity, inclusion, and resilience, further ensuring that staff and patients alike benefit from a culture grounded in psychological safety.

## **Conclusion**

The integration of psychological safety and inclusive strategies within Iowa hospitals represents a critical step toward achieving sustainable improvements in both healthcare outcomes and team dynamics. This work has highlighted the essential role that psychological safety plays in fostering open communication, collaborative problem-solving, and error reporting within healthcare teams. As Edmondson (1999) and Nembhard & Edmondson (2006) have shown, psychological safety is foundational for teams to innovate, learn, and ensure patient safety. Hospitals that prioritize the well-being of their workforce by supporting an inclusive, open, and resilient workplace environment will ultimately provide better care, reduce burnout, and improve employee retention.

The recommendations provided are based on empirical research and best practices in the field. By implementing structured psychological safety training programs, conducting continuous assessments of both psychological safety and inclusion initiatives, and fostering leadership that champions inclusivity, hospitals can create an environment that values transparency and empowers staff. As emphasized by Grailey et. al. (2021) and O'Donovan & McAuliffe (2020), leadership plays a pivotal role in establishing a culture of trust and collaboration. When leaders model inclusive practices and actively listen to their teams, they set the stage for a healthier, more productive work environment.

Furthermore, integrating these strategies into quality improvement frameworks, as discussed by Rousin et. al. (2018) and Pfeifer & Vessey (2019), ensures that hospitals are continuously adapting and improving based on feedback and evidence. The connection between psychological safety and patient outcomes is clear; healthcare settings that encourage open communication and mutual respect are better equipped to manage risks and prevent errors, ultimately improving the quality of care delivered (Murray et. al., 2022).

The implementation of these recommendations not only strengthens individual hospital teams but also contributes to broader social change within the healthcare industry. By aligning with state health equity goals, Iowa hospitals can play a critical role in reducing health disparities and promoting a more inclusive healthcare system. Fostering psychological safety in healthcare settings is a fundamental strategy for advancing both individual and collective well-being.

Creating psychologically safe, inclusive, and resilient healthcare teams is not only an ethical imperative but also a practical necessity. The strategies outlined offer a clear path forward for Iowa hospitals to enhance their organizational culture, improve patient care, and ultimately contribute to the broader goals of health equity and social justice. By prioritizing the

psychological safety of their workforce, healthcare institutions will be better positioned to navigate the complex challenges of modern healthcare while fostering an environment where all employees can thrive and contribute meaningfully to patient-centered care.

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