Psychological Safety and Occupational Well-being of Nurses: A Scoping Review

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Abstract:

Background: *Psychological safety and occupational well-being among nurses and healthcare teams have emerged as urgent priorities in the face of escalating work overload, psychological distress, and moral injury in contemporary healthcare environments. This scoping review maps and synthesizes the scientific literature on psychological safety and well-being in the workplace among nursing professionals, with a particular focus on empirical findings, theoretical contributions, and practical applications.*

Materials and Methods: *This scoping review followed the PRISMA-ScR guidelines and was guided by the PCC framework, which comprises the following components: Population (nurses and nursing teams), Concept (psychological safety and well-being at work), and Context (healthcare settings). Four major databases (PsycINFO, PubMed, Scopus, and Web of Science) were searched. After screening and eligibility assessment, 13 empirical studies were included.*

Results: *Thematic analysis of the included studies identified four principal areas of emphasis: the effectiveness of interventions and organizational characteristics on well-being outcomes; perceptions of psychological safety and workplace climate; prevalence and predictors of emotional exhaustion and burnout; and the impact of long-term occupational stressors on psychosocial safety climate. Psychological safety has been consistently identified as a protective factor against burnout and emotional exhaustion; however, its promotion is hindered by structural barriers, leadership practices, and contextual variability. Most studies relied on cross-sectional designs and convenience samples, highlighting methodological limitations and the need for more longitudinal and intervention-based research.*

Conclusion: *Psychological safety is a foundational element for nurses' well-being and effective healthcare delivery. Integrating psychological safety into institutional policies, leadership development, and workplace culture is essential for building supportive environments. Future research should prioritize mixed-methods and intervention studies, develop context-sensitive measurement tools, and address structural and cultural barriers to implementation.*

Key Word: *Psychological Safety; wellbeing; nursing professionals.*

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I. Introduction

Nursing professionals, in particular, are recognized in the literature as being among the most vulnerable to burnout, emotional exhaustion, and ethical distress, especially in hospital environments characterized by resource scarcity, high staff turnover, and persistent performance demands[1,2]. These challenges are compounded by the institutional invisibility that often surrounds the psychosocial needs of these workers, resulting in symbolic devaluation and inadequate organizational support strategies[3,4].

Within this complex landscape, psychological safety has gained prominence as a core construct for understanding and addressing workplace well-being. Originating from organizational behavior research, psychological safety is defined as a shared belief among team members that it is safe to take interpersonal risks.[5]. This concept is closely linked to the perceived freedom to express doubts, report errors, and seek help without fear of retaliation or stigmatization[6]. The promotion of psychological safety entails fostering an inclusive environment, encouraging open communication, and supporting risk-taking and innovation[7]. Emotionally intelligent and empathetic leadership plays a pivotal role in this process[8].The presence of psychological safety in healthcare

settings has been shown to enhance engagement, organizational learning, and team cohesion, and it is regarded as a significant predictor of innovation, job satisfaction, and quality of care(9,10).

Despite growing recognition of its importance, systematic reviews have consistently identified a persistent deficit in empirical studies focused on assessing and intervening in psychological safety and well-being in healthcare contexts(3). This highlights the need for a more in-depth investigation into the institutional and relational factors that contribute to occupational distress among healthcare teams. It is essential to understand the organizational dynamics that suppress distress and inhibit emotional expression, often as a result of professional cultures that prioritize individual resilience over collective and preventive approaches(4).

Heightened concern regarding the mental health and well-being of nursing professionals, particularly in hospital settings, has spurred increased scientific inquiry into the psychosocial factors that shape professional practice. Among the various emerging constructs, psychological safety stands out as a central element for understanding the relational and organizational conditions that influence engagement, teamwork, occupational risk prevention, and quality of care(6,11). However, despite this growing academic interest, the literature remains fragmented, with diverse theoretical and methodological approaches, multiple contextual foci, and a lack of comprehensive syntheses integrating recent findings. For instance, studies addressing well-being and psychological safety often adopt distinct emphases, such as emotional exhaustion, ethical distress, organizational culture, social support, or institutional interventions, which complicates efforts to develop a unified perspective on the field (1,12,13). Moreover, many previous reviews have focused on clinical aspects of mental health or specific disorders, neglecting preventive and contextual approaches that connect well-being to the organizational conditions of work.

Given these gaps, a scoping review is warranted as an appropriate method for mapping, organizing, and synthesizing the available knowledge on psychological safety and occupational well-being among nursing professionals. This approach not only allows for the identification of research gaps and emerging trends but also highlights opportunities for future inquiry (14). The selection of a scoping review methodology is further justified by the need to inform the development of evidence-based institutional policies and practices, particularly at a time when healthcare systems face unprecedented challenges related to chronic overload, staff shortages, and the ongoing impacts of the COVID-19 pandemic. A comprehensive and systematic understanding of the factors that promote or hinder psychological safety and well-being among nursing teams is indispensable for building healthier, safer, and more sustainable work environments (3,4).

Considering this context, the central research question guiding this scoping review is: What are the main empirical findings and contributions of the literature on psychological safety and well-being at work among nursing professionals? The objective of this scoping review is to systematically map and synthesize the scientific literature on psychological safety and well-being at work among nurses and nursing teams, with a particular focus on empirical findings, practical applications, and implications for future research.

II.   Materials and Methods

This study is a scoping review conducted by the recommendations outlined in the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews), which guides the conduct and reporting of scoping reviews to ensure transparency and methodological rigor(15). The objective of this review was to map and synthesize scientific literature on psychological safety and well-being at work among nurses and nursing teams, with a particular focus on empirical findings, theoretical contributions, and practical applications.

To guide the review, the central research question was structured according to the PCC framework (Population, Concept, Context). Specifically, the population of interest comprised nurses and nursing teams; the concept under investigation was psychological safety and well-being at work; and the context was healthcare work environments. Thus, the principal research question was formulated as follows: What are the main empirical findings and contributions of the literature on psychological safety and well-being in the workplace among nursing professionals?

Inclusion and exclusion criteria were established to ensure the relevance and quality of the studies selected for review. Studies were included if they were empirical (quantitative, qualitative, or mixed methods), published in English, Portuguese, or Spanish, focused on nurses or nursing teams, and explicitly addressed the constructs of psychological safety and/or occupational well-being. Studies were excluded if they were theoretical articles, reviews, editorials, or experience reports; did not involve nurses or nursing teams; lacked access to full text; or did not address the core constructs of interest.

A systematic search strategy was employed to identify relevant literature. Searches were conducted in four major databases: PsycINFO, PubMed, Scopus, and Web of Science. The search terms included combinations of keywords and controlled descriptors related to psychological safety, well-being, nursing, and work, connected through Boolean operators (AND, OR). Each search was adapted to the specific syntax and controlled vocabulary of the respective database. In total, 53 records were identified: 5 from PsycINFO, zero from PubMed, 49 from Scopus, and three from Web of Science.

All identified records were exported to a reference management tool for duplication. After removing 26 duplicates, 27 unique records remained for screening based on titles, abstracts, and keywords. All 27 records were considered potentially relevant and were retrieved for full-text review. During the eligibility phase, 14 studies were excluded: 8 for not addressing the construct of psychological safety, 2 for not including nurses as the target population, and four due to lack of access to full text. As a result, 13 studies met all eligibility criteria and were included in the final synthesis. The whole process of identification, screening, eligibility assessment, and inclusion is illustrated in the PRISMA-ScR flow diagram (Figure 1).

Data extraction was performed using a structured spreadsheet that captured the following categories: author(s), year, country, study objective, population and sample, methodological design, instruments used, main findings, theoretical and practical contributions, research gaps, and future directions. Upon completion of data extraction, the material was analyzed through descriptive and thematic synthesis to delineate the main contributions and overarching patterns evident across the studies.

Figure 1: Scoping Review Diagram
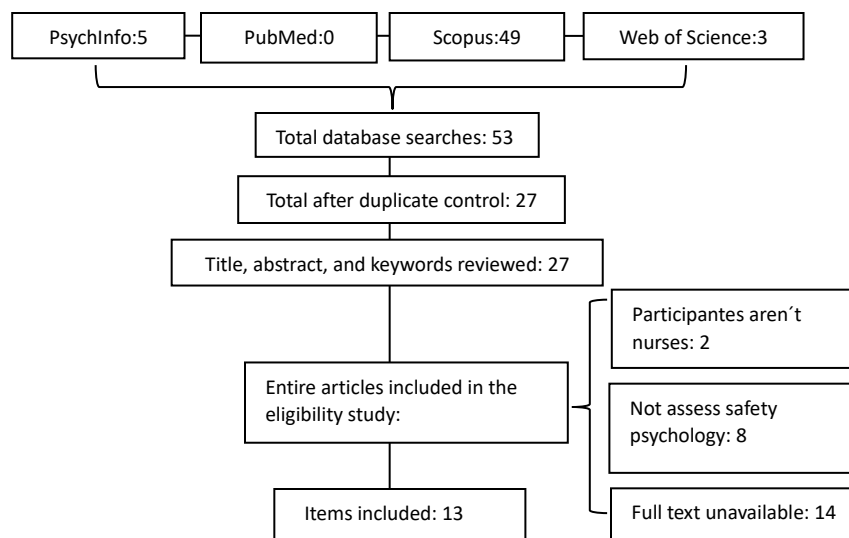
III. Result

A content analysis of objectives across the 13 reviewed studies revealed four overarching thematic categories: (1) Psychological Safety's Impact on Burnout and Well-being, (2) Leadership and Organizational Strategies to Enhance Psychological Safety, (3) Sociocultural and Contextual Influences on Psychological Safety, and (4) Emotional Processing and Resilience in Healthcare. Below, we present a thematic synthesis of these categories, accompanied by supporting evidence.

The interplay between psychological safety and mental health outcomes emerged as a pivotal theme, with multiple studies demonstrating its protective role against occupational strain. Research consistently linked psychological safety to reduced burnout and improved well-being across diverse healthcare roles. Vévoda et al.(16) established significant correlations between psychological safety and burnout mitigation in nursing populations, while de Lisser et al.(12) quantified its association with enhanced work environments and lower clinician burnout rates. Expanding this perspective, Titler et al.(17) identified psychological safety as a critical buffer against psychological distress markers, including burnout and self-harm ideation, through multilevel analyses of individual and environmental predictors.

Collectively, these findings position psychological safety as a foundational element in occupational mental health frameworks, necessitating systemic efforts to cultivate supportive climates that prevent emotional exhaustion and disengagement.(12,16,17)

A robust body of evidence highlights institutional interventions as catalysts for fostering psychological safety. Edwards et al.(18) demonstrated measurable improvements in well-being through relational leadership training programs that incorporated psychological safety modules. Complementary research by Ahmed et al.(19) revealed how inclusive leadership styles foster psychological well-being via enhanced safety and engagement, while McLinton et al.(4) established psychosocial safety climate as a predictor of workplace mental health outcomes. Notably, Sexton and Adair(11) extended these insights by evaluating longitudinal impacts of continuing education interventions on psychological safety metrics.

This thematic cluster underscores leadership development and policy initiatives as strategic levers for creating safer work ecosystems, ultimately supporting both staff well-being and organizational performance.(4,11,18,19)

The third theme illuminates how psychological safety manifests differently across cultural and structural contexts. Ndirangu-Mugo et al.(9) emphasized culturally specific leadership dynamics in Sub-Saharan African nursing environments, contrasting with Vikan et al.(10) analysis of safety perceptions in Norwegian surgical teams. Fu et al.(20) further contextualized this variability by examining the role of corporate social responsibility in shaping the well-being of Chinese healthcare workers, while Boamah et al.(21) highlighted pandemic-era workforce challenges in Canadian long-term care through co-design methodologies.

These studies collectively argue against universal models of psychological safety, instead advocating for context-sensitive approaches that account for regional practices, leadership norms, and systemic pressure. (9,10,20,21)

The final theme explores micro-level strategies for managing occupational stressors. Drewes et al.(13) demonstrated how affect labeling and emotional sharing during team huddles strengthened both individual well-being and collegial bonds. Parallel findings by Foster et al.(3) revealed resilience-building techniques used by mental health nurses in high-pressure scenarios. These investigations complement broader organizational approaches by delineating personal and interpersonal mechanisms that sustain emotional health.

This research axis provides crucial insights into the daily practices healthcare workers employ to navigate emotional demands, completing the holistic picture of psychological safety's role in workplace well-being(3,13).

The reviewed literature emphasizes the role of psychological safety as a determinant of the well-being of healthcare professionals. While structural interventions and leadership initiatives form essential foundations, their effectiveness is modulated by cultural contexts and reinforced through individual resilience strategies. This thematic organization advances understanding of the interdependent approaches required to create sustainable, health-promoting work environments in healthcare.

Building on the previous thematic analysis, which identified the principal topics and conceptual frameworks addressed in the reviewed studies, the following section advances the discussion by examining how these themes manifest in the relationships between key variables. Specifically, this analysis illuminates the central role of psychological safety as it interacts with leadership, organizational interventions, and broader institutional factors to shape employee well-being and workplace outcomes across diverse healthcare contexts. By systematically mapping the configurations of dependent, independent, mediating, and moderating variables, the current synthesis not only consolidates the thematic insights but also provides a more granular understanding of the mechanisms by which psychological safety influences occupational health and performance.

An interpretive analysis of variable relationships across the reviewed studies reveals four main configurations of variables, all centered on psychological safety (PS) as a key construct. Some studies employ mediation models in which psychological safety explains the effect of leadership styles on employee well-being, especially in high-demand or crisis contexts—for example, Ahmed et al.(19) show that inclusive leadership influences well-being through psychological safety, as noted by Edwards et al.(18) highlight the impact of relational leadership on well-being mediated by PS; Drewes et al.(13) demonstrate that emotional sharing and affect labeling contribute to emotional well-being also via psychological safety. These findings underscore that psychological safety functions as a psychological resource, enabling the positive effects of leadership and emotional expression interventions on occupational outcomes.

In another set of studies, psychological safety is modeled as an independent predictor of outcomes, such as burnout, engagement, and turnover intention. For instance, Vévoda et al.(16) and de Lisser et al.(12) have shown

that psychological safety is associated with lower burnout, while McLinton et al.(4) demonstrate how a psychosocial safety climate affects well-being. These results support the notion that psychological safety is a protective workplace condition that reduces psychological strain and promotes satisfaction and retention.

Furthermore, several studies evaluate organizational interventions—whether formal or informal—aimed at enhancing psychological safety or including it as a key indicator of success. Sexton and Adair(11) examine the impact of organizational interventions on psychological safety, engagement, and burnout, while Boamah et al.(21) investigate how co-designed solutions can enhance psychological safety in the face of workplace stressors. These findings indicate that psychological safety is malleable and can be intentionally cultivated through leadership training, team restructuring, or participatory planning.

Lastly, one study(22) positions psychological safety as a mediator within a broader institutional framework, linking employees' perceptions of Corporate Social Responsibility (CSR) to burnout and well-being. In this model, perceptions of CSR influence burnout through psychological safety and happiness, with altruistic motivation acting as a moderator. This framework illustrates how broader organizational policies can shape employee well-being by influencing perceptions of safety, meaning, and belonging.

Across the reviewed studies, the most frequently investigated dependent variables include burnout, well-being, emotional exhaustion, engagement, and turnover intention. The most common independent variables are inclusive leadership, relational leadership, work environment factors, and CSR practices. Moderators were less commonly tested but include resilience, team climate, and altruism. Psychological safety often appears as a mediator, supporting its theoretical role as a mechanism that enables healthy functioning in high-stress contexts.

Methodological Approaches to Psychological Safety and Well-being in Healthcare

Based on methodological data extracted from the included studies, the following section provides a structured synthesis of their research designs, sampling strategies, data collection instruments, analytical procedures, and methodological limitations. This analysis aims to elucidate prevalent methodological trends and highlight areas requiring further investigation.

Most included studies employed quantitative approaches, with a predominance of cross-sectional designs (n = 6), such as those conducted by Vévoda et al. (16), de Lisser et al.(2), and Fu et al.(22), which examined correlations between psychological safety and outcomes such as burnout or organizational climate. Longitudinal designs were less common but present in key studies, notably Ahmed et al.(19), which utilized a three-wave longitudinal survey to analyze the mediating effects of psychological safety over time.

Qualitative approaches represented a substantial portion of the literature, encompassing interpretative and exploratory studies such as those by Foster et al.(3), Vikan et al.(10), and Boamah et al.(21). These studies employed in-depth interviews or narrative methods to explore the lived experiences of healthcare professionals. Only two studies adopted mixed-methods or intervention-based randomized controlled designs: McLinton et al.(4), which combined surveys and interviews within a grounded theory framework, and Sexton & Adair(11), which evaluated the effects of a web-based well-being intervention through a randomized controlled trial. Collectively, these findings indicate methodological concentration on descriptive and correlational designs, with relatively limited experimentation or longitudinal monitoring.

Samples were predominantly composed of healthcare professionals, particularly nurses working in hospital settings (2,16). Sample sizes varied considerably, ranging from small qualitative samples (e.g., 12–34 participants in (3,10) to large-scale surveys involving thousands of respondents (Titler et al.,(17), N = 7316).

Recruitment strategies were generally non-randomized, relying on convenience sampling. Several studies focused on specialized contexts, such as surgical teams (10) or long-term care facilities(21), which may limit the generalizability of their findings. Notably, some studies did not specify inclusion or exclusion criteria in detail, and few systematically addressed demographic diversity (e.g., age, gender, ethnicity), underscoring a gap in intersectional analysis across the reviewed literature.

Data collection instruments varied according to methodological paradigm. Among quantitative studies, validated scales were commonly used. The Psychological Safety Scale (Edmondson, 1999) was frequently employed (2,16,22), often in conjunction with instruments such as the Maslach Burnout Inventory (MBI), the Inclusive Leadership Scale (19) or measures of organizational climate.

In qualitative research, data were typically gathered through semi-structured interviews and focus groups (4,21). Some studies incorporated observational data or reflective storytelling (3) thereby enriching the narrative dimension of psychological safety.

Analytical strategies were aligned with the respective research designs. Quantitative analyses included correlation tests, regression models, structural equation modeling (SEM or PLS-SEM), and mediation analyses

(19,22). Qualitative studies employed thematic or inductive analysis frameworks (13,21), with some utilizing grounded theory to code and interpret emerging themes (4).

Several methodological limitations were recurrent across the studies. Cross-sectional designs predominated, limiting the ability to draw causal inferences (e.g., Vévoda et al., (16); Fu et al., (22)). Additionally, small and convenience-based samples constrained external validity in qualitative studies (3,13)Longitudinal and experimental designs were scarce, with intervention studies, such as Sexton & Adair (11) being exceptions. Few studies incorporated randomization or control groups, and reporting of recruitment procedures was often limited. Moreover, the reliance on self-reported data introduces risks of social desirability and recall bias, particularly when assessing sensitive constructs such as workplace psychological safety or burnout.

The identified methodological tendencies suggest a strong foundation of correlational and exploratory research but reveal a relative scarcity of rigorous longitudinal or intervention-based studies. Future research should prioritize designs capable of assessing causality and long-term effects, including randomized controlled trials and longitudinal cohort studies. Additionally, greater attention to sampling representativeness, intersectionality, and cultural context would enhance the generalizability and relevance of findings across diverse healthcare settings.

Table No. 1: Methodological Approaches

Study	Design	Participants	Instruments	Analysis
The relationship between psychological safety and burnout among nurses (16)	Quantitative Cross-sectional study	Hospital nurses N: 275	1. Psychological Safety Scale (6) 2. Maslach Burnout Inventory (MBI)	Spearman Correlation Mann Whitney
New perspectives on psychosocial safety climate in healthcare (4)	Mixed Methods	Profissionais de saúde de 3 hospitais canadenses N: 27	1. Demographics and job detail question 2. Semi-structured interviews 3. Psychosocial Safety Climate Scale (PSC12)	Grounded Theory
How inclusive leadership paves the way for the psychological well-being of employees during trauma and crisis: A three-wave longitudinal mediation study (19)	Quantitative Longitudinal	Employees in public healthcare organizations N: 405	1. Inclusive Leadership Scale (23) 2. Psychological Distress 3. Psychological Safety Scale (6)	Mediation analysis
Registered Nurses' Well-being, Michigan, 2022(17)	Quantitative Cross-sectional survey	Enfermeiros registrados em Michigan N: 7316	Oldenburg Burnout Inventory Self-harm thoughts (yes/no) Overall wellness scale. Psychological Safety workplace abuse Staffing adequacy Stress coping strategies Demographics	Descriptive analysis Logistic regression Linear regression
Perceived Impact of Affect Labeling and Social Sharing in Healthcare: Insights from a Pilot Study and Opportunities for Future Investigation(13)	Qualitative pilot intervention study	Impreciso 15 participaram de um grupo focal	1. Emotional reflection guides. 2. The Feeling Wheel 3. Evaluation questionnaire	Thematic analysis Inductive approach
Grace under pressure: Mental health nurses' stories of resilience in practice(3)	Qualitative Interpretative Narratives	12 enfermeiros de saúde mental	1. Storytelling approach 2. Workplace Resilience Inventory 3. Caring Behaviours Inventory	Thematic analysis
Impacts of an Interprofessional Relational Leadership Training on Wellbeing(18)	Quantitative pre- and post-intervention longitudinal study	Health professionals and trainees (doctors, nurses, assistants, etc.) N: 145	1. WellBeing Index (WBI) (Dyrbye et al., 2016)	Descriptive statistics Multiple linear regression
Psychological safety is associated with a better work environment and lower levels of clinician burnout (2)	Quantitative Cross-sectional study multicenter	Hospital nurses in the EUA N: 621	1. Psychological Safety Scale (Edmondson, 1999) 2. Practitioner Primary Care Organizational Climate Questionnaire	Structural equation modeling (SEM)

			Emotional Exhaustion (EE) and Depersonalization (DE) subscales of the Maslach Burnout Inventory Human Services Survey (MBI-HSS).	
Wellbeing Outcomes of Health Care Workers after a 5-Hour Continuing Education Intervention: The WELLB Randomized Clinical Trial (11)	A randomized clinical trial (RCT) Web-based intervention	Profissionais de saúde em hospitais dos N: 291	Intervention: WELL-B 5 training modules with interactive activities on well-being Measures: 1. Emotional exhaustion 2. Emotional thriving, emotional recovery, and work-life integration	Testes t Regressão linear
The anatomy of safe surgical teams: An interview-based qualitative study among members of surgical teams at tertiary referral hospitals in Norway (10)	Qualitative explorative	Surgical Teams N: 34	Semi-structured in-depth	Reflective and theoretical analysis
Psychological Safety: Nurses' Experiences and Leadership Roles in Sub-Saharan Africa (9)	Theoretical reflection based on experiences and literature	Not applicable	Not applicable	Not applicable
Navigating Workforce Challenges in Long-Term Care: A Co-Design Approach to Solutions(21)	Qualitative Multiple case studies in long-term care	Managers and workers N: 24 interviews	1. Semi-structured interviews 2. Observation of organizational practices 3. Focus group	Thematic analysis
Sustainable care: How CSR shapes wellbeing in healthcare organizations in Beijing, Shanghai, and Guangzhou(22)	Quantitative Cross-sectional survey	Healthcare professionals from 3 Chinese cities N: 392	1. CSR perception questionnaire 2. Scale of burnout 3. Measures of happiness, psychological safety, and altruism	Partial least squares structural equation modeling (PLSSEM)

The role of psychological safety in the well-being of nursing professionals

Psychological safety consistently emerged as a robust protective factor against burnout and emotional exhaustion across multiple studies. For instance, Vévoda et al.(16)and Titler et al.(17)Identified significant negative associations between psychological safety and burnout dimensions such as emotional exhaustion and depersonalization—similarly, de Lisser et al.(2) demonstrated that psychological safety was positively associated with job satisfaction, engagement, and well-being, while simultaneously reducing turnover intentions. These findings are reinforced by Ahmed et al.(19)whose longitudinal mediation analysis confirmed that psychological safety not only directly enhances well-being but also mediates the effects of inclusive leadership by fostering greater engagement and emotional security.

A recurring theme across studies is the importance of leadership practices in cultivating psychological safety. Edwards et al. (18) and Sexton & Adair (11) reported improvements in well-being following relational leadership and team-based training interventions, suggesting that intentional leadership development can yield sustainable effects on the workplace climate. Qualitative studies further underscored the role of leadership. Vikan et al. (10) highlighted that empathetic leadership, peer support, and communication training contributed to the formation of safe surgical teams, while Ndirangu-Mugo et al.(9) emphasized that open communication and professional recognition by leaders were key to fostering psychological safety in Sub-Saharan African healthcare contexts. Conversely, the absence of these supportive elements led to adverse outcomes. Boamah et al. (21) documented that workers felt unheard and overwhelmed, which eroded their organizational trust —a hallmark of low psychological safety. Foster et al.(3) similarly noted that punitive cultures, mental health stigma, and lack of managerial support undermined nurses' ability to cope with stressors.

Several studies identified mechanisms through which psychological safety exerts its influence. Drewes et al.(13) demonstrated that psychological safety facilitates emotional expression and social sharing, which in turn enhance empathy, mutual support, and a sense of belonging. Fu et al.(22) further revealed that psychological safety

functioned as a mediator between corporate social responsibility (CSR) practices and well-being, by promoting organizational trust and respectful communication. These findings suggest that psychological safety not only acts as a direct buffer against stress but also catalyzes other positive psychosocial processes that underpin well-being.

Despite its benefits, psychological safety remains fragile in the face of structural and contextual barriers. Studies reported that high workloads, rigid hierarchies, and inadequate institutional support hinder the development of safe environments (9,21). These conditions disproportionately affect under-resourced settings and hierarchical teams, limiting the potential for psychological safety to thrive without systemic change. Moreover, some findings indicated that even in interventions designed to promote openness, contextual factors such as supervisory presence could inhibit emotional sharing (13) suggesting the need for broader organizational alignment in support of psychological safety initiatives.

The body of evidence reviewed reveals strong conceptual and empirical convergence on the importance of psychological safety for the well-being of healthcare workers. Psychological safety is consistently linked to reduced burnout, increased engagement, and enhanced perceptions of the organizational climate. It also facilitates critical interpersonal dynamics such as emotional expression, trust, and communication. Nevertheless, significant contrasts emerge in terms of structural conditions and leadership practices, which can either enable or undermine these benefits. Persistent barriers such as resource scarcity, unsupportive leadership, and hierarchical rigidity call for systemic interventions and policy-level engagement. Future research should prioritize longitudinal and intervention-based studies that assess the sustainability of psychological safety outcomes. Additionally, there is a need to explore psychological safety in diverse healthcare settings, particularly those facing structural inequities, to design context-sensitive strategies that promote equity, resilience, and sustainable care.

Table 2: Objetivos e principais achados

Article	Objective	Main Results Regarding Psychological Safety
The relationship between psychological safety and burnout among nurses (16)	To determine the level of psychological safety in the work of nurses and its relationship with burnout.	Higher levels of psychological safety are associated with lower emotional exhaustion and less depersonalization (dimensions of burnout). Promoting a psychologically safe work environment can act as a protective factor against psychological distress among nurses.
New perspectives on psychosocial safety climate in healthcare (4)	To explore how the Psychosocial Safety Climate (PSC) is perceived and operationalized by managers and health professionals in the hospital sector, considering its impact on mental health and well-being at work.	Higher PSC is associated with greater protection of mental health among health workers. Psychological safety is closely linked to PSC, particularly when professionals feel empowered to express concerns without fear of retaliation. Environments with positive Psychological Safety Culture (PSC) foster open communication, emotional support between teams, and organizational practices that promote psychological well-being.
How inclusive leadership paves the way for the psychological well-being of employees during trauma and crisis: A three-wave longitudinal mediation study (19)	To investigate how inclusive leadership affects the psychological well-being of health workers by examining the mediating role of psychological safety and work engagement over time.	Inclusive leadership had a direct positive effect on the psychological well-being of health workers. This effect was partially mediated by psychological safety, suggesting that environments where professionals feel secure in expressing their ideas and concerns promote well-being. Psychological safety also contributed indirectly by facilitating greater work engagement, further strengthening well-being.
Perceived Impact of Affect Labeling and Social Sharing in Healthcare: Insights from a Pilot Study and Opportunities for Future Investigation (13)	To explore how labeling and social sharing of emotions impact emotional well-being and perceived connection among nursing teams, through an intervention implemented in huddles.	Psychological safety was a key finding, acting as a facilitator for sharing feelings. The intervention made this sharing more comfortable over time, promoting empathy, mutual support, and a sense of belonging. However, barriers persisted in less open contexts, such as the presence of supervisors, highlighting challenges to consolidating psychological safety in teams.
Grace under pressure: Mental health nurses' stories of resilience in practice (3)	To explore how mental health nurses build and maintain resilience at work, especially in high-pressure contexts.	Resilience was associated with adaptive strategies, including seeking support, maintaining a sense of purpose, and engaging in reflective practices. Psychological safety facilitated coping with stressors and the development of resilience: environments where nurses could express vulnerabilities without fear of judgment favored well-being. Barriers to psychological safety included a punitive organizational culture, stigma related to mental health, and a lack of managerial support.

Impacts of an Interprofessional Relational Leadership Training on Well-being (18)	To assess the effects of an interprofessional relational leadership development course on the well-being of health professionals. The course included modules on psychological safety, distributed decision-making, and authentic connections.	There was a significant improvement in the well-being index of participants from pre- to post-course, with sustained effects after 6 months. The improvement in well-being may be partly attributed to the promotion of psychological safety through relational leadership, which was a central focus of the program.
Well-Being Outcomes of Health Care Workers after a 5-Hour Continuing Education Intervention: The WELL-B Randomized Clinical Trial (11)	To assess the effects of an organizational intervention aimed at improving the well-being of health professionals, examining its impacts on job satisfaction, engagement, burnout, and psychological safety, as well as exploring the role of moderating variables such as individual resilience and team climate.	Modest improvements were observed in engagement, job satisfaction, and a reduction in burnout following the intervention. Results were more pronounced when the intervention was associated with a positive team climate, accessible leadership, and organizational support.
Registered Nurses' Well-Being, Michigan, 2022 (17)	To examine the well-being of registered nurses in Michigan by identifying individual and work environment factors associated with adverse outcomes, especially emotional burnout, thoughts of self-harm, and general well-being.	Most nurses reported significant exhaustion. Psychological safety in the workplace is a crucial factor for reducing nurses' emotional exhaustion.
The anatomy of safe surgical teams: An interview-based qualitative study among members of surgical teams at tertiary referral hospitals in Norway (10)	To explore the perceptions and experiences of surgical teams regarding patient safety culture, including intangible aspects such as psychological safety.	Psychological safety is highlighted as a relevant component of safety culture in the operating room. It fosters an environment of trust where professionals feel comfortable reporting errors, sharing their doubts, and supporting one another. Education, experience, empathetic leadership, peer support, and communication training are identified as key factors in consolidating this culture.
Psychological safety is associated with a better work environment and lower levels of clinician burnout (2)	To investigate the association between psychological safety and occupational health variables among nurses, specifically work engagement and burnout.	Psychological safety showed significant negative associations with burnout and turnover intention, and positive associations with engagement, satisfaction, and well-being. Psychological safety has been proven to be a significant protective factor for well-being at work.
Psychological Safety: Nurses' Experiences and Leadership Roles in Sub-Saharan Africa (9)	To reflect on the experiences of nurses with psychological safety and to analyze the role of nursing leadership in its promotion, with an emphasis on the specificities of sub-Saharan African countries.	Barriers to psychological safety include excessive workloads, scarcity of resources, rigid hierarchies, and absence of institutional emotional support. Psychological safety is favored by leaders who promote open communication, emotional support, professional recognition, and inclusion. Psychological safety contributes to lower turnover, greater employee well-being, and improved patient safety.
Navigating Workforce Challenges in Long-Term Care: A Co-Design Approach to Solutions (21)	To explore the challenges of the workforce in long-term care during the COVID-19 pandemic, focusing on the experiences of health workers and their needs to maintain well-being and safe delivery of care.	Workers reported feeling overwhelmed and unheard by their leaders, which undermined their organizational trust, a sign of low psychological safety. The absence of open channels to express concerns without fear of retaliation was perceived as an obstacle to emotional support.
Sustainable care: How CSR shapes wellbeing in healthcare organizations in Beijing, Shanghai, and Guangzhou (22)	To investigate how corporate social responsibility (CSR) practices affect the well-being of healthcare workers in hospitals in three major Chinese cities: Beijing, Shanghai, and Guangzhou.	Robust CSR practices foster a more positive work environment, indirectly enhancing workers' well-being through stress reduction and an improved organizational climate. Psychological safety is an essential component of this positive environment, as inclusive and ethical practices strengthen the perception of support and mutual respect among professionals. Organizational trust and open communication are important mediators of this effect.

Theoretical and practical Contributions

A subset of studies made significant theoretical contributions by refining concepts such as Psychosocial Safety Climate (PSC), proposing it as an overarching framework that captures organizational priorities regarding psychological health. These advances expand the understanding of psychological safety from a purely interpersonal dynamic to a structural and policy-based condition embedded within an organization's values and systems(4).The integration of PSC theory with empirical findings on burnout, turnover intention, and team cohesion contributes to the development of a more holistic model of occupational health.

Several studies translated their findings into actionable recommendations for healthcare systems. Practical applications included the design of interventions such as leadership walk rounds, structured feedback channels, and digital well-being programs. Others informed institutional policies by identifying key metrics for evaluating psychological safety and well-being as indicators of organizational health. A few studies went further, proposing that

psychological safety be incorporated into performance management systems and accreditation standards, particularly in high-stakes environments such as surgical or emergency care units.

At the individual level, numerous studies emphasized the critical role of psychological safety in enhancing emotional well-being, self-regulation, and job satisfaction. Interventions designed to cultivate safe interpersonal environments were consistently associated with reduced emotional exhaustion, increased resilience, and greater openness in communication (11,13). Several investigations further highlighted the importance of affect labeling and emotional expression, demonstrating their value in helping nurses process stress and prevent burnout. Collectively, these findings underscore psychological safety as a protective factor against occupational strain, supporting nurses' mental health and fostering a climate of support and mutual respect.

At the organizational level, psychological safety emerged as a strategic enabler of team performance, innovation, and patient safety. Studies found that units characterized by high psychological safety were more likely to engage in constructive error reporting, quality improvement initiatives, and peer collaboration (4,10). Leadership practices that modeled openness and responsiveness were identified as instrumental in cultivating such environments. Several articles also suggested that workforce planning, structured communication protocols, and relational leadership training can help reinforce an organization's commitment to employee well-being and safety culture.

In summary, the reviewed studies converge in identifying psychological safety as a multi-level construct that contributes to individual thriving, organizational effectiveness, and conceptual innovation. Its promotion appears essential not only for preventing harm but also for enabling systemic learning and sustainable healthcare delivery.

Challenges and Future Research

Although the reviewed literature has made significant advances in understanding and applying psychological safety in healthcare environments, several important gaps and challenges remain, pointing to essential directions for future research and practical development in this field. A prominent limitation identified across multiple studies is the scarcity of longitudinal investigations capable of tracking the dynamic evolution of psychological safety and its long-term impacts on well-being and organizational performance(4,19). Most of the current evidence is derived from cross-sectional data, which constrains the ability to infer causality or to examine how psychological safety interacts with factors such as professional development, team turnover, or chronic exposure to stressors.

Another recurring gap concerns the under-theorization of psychological safety within the specific context of nursing. While this construct has been widely studied in organizational psychology, few studies adequately contextualize it within the unique emotional, gendered, and hierarchical realities of nursing work. Consequently, there is a pressing need for more theoretically grounded, profession-specific models to guide the design of interventions and empirical testing (13)

Regarding implementation and measurement, several studies highlight methodological limitations, including the lack of measurement instruments specifically adapted to healthcare or nursing environments. There are also concerns regarding the sensitivity of existing instruments in capturing team dynamics and communication climates, particularly within multicultural and diverse teams. Among the practical challenges, resistance to cultural change stands out, especially in organizations characterized by rigid hierarchies or punitive cultures. Such environments may inadvertently inhibit behaviors such as speaking openly or admitting mistakes, precisely those behaviors that psychological safety is intended to foster. In addition, staffing shortages and chronic overload are frequently cited as barriers to implementing interventions or maintaining safe climates, since time and emotional resources for reflective practice are often constrained (18).

Given these gaps and challenges, it is recommended that future research prioritize intervention-based and mixed-methods studies to assess how psychological safety can be actively cultivated through leadership training, peer support models, or systemic reform (11). It is equally important to explore intersectional variables such as gender, race, and professional seniority, which may shape differential experiences of psychological safety and emotional vulnerability. Furthermore, it is essential to deepen the understanding of psychological safety as a mediating mechanism, particularly concerning its role in connecting leadership practices, workload, and emotional outcomes. Finally, expanding research to diverse geographic and institutional contexts—including rural or low-resource healthcare settings where organizational dynamics and stressors may differ significantly from those observed in urban tertiary hospitals—is strongly recommended (16)

In summary, the identified gaps and challenges underscore both the nascent stage and the considerable promise of research on psychological safety in nursing. While empirical interest is expanding, substantial work remains to refine conceptual models, validate context-sensitive instruments, and develop strategies for sustainable implementation, especially in the complex, emotionally demanding, and resource-constrained environments that characterize contemporary healthcare.

IV. Conclusion

The present scoping review underscores the critical importance of psychological safety and occupational well-being as central concerns in the context of contemporary healthcare work, particularly for nursing professionals. By mapping and synthesizing the available literature, this review highlights that the well-being of nurses is not only a matter of individual health but also a determinant of patient care quality, team performance, and organizational resilience. The evidence suggests that psychological safety acts as a foundational element for fostering engagement, open communication, and learning, while also serving as a protective factor against burnout, emotional exhaustion, and ethical distress.

Despite increasing recognition of these issues, the field remains characterized by fragmentation in theoretical and methodological approaches, as well as persistent gaps in empirical research, especially regarding longitudinal and intervention-based studies. The lack of comprehensive, integrated syntheses has limited the development of a unified understanding of how psychological safety and well-being can be effectively promoted within healthcare organizations. Furthermore, the under-theorization of psychological safety within the unique context of nursing, characterized by hierarchical structures, resource constraints, and high emotional demands, highlights the need for more contextually grounded models and tailored interventions.

The findings of this review reinforce the view that promoting psychological safety and well-being among nurses is both an ethical obligation and a strategic priority for healthcare organizations. The integration of psychological safety into institutional policies, leadership practices, and workplace cultures is essential for creating environments that support sustainable, high-quality care. Future research should prioritize mixed-methods and intervention-based studies, as well as the development and validation of context-sensitive instruments, bridge current gaps, and inform evidence-based strategies.

Ultimately, this scoping review calls for a shift from individual resilience narratives to systemic, collective approaches that address the organizational and relational determinants of well-being. By doing so, healthcare systems can better support the health and integrity of their workforce, ensuring safer, more effective, and compassionate care for all.

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