



MEDICAL PROFESSIONAL SILENCE

Why this research is important

In Australia, **174 people die every day as a result of medical errors that could have been prevented** had the medical professionals involved spoken up.

Why do professionals who have given an assurance to do no harm routinely fail to speak up about breaches of patient safety and care?

Medical professionals also avoid raising **concerns about their working conditions.**

Why is it so hard for them to speak up about impacts to their wellbeing?

Research problem

Employee voice refers to all the ways and means employees attempt to **change the status quo** by voicing on matters that affect them and their organisation. Silence is the withholding of voice; employees can also be silenced by management.

Employee voice and silence studies do much to explain these phenomena but **rarely consider how occupational factors shape them.** Some studies sample different occupational groups – including professionals and medical professionals – but these cohorts are often chosen with other aims in mind.

In health research, that occupational factors such as **entrenched hierarchies** and **powerful professional norms** play a big part in shaping medical professionals' voice and silence is well established.

However, this literature neglects medical professionals' silence in relation to their **working conditions.** Because it draws on voice and silence theories that emphasise organisational improvement, the focus is on voicing for positive patient outcomes.

Yet recent research suggests **the relationship between working conditions voice and patient safety voice is a reciprocal one** and that addressing the former will enhance the latter.

Research aims

The research will:

1. Take an **integrated approach** to voice and silence so both working conditions and patient safety concerns about which medical professionals might wish to voice are considered.
2. Conduct an **occupation-level analysis** to understand how **forces related to occupation** shape medical professional voice and silence.

Research design

The project uses an **exploratory, qualitative** design. 38 in-depth, semi-structured interviews examined the voice and silence experiences of junior doctors – a cohort vulnerable to silence and silencing – and their experiences of becoming and being a medical professional and how these phenomena interact. The experiences of senior doctors and observations of junior doctors by individuals in leadership roles were also captured.

Research impact

The **problem and consequences** of medical professional silence are longstanding and unresolved. By adding to understanding of the relationship between occupation and voice and silence this research will offer **valuable insights** into the forces that prevent medical professionals from speaking up about their own and their patients' welfare.