





# An Umbrella Review of Relational Enablers of Psychological Safety and Identity-Related Gaps in the Evidence: Implications for Healthcare and Organizational Settings

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**Abstract:** We examined published reviews on psychological safety to synthesize key relational enablers and assess whether gaps related to culture, race, or ethnicity have been identified. Psychological safety is critical for authentic and effective teamwork. Although many reviews explore its antecedents, a synthesis of relational enablers is lacking. Identifying significant gaps related to minority identities is also essential for determining whether the evidence base applies across diverse contexts. An umbrella review was conducted using five databases (Ovid MEDLINE ALL, Embase, APA PsycInfo, Web of Science, and ABI/INFORM) and Google Scholar. Following the JBI approach, screening, data extraction, and critical appraisal were performed. Published reviews were included if they addressed antecedents of psychological safety in workplace settings, without language or date restrictions. The final search was completed on July 24, 2025. Review characteristics and findings were summarized descriptively, and qualitative content analysis was used to synthesize relational enablers. Eleven reviews met inclusion criteria, including a meta-analysis, an evidence synthesis, and systematic, scoping, integrative, and structured narrative reviews. Reviews originated from healthcare or organizational psychology and management disciplines. Participants included employees and healthcare workers, teams, and professionals. Overall quality was acceptable, though transparency regarding appraisal and data extraction varied. Four categories of relational enablers emerged: leadership (behaviors, characteristics), team dynamics (cooperation, inclusive climate), interpersonal factors (trust, open communication), and individual capacities and beliefs (emotional intelligence, experience). Most reviews acknowledged cultural limitations, while only a minority addressed race or ethnicity explicitly. This umbrella review provides a synthesized account of relational enablers of psychological safety and highlights identity-related gaps. We provide evidence-based actionable strategies to strengthen psychological safety by targeting leadership behaviors, team dynamics, interpersonal trust and communication, and individual characteristics. Lastly, the findings emphasize the need for future research to consider race, ethnicity, and culture to ensure applicability across diverse contexts.

**Keywords:** psychological safety, relational enablers, culture, race, ethnicity, review of reviews

## Introduction

Psychological safety is recognized as a critical foundation for effective teamwork and innovation across a wide range of organizational settings.<sup>1,2</sup> The concept is widely defined as a shared belief held by members of a team that it is safe to take interpersonal risks – such as speaking up, sharing concerns, admitting mistakes, or proposing new ideas – without fear of negative repercussions.<sup>1–3</sup> Since Kahn<sup>4</sup> and Edmonson's<sup>1</sup> foundational work on psychological safety, research on this topic has grown across disciplines,<sup>5–7</sup> particularly in workplace and clinical settings. This research has linked psychological safety to a range of positive outcomes such as stronger collaboration and communication,<sup>1,8</sup> improved employee engagement and motivation,<sup>9,10</sup> increased creativity and innovation,<sup>2,11,12</sup> and enhanced team learning and



knowledge sharing.<sup>13,14</sup> Fostering psychological safety is thus essential for cultivating thriving teams that are engaged, collaborative, and high performing.

In healthcare and organizational settings, psychological safety is critical.<sup>8,15–17</sup> In healthcare, psychological safety among interprofessional teams can influence the quality and safety of patient care by encouraging open-communication, error reporting, and collaborative problem-solving.<sup>18–20</sup> Similarly, in organizational settings where teams are often composed of individuals from diverse disciplinary, cultural, and institutional backgrounds, psychological safety facilitates collective innovation, co-production, and knowledge exchange.<sup>21–24</sup> As healthcare systems and organizations prioritize collaborative work,<sup>25–27</sup> understanding contextual conditions that make psychological safety possible in these settings becomes increasingly important.

To date, much of the research on psychological safety has focused on its outcomes and antecedents.<sup>8,28,29</sup> Research on antecedents has primarily focused on leader behaviors or organizational climate,<sup>14,29–31</sup> with less research attention being paid to interpersonal and relational dynamics among peers.<sup>32,33</sup> Although some studies have explored the role of relational enablers,<sup>34,35</sup> this work remains fragmented and under-synthesized.<sup>7,34</sup> Further, few studies have critically examined how identity factors such as ethnicity, race, or culture shape psychological safety.<sup>36–38</sup> These gaps present a challenge for both scholars and practitioners seeking to foster psychological safety in diverse environments.

Relational enablers refer to the interpersonal, social, or team-level factors that support psychological safety.<sup>3</sup> The literature has identified factors such as inclusive leadership behaviors, trust (organizational, interpersonal), and respect as essential enablers.<sup>1,2,35,39–43</sup> While various reviews from across disciplines have noted specific relational factors,<sup>3,7,8,28</sup> no overarching synthesis of relational enablers exists. This suggests findings often remain siloed within disciplinary boundaries, limiting the ability of researchers and practitioners to draw from cross-disciplinary insights to inform effective practices. To our knowledge, no comprehensive synthesis on this topic has been conducted. This umbrella review addressed this gap. Our objective was to examine published reviews on psychological safety to identify and synthesize key relational factors that foster it. Given most of the research on psychological safety has been conducted in English-speaking, Western countries,<sup>39,44</sup> we also explored whether existing reviews report limitations or gaps related to culture, race, or ethnicity. Understanding relational enablers and diversity gaps in psychological safety is essential for guiding future research, assessing the applicability of existing evidence to diverse contexts, and generating evidence-based actionable strategies that can foster psychological safety in professional teams – to ultimately support team performance, well-being, and effective team functioning. The specific research questions guiding this umbrella review were:

1. What are the relational enablers of psychological safety identified in existing reviews and meta-analyses? and,
2. Do existing reviews of psychological safety identify gaps in evidence related to culture, race, or ethnicity?

## Methods

The reporting of this umbrella review was guided by the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis.<sup>45,46</sup> We conducted this review following JBI umbrella review methodology,<sup>45–47</sup> which is designed to support the synthesis of diverse review types. We registered a protocol for the review with Open Science Framework (Registration date: August 2025; (<https://osf.io/25y4r>)).

## Inclusion and Exclusion Criteria

We used the PPC (Population, Concept, Context) framework to establish eligibility criteria.<sup>45</sup> Population: included reviews focused on teams, employees, or professionals operating within healthcare, organizational, or management contexts. Reviews that did not focus on professional or workplace populations were excluded. Phenomenon of Interest: This umbrella review specifically targeted relational enablers or antecedents of psychological safety. These included interpersonal, social, or team-level factors such as leader behaviors (eg, inclusiveness, humility, authenticity), trust, mutual respect, team communication, interpersonal support, peer support, conflict management and resolution styles, and relational coordination. Reviews that did not explicitly address relational enablers or antecedents to psychological safety were excluded. Context: Reviews were included if they were situated within professional settings relevant to healthcare, organizational psychology, and management disciplines. These fields were selected based on a preliminary search, which

indicated that most relevant literature on psychological safety originates from these disciplines. We excluded primary research studies, reviews relying primarily on theoretical papers or opinion pieces as their main source of evidence, grey literature, editorials, and commentaries.

## Search Strategy and Information Sources

An experienced medical information specialist developed and tested the search strategies through an iterative process in consultation with the review team. Another senior information specialist peer reviewed the MEDLINE strategy prior to execution using the PRESS Checklist.<sup>48</sup> Using the multifile option and deduplication tool available on the Ovid platform, we searched: Ovid MEDLINE<sup>®</sup> ALL, Embase, and APA PsycInfo. We also searched the core databases of Web of Science (excluding the conference databases), and ABI/INFORM (Proquest platform). The searches used a combination of controlled vocabulary (eg, “Psychological Safety”, “Organizational Culture”, “Workplace/px [Psychology]”) and keywords (eg, “psychological trust”, “corporate climate”, “mutual respect”) and incorporated a review filter with such terms as “systematic review”, “meta-analysis”, “scoping review”, “narrative review”, and “integrative review” to limit the results to studies that used these methodologies. We adjusted vocabulary and syntax as necessary across the databases. There were no language or date restrictions, but where applicable, we removed animal-only, opinion pieces, and conference abstracts. We performed all searches on July 24, 2025, downloaded and deduplicated the records using EndNote version 9.3.3 (Clarivate) and then uploaded them to Covidence.<sup>49</sup> The full strategies appear in [Supplementary Material 1](#).

Using Google Scholar, a basic keyword search (“psychological safety” AND “review”) was conducted to identify reviews that may have been missed. The first 200 results were exported to Word for deduplication and screening, based on methodological guidance that relevant and high-quality studies are found within this range.<sup>50</sup>

## Study Screening and Selection

The title and abstract screening form were first pilot tested. Three reviewers (MG, FC, MK) screened three articles, discussed ratings, and the screening form was revised based on feedback. To ensure reliability across reviewers, a calibration exercise was then completed where all three reviewers screened 10 articles. Percent agreement was used as the measure of interrater reliability as all reviewers had training with the screening process.<sup>51</sup> Interrater agreement was set as a threshold of 80%. For title and abstract screening, the calibration exercise was completed once, with 100% agreement across reviewers. Two dyads of reviewers (MG and FC, MG and MK) independently screened titles and abstracts of reviews for relevance. Reviews were classified as include, exclude, or unclear. Disagreements were resolved through discussion and in consultation with the senior author (RLW). The same process was used for full-text screening. The same two dyads of reviewers (MG and FC, MG and MK) completed the calibration exercise twice and achieved inter-rater agreement of 100%. The dyads then screened selected reviews using a full-text screening form that highlighted inclusion criteria. Two reviewers agreed on articles to be included, excluded, and disagreements were resolved through discussion and in consultation with RLW.

## Quality Assessment

Two reviewers (MG, MK) independently evaluated the methodological quality of each review. Any disagreements that arose between the reviewers were resolved through discussion or with a third reviewer (RLW). The Joanna Briggs Institute (JBI) Critical Appraisal Tool for Systematic Reviews and Research Syntheses was used for this purpose.<sup>52</sup> This tool was designed for systematic reviews and research syntheses, making it ideal for umbrella reviews.<sup>47</sup> The tool consists of 11 questions about various aspects of the review such as the review’s methodology, whether conclusions are supported by the data, or whether conflicts of interest were disclosed.<sup>52</sup> This tool does not use a formal numerical scoring system but responses to each criterion are assessed individually with response options: “Yes”, “No”, “Unclear”, or “Not applicable”.<sup>52</sup>

## Data Extraction and Synthesis

One reviewer (MG) developed the data extraction form based on review objectives and piloted the form with one article. The reviewer (MG) then discussed the form with a second reviewer (FC), and revisions were made based on discussion. One reviewer (MG) read and highlighted data to be extracted from each selected review, a second reviewer (FC) verified

and extracted data, and discrepancies were resolved through discussion. The following data were extracted: authors, year, country of author affiliation, review aim, review type, field/discipline (eg, healthcare, organizational psychology, management), number of studies included in each review, population (eg, employees, healthcare workers), method of analysis, phenomenon of interest, review's synthesized findings, key relational enablers reported, and limitations related to identity-related factors (cultural limitation, ethnicity limitation, broad individual-level factor limitation).

As per JBI guidelines, review characteristics and findings were summarized descriptively and presented in tabular form.<sup>45–47</sup> Given the large number of enablers presented in summative form, we applied a qualitative content analysis approach<sup>53,54</sup> to structure the results, extract meaningful categories, and present the findings in a systematic manner. Our analysis approach involved reading extracted data to identify codes, grouping codes into categories, and integrating categories into one main finding.<sup>53,54</sup> We then positioned the findings within the levels of influence discussed in the literature (eg, individual, group, organizational levels).<sup>34,40,55</sup> Thus, our analysis was data-driven but we also used an interpretive, multilevel framework to contextualize our findings. One researcher (MG) coded the data from the first half of included reviews and developed the codes and emerging coding scheme in consultation with the senior author (RLW). Two researchers (MG, FC) then met to discuss the codes and coding scheme. The second researcher (FC) then coded the remaining data, adding to the coding scheme where needed. The data coded by one researcher was reviewed for congruence of coding by the other researcher and discrepancies were resolved through discussion and consultation with the senior author (RLW). Strategies used to enhance methodological rigor included using careful line-by-line analysis of the extracted data, documenting coding steps so the process can be replicated, and ensuring three researchers were involved in the analysis.

## Results

### Review Selection

The search strategy identified 1,898 records and 1,638 remained after duplicates were removed. Based on title and abstract screening, 28 reviews were selected for full-text screening. Of these, 11 reviews met our inclusion criteria. See [Figure 1](#) for details about the search and selection processes. For information about excluded studies during full-text screening, see [Supplementary Material 2](#).

### Quality Assessment

Of the 11 included reviews, five conducted quality assessments of their included articles.<sup>5,8,34,56,57</sup> These were systematic reviews,<sup>8,34,57</sup> a scoping review,<sup>5</sup> and an evidence synthesis.<sup>56</sup> Quality assessment tools included the Joanna Briggs Institute (JBI) Critical Appraisal tool,<sup>34,57</sup> the Critical Appraisal Skills Programme (CASP) checklists for qualitative and cohort studies,<sup>5,34</sup> the Mixed Methods Appraisal tool,<sup>34</sup> the Consolidated Criteria for Reporting Qualitative Research (COREQ),<sup>8</sup> and the National Health, Lung, and Blood Institute's quality assessment tool.<sup>8</sup> Across reviews, study quality was generally rated as fair to good, with fair quality being reported more frequently.

The results of the critical appraisal for the included reviews are presented in [Table 1](#). The included reviews addressed the majority of the JBI Critical Appraisal Tool criteria but varied in their transparency regarding critical appraisal and data extraction methods. For instance, all reviews met six of the 11 JBI appraisal criteria: described their aim (n = 11, 100%), provided pertinent inclusion and exclusion criteria (n = 11, 100%), used appropriate search strategies (n = 11, 100%), described the sources used to search for studies (n = 11, 100%), provided future research directions (n = 11, 100%), and noted recommendations for policy or practice (n = 11, 100%). Further, the majority of the included reviews (n = 9, 82%) also described the methods used to combine studies.<sup>3,5,8,28,29,34,56,58,59</sup> The most frequently unmet JBI criteria included a lack of reporting on the critical appraisal process (who conducted the appraisal, reporting the appraisal criteria used) and methods used to minimize errors in data extraction. For instance, less than half (n = 5, 45%) of the included reviews reported information on study appraisal criteria<sup>5,8,34,56,57</sup> and only two (18%) disclosed the number of reviewers who performed the critical appraisal.<sup>8,57</sup> In terms of data extraction, five reviews (45%) described the methods used to minimize errors in data extraction.<sup>5,8,34,56,57</sup> These omissions may limit the transparency and reproducibility of the reviews. Finally, none of the reviews provided information on whether the likelihood of publication bias was assessed. However, this criterion was not applicable to seven (64%) of the included reviews based on their review type.<sup>3,5,7,28,29,56,58</sup>

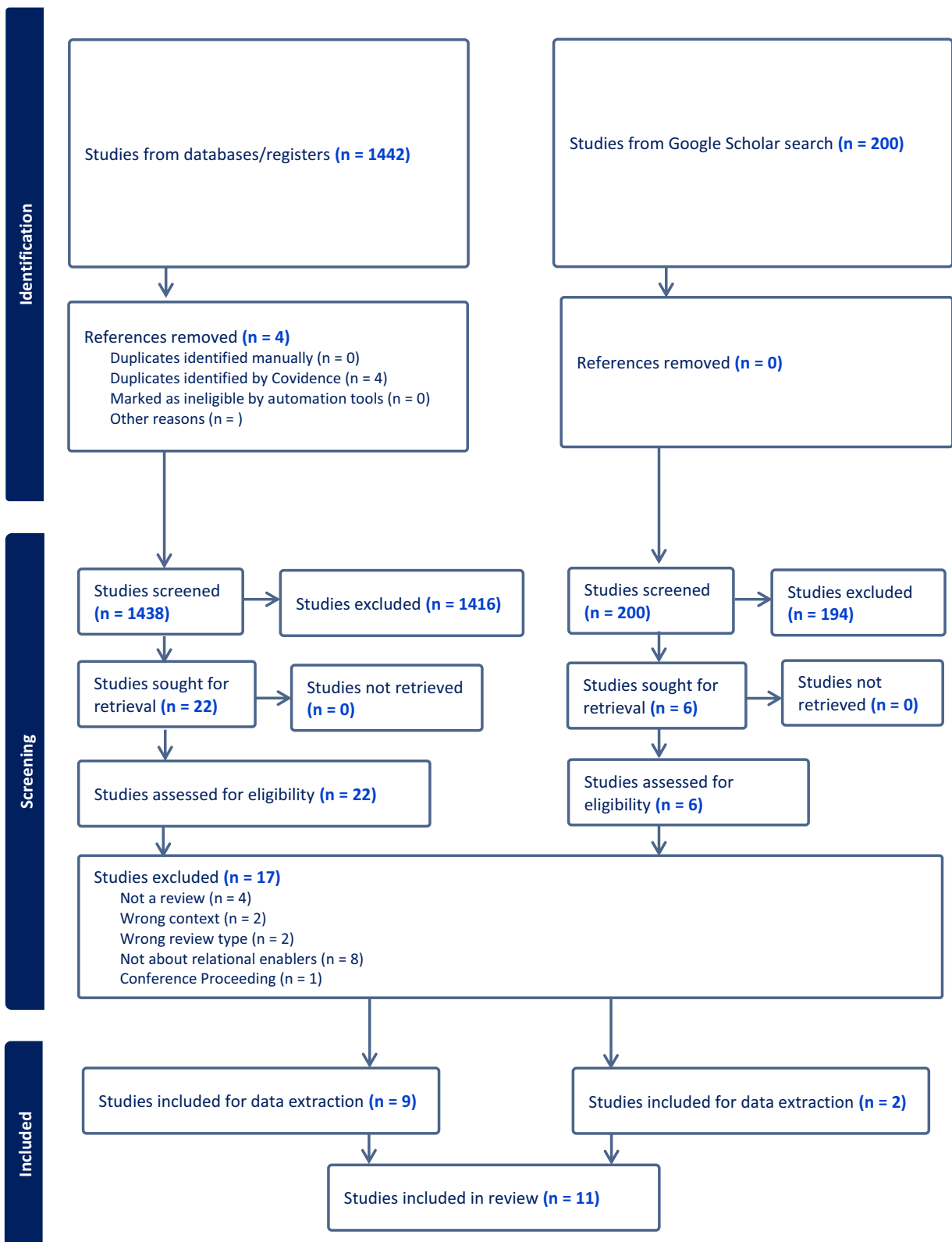


Figure 1 PRISMA Flow Diagram of the Selection Process.

**Table 1** Critical Appraisal Results for Included Reviews

Author	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Score
Aranzamendez et al (2015) <sup>28</sup>	Y	Y	Y	Y	N/A	N/A	N	Y	N/A	Y	Y	
Edmondson & Bransby (2023) <sup>29</sup>	Y	Y	Y	Y	N/A	N/A	U	Y	N/A	Y	Y	
Edmondson & Lei (2014) <sup>3</sup>	Y	Y	Y	Y	N/A	N/A	N	Y	N/A	Y	Y	
Frazier et al (2017) <sup>59</sup>	Y	Y	Y	Y	U	U	U	Y	N	Y	Y	
Grailey et al (2021) <sup>56</sup>	Y	Y	Y	Y	Y	N	N	Y	N/A	Y	Y	
Ip et al (2025) <sup>58</sup>	Y	Y	Y	Y	N/A	N/A	Y	Y	N/A	Y	Y	
LaPlante et al (2025) <sup>8</sup>	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	
Newman et al (2017) <sup>7</sup>	Y	Y	Y	Y	N/A	N/A	N	N/A	N/A	Y	Y	
O'Donovan & McAuliffe (2020) <sup>34</sup>	Y	Y	Y	Y	Y	U	Y	Y	N	Y	Y	
Peddie et al (2025) <sup>5</sup>	Y	Y	Y	Y	Y	U	Y	Y	N/A	Y	Y	
Wawersik et al (2023) <sup>57</sup>	Y	Y	Y	Y	Y	Y	Y	U	N	Y	Y	

**Notes:** Q refers to Questions of JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses: Q1 = Is the review question clearly and explicitly stated?, Q2 = Were the inclusion criteria appropriate for the review question?, Q3 = Was the research strategy appropriate?, Q4 = Were the sources and resources used to search for studies adequate?, Q5 = Were the criteria for appraising studies appropriate?, Q6 = Was critical appraisal conducted by two or more reviewers independently?, Q7 = Were there methods to minimize errors in data extraction?, Q8 = Were the methods used to combine studies appropriate?, Q9 = Was the likelihood of

## Characteristics of the Included Reviews

### Descriptives

Characteristics of the selected reviews are reported in Table 2. Of the 11 selected reviews, three were systematic reviews,<sup>8,34,57</sup> two were scoping reviews,<sup>5,58</sup> two were integrative reviews,<sup>28,29</sup> two were structured narrative reviews<sup>3,7</sup> one was an evidence synthesis,<sup>56</sup> and one was a meta-analytical review.<sup>59</sup> These reviews spanned two disciplines: seven were from healthcare<sup>5,8,28,34,56–58</sup> and four from management and organizational psychology.<sup>3,7,29,59</sup> Populations of the included reviews were employees,<sup>3,7,29,59</sup> and healthcare workers,<sup>28,56</sup> teams<sup>8,34</sup> and professionals.<sup>5,57,58</sup> Finally, author affiliations spanned multiple countries with six from the United States,<sup>3,8,28,29,57,59</sup> two from the United Kingdom,<sup>5,56</sup> and one each from Canada,<sup>58</sup> Australia,<sup>7</sup> and Ireland.<sup>34</sup>

### Findings of Included Reviews

The included reviews pursued a range of objectives, including how psychological safety is promoted, assessed, and defined. Despite the varied aims, all reviews explored antecedents of psychological safety. The findings of each included review are presented in Table 3. Eight of the 11 reviews synthesized their findings and presented themes. Common themes across reviews included the influence of leadership,<sup>8,28,29,58,59</sup> environments conducive to learning,<sup>5,8,29,34</sup> individual characteristics,<sup>5,34,57</sup> familiarity with colleagues,<sup>28,34</sup> team dynamics,<sup>8,34,58</sup> workplace climate and structure-<sup>5,29,58,59</sup> and support.<sup>5,34</sup> Other themes such as productivity,<sup>29</sup> employee engagement,<sup>8</sup> and contextual influences<sup>56</sup> were less common. Results from the meta-analytical review found significant relationships between antecedents and psychological safety, and between psychological safety and subsequent outcomes.<sup>59</sup> Lastly, two structured narrative reviews examined psychological safety, its antecedents, and its outcomes. One conceptualized psychological safety as an interpersonal multi-level construct (individual, team, and organizational) functioning as an antecedent, mediator, outcome, and moderator,<sup>3</sup> while the other highlighted its antecedents and outcomes across these levels and noted its frequent role as a mediating mechanism.<sup>7</sup> The themes reported in each of the included reviews were composed of underlying factors, many of which were reported as enablers of psychological safety (see Table 3).

### Relational Enablers

Through our synthesis of enablers reported in the included reviews, we identified one main finding, “Relational enablers of psychological safety”, supported by four categories. These categories are leadership as a foundation, team dynamics, interpersonal factors, and individual capacities and beliefs (see Table 4).

**Table 2** Characteristics of Included Reviews

Author Year Country	Review Aim	Review Type	Discipline	Number of Studies Included	Population (eg, Employees, Healthcare Workers)	Method of Analysis	Quality Assessment	
							Quality Appraisal Conducted	Quality Appraisal Results
Aranzamendez et al (2015) <sup>8</sup> USA	Identify environmental climates which promote and support psychological safety in healthcare organization.	Integrative Review	Health Care Research	Not Reported	Healthcare workers	Thematic analysis	No	N/A
Edmondson & Bransby (2023) <sup>29</sup> USA	Review contemporary psychological safety research by describing its various content areas, assessing what has been learned in recent years, and suggesting directions for future research.	Integrative Review	Organizational Psychology and Management	185	Employees	Thematic analysis; bibliometric co-word analysis	No	N/A
Edmondson & Lei (2014) <sup>3</sup> USA	Review literature on psychological safety and factors that contribute to it and suggest directions for future research.	Structured Narrative Review	Organizational Psychology and Management	Not Reported	Employees	Narrative synthesis	No	N/A
Frazier et al (2017) <sup>59</sup> USA	Conduct a comprehensive meta-analysis on the antecedents and outcomes of psychological safety.	Meta- analytical Review	Organizational Psychology and Management	117	Employees	Meta-analytical methods; weighted regression analyses; hierarchical regression	No	N/A
Grailey et al (2021) <sup>56</sup> United Kingdom	Explore the current literature regarding psychological safety, identify methods used in its assessment and investigate for evidence of consequences of a psychologically safe environment.	Evidence Synthesis	Health care research	62	Healthcare workers	Thematic analysis; content analysis	Yes	Risk of bias and methodological limitations reported
Ip et al (2025) <sup>58</sup> Canada	Synthesize the existing literature on psychological safety in high-risk workplaces to identify key antecedents, workplace enhancements, and research gaps.	Scoping Review	Health care and Public safety	16	Healthcare and public safety professionals	Thematic analysis	No	N/A
LaPLante et al (2025) <sup>8</sup> USA	Examine essential elements and outcomes of psychological safety in healthcare practice teams to determine best practices for implementing psychological safety.	Systematic Review	Health care research	30	Healthcare teams	Thematic analysis	Yes	Fair - Good
Newman et al (2017) <sup>7</sup> Australia	Review empirical work on psychological safety by examining how it's defined, measured and its antecedents and outcomes, highlight gaps in the literature, and provide direction for future work.	Structured Narrative Review	Organizational Psychology and Management	83	Employees	Narrative synthesis	No	N/A
O'Donovan & McAuliffe (2020) <sup>34</sup> Ireland	Identify enablers of psychological safety within the literature in order to produce a comprehensive list of factors that enable psychological safety specific to healthcare teams.	Systematic Review	Health care research	36	Healthcare teams	Narrative synthesis	Yes	Not Reported
Peddie et al (2025) <sup>5</sup> United Kingdom	Synthesise the qualitative literature on PS, identifying key barriers and enablers to its development in health and social care workplaces	Scoping Review	Health and social care research	48	Health and social care professionals	Inductive thematic synthesis	Yes	Good
Wawersik et al (2023) <sup>57</sup> USA	Investigate individual characteristics that support or prevent speaking up behaviors and explore how organizational interventions correlate to individual characteristics and perceptions of psychological safety.	Systematic Review	Health care research	28	Healthcare professionals	Thematic analysis	Yes	Not Reported

**Table 3** Umbrella Review Findings

Authors Review Type	Phenomenon of Interest	Review Findings	Key Relational Enablers Identified	Limitations About Identity-Related Factors		
				Cultural Limitation Reported	Race/ Ethnicity Limitation Reported	Broad Individual Level Factor Limitation Reported
Aranzamendez et al (2015) <sup>28</sup> Integrative Review	Environmental and leadership factors that promote psychological safety in healthcare settings.	Two themes were identified (1) leadership behavior, and (2) network ties.	<ul style="list-style-type: none"> <li>• Leadership inclusiveness</li> <li>• Leadership openness</li> <li>• Trustworthiness</li> <li>• Supervisory support</li> <li>• Culture of speaking up</li> <li>• Change oriented leaders</li> <li>• Transformational and servant leadership</li> <li>• Ethical leadership</li> <li>• Continuous quality improvement leadership behaviors</li> <li>• Network ties and quality of relationships</li> <li>• Facilitating communication and collaboration across professional boundaries</li> <li>• Shared goals and knowledge</li> <li>• Feeling valued</li> </ul>	No	No	Yes
Edmondson & Bransby <sup>29</sup> (2023) Integrative Review	Psychological safety in contemporary organizations, focusing on learning, performance, leadership, and work experience.	Four themes were identified 1) getting things done, 2) learning behaviors, 3) improving the work experience, and 4) leadership.	<ul style="list-style-type: none"> <li>• Creating conditions favorable to speaking up</li> <li>• Tolerance of errors</li> <li>• Supervisor prosocial motivation</li> <li>• Being transparent and listening</li> <li>• Caring relationship with subordinates</li> <li>• Authentic leadership</li> <li>• Leader attitudes and behaviors: listening, transparency</li> <li>• Leader's feedback sharing</li> </ul>	Yes	Yes	No
Edmondson & Lei (2014) <sup>3</sup> Structured Narrative Review	Psychological safety as an interpersonal construct, including its nature, contributing factors, and implications at different level of analysis.	Psychological safety was identified as an interpersonal construct operating at the individual, group, and organizational levels and serving variously as an antecedent, mediator, outcome, and moderator.	<ul style="list-style-type: none"> <li>• Change oriented, Servant Transformational leadership</li> <li>• Managerial openness, leader inclusiveness,</li> <li>• Information exchange</li> <li>• Trusting relationships</li> <li>• Felt obligation for constructive change</li> <li>• High quality relationships</li> <li>• Supportive team structures</li> <li>• Role-based status in health-care teams</li> <li>• Team autonomy</li> <li>• Goal clarity and need for learning</li> <li>• Trust, problem-solving efficacy, social interaction</li> </ul>	Yes	No	Yes

Frazier et al (2017) <sup>59</sup> Meta-analytical Review	Antecedents and outcomes of psychological safety in workplace settings, including moderating effects of research design and national culture.	Relationships were identified between antecedents and psychological safety, as well as between psychological safety and outcomes.	<ul style="list-style-type: none"> <li>Employee proactive personality, emotional stability, learning orientation</li> <li>Positive leader relations</li> <li>Inclusive and transformational leadership</li> <li>Leader-member exchange</li> <li>Trust in leader</li> <li>Work design characteristics: autonomy, role clarity, interdependence</li> <li>Supportive work context: peer and organizational support</li> </ul>	Yes	No	No
Grailey et al (2021) <sup>56</sup> Evidence Synthesis	Psychological safety among healthcare workers, including its assessment methods, consequences, facilitators, barriers, and influence of situational context.	Two themes were identified (1) facilitators and barriers to psychological safety, and (2) the influence of context.	<ul style="list-style-type: none"> <li>Supportive leadership</li> <li>Shared/common goals</li> <li>Inclusive leadership</li> <li>Interpersonal team training</li> <li>Supportive environment, familiarity with team members</li> <li>Manageable workload</li> <li>Team expectations (eg, role, leadership)</li> <li>Confidence</li> <li>Experience, seniority,</li> <li>Skills (eg, communication skills)</li> <li>High occupational self-efficacy</li> <li>Setting conducive to speaking up</li> </ul>	Yes	No	No
Ip et al (2025) <sup>58</sup> Scoping Review	Antecedents of workplace psychological safety in high-risk occupational settings, specifically public safety and frontline healthcare.	Three themes were identified (1) inclusive and transformational leadership styles, (2) hierarchical structures and power dynamics, and (3) workplace climate and communication culture.	<ul style="list-style-type: none"> <li>Inclusive, ethical, transformational change-oriented leadership</li> <li>Interprofessional teams (eg, shared leadership)</li> <li>Leadership integrity</li> <li>Trust, transparency, and open communication</li> <li>Supportive climate</li> </ul>	Yes	No	No
LaPlante et al (2025) <sup>8</sup> Systematic Review	Essential elements and outcomes of psychological safety in healthcare practice teams.	Five themes were identified (1) safety behaviors, (2) team norms regarding speaking up or withholding voice, (3) team learning through shared knowledge, (4) team leaders perceived as effective, and (5) organizations prioritizing employee.	<ul style="list-style-type: none"> <li>Effective teamwork: interdependence with other team members</li> <li>Effective and positive leadership (eg, authentic, inclusive, respectful)</li> <li>Boundary spanner (eg, connecting groups)</li> <li>Strong interpersonal relationships</li> <li>Vocal personalities</li> <li>Leader inclusiveness</li> <li>Prioritizing employee engagement</li> </ul>	Yes	Yes	No

(Continued)

Table 3 (Continued).

Authors Review Type	Phenomenon of Interest	Review Findings	Key Relational Enablers Identified	Limitations About Identity-Related Factors		
				Cultural Limitation Reported	Race/Ethnicity Limitation Reported	Broad Individual Level Factor Limitation Reported
Newman et al (2017) <sup>7</sup> Structured Narrative Review	Antecedents, outcomes, and moderators of psychological safety across different level of analysis.	Antecedents and outcomes related to psychological safety were identified across individual, team, and organizational levels, with psychological safety frequently examined as a mediating mechanism linking these factors.	<ul style="list-style-type: none"> <li>• Supportive leadership (eg, inclusiveness, openness, integrity, value people)</li> <li>• Trustworthiness</li> <li>• Transformational, ethical, changed oriented, and shared leadership</li> <li>• Improvement oriented</li> <li>• Supportive organizational practices</li> <li>• Diversity practices (eg, diversity among team)</li> <li>• Familiarity among team members</li> <li>• Quality co-worker relationships</li> <li>• Shared systems understanding and team rewards</li> <li>• Continuous quality improvement</li> <li>• Adherence to co-worker norms</li> <li>• Professionally derived status, sequential thinking style</li> </ul>	Yes	No	Yes
O'Donovan & McAuliffe (2020) <sup>34</sup> Systematic Review	Enablers of psychological safety in healthcare teams across different levels of analysis.	Five themes were identified 1) priority for patient safety, 2) improvement or learning orientation, 3) support, 4) familiarity with colleagues, 5) status, hierarchy and inclusiveness and individual differences.	<ul style="list-style-type: none"> <li>• Safe climate conducive to speaking up</li> <li>• Behavioural integrity</li> <li>• Professionals' sense of responsibility</li> <li>• Culture of continuous improvement</li> <li>• Change-orientated leadership, laissez-faire leadership</li> <li>• support from leader and peers</li> <li>• Coaching from leaders</li> <li>• Familiarity between, across and within team members</li> <li>• Higher status (eg, more experience)</li> <li>• Inclusive leadership</li> <li>• Individual characteristics (eg, courage)</li> </ul>	No	No	No

Peddie et al (2025) <sup>5</sup> Scoping Review	Lived experiences of psychological safety among health and social care professionals, including barriers and enablers across diverse settings.	Six themes were identified 1) personal factors, 2) feeling safe within the team, 3) the normalisation of traumatic incidents, 4) unsupportive team and management structures, 5) organisational constraints, and 6) lack of knowledge and training.	<ul style="list-style-type: none"> <li>● Feeling safe and valued within the team</li> <li>● Support from peers and colleagues</li> <li>● Positive peer relationships</li> <li>● Supervisory support</li> <li>● A supportive team culture (eg, stressful times)</li> <li>● Practical support (eg, training, resources)</li> <li>● Clear communication</li> <li>● Professional skills and experience</li> <li>● Social support</li> <li>● Self-care</li> </ul>	Yes	Yes	No
Wawersik et al (2023) <sup>57</sup> Systematic Review	Individual characteristics influencing speaking up and error reporting behaviors in relation to psychological safety in healthcare settings.	Two overarching themes were identified 1) individual characteristics that promote psychological safety and error reporting, and 2) individual characteristics that serve as barriers to error reporting.	<ul style="list-style-type: none"> <li>● Self-confidence and assertiveness</li> <li>● Positive perceptions of self, the organization, and leadership</li> <li>● Professional and personal responsibility</li> <li>● Knowledge, education, and experience</li> <li>● Peer support</li> <li>● Sense of belonging</li> <li>● Sharing information</li> <li>● Interpersonal skills</li> <li>● Emotional intelligence</li> <li>● Perceptions (eg, of safety culture, efficacy of speaking up)</li> </ul>	Yes	No	Yes

### Leadership as a Foundation

Leadership emerged as a foundational enabler of psychological safety. This category referred to leadership styles and behaviors that set the tone for psychologically safe environments and included endorsing a learning orientation, creating and maintaining support systems, and leadership styles that are people-centered. Across the reviewed data, leaders who exhibited inclusive, servant, ethical, transformational, and change-oriented leadership enabled psychological safety. That is, behaviors such as seeking input from all team members, using inclusive language (eg, “us”, “we”), acknowledging team members’ contributions, sharing power, acting honestly and fairly, empowering others, encouraging innovative thinking, valuing collaboration, and facilitating open discussion of errors and solutions were highlighted as promoting a culture of trust, respect, and psychological safety (see Table 4).

Creating and maintaining systems of support was also key to promoting psychological safety. Across reviews, providing access to training, coaching employees, providing support during stressful times, and ensuring access to resources, information, and rewards enhanced feelings of safety. Further, a supportive environment marked by openness, respect, and a focus on employee well-being was consistently noted as facilitating psychological safety (see Table 4). Additionally, fostering a culture of learning and continuous improvement was instrumental in supporting psychological safety. Environments where shared learning, and collective engagement were encouraged and where frequent feedback and ongoing evaluation were the norm

**Table 4** Synthesis of Relational Enablers

Finding	Category	Sub-Category	Included Reviews
Relational Enablers of Psychological Safety	Leadership as a Foundation (This is about leadership styles and behaviours that influence psychologically safety)	<ul style="list-style-type: none"> <li>• Leadership styles and characteristics (eg, inclusive leadership, servant leadership, ethical leadership, laissez-faire leadership, transformational leadership, change-oriented, leader behavioral integrity, leader feedback sharing, listening, managerial openness)</li> <li>• Support (eg, training, adequate resources, information, and reward, coaching, prioritizing wellbeing, supportive climate)</li> <li>• A learning orientation/Continuous Improvement Environment (eg, shared learning, collective engagement in improvement, improvement orientation)</li> </ul>	<p>[3,7,8,28,29,34,56,58,59]</p> <p>[3,5,7,28,34,56–59]</p> <p>[3,7,28,34,59]</p>
	Team Dynamics (This is about how teams interact, contribute, and feel valued in ways that foster psychological safety)	<ul style="list-style-type: none"> <li>• Team functioning (Cooperation, interdependence, peer support, having clear roles, high professional/role status)</li> <li>• Shared goals (collective thinking, similarity in systems understanding, shared knowledge)</li> <li>• Environment conducive to speaking up (eg, tolerance of errors, openness to discuss issues/concerns, encouraged participation)</li> <li>• Inclusive climate (workplace diversity practices, feeling safe/valued, sense of belonging)</li> </ul>	<p>[3,8,28,34,56,59]</p> <p>[7,28,56]</p> <p>[8,28,29,34,56]</p> <p>[5,7,28,57]</p>
	Interpersonal Factors (This is about the emotional safety built through interpersonal trust, familiarity, open communication)	<ul style="list-style-type: none"> <li>• Trust (eg, trustworthiness of leaders, trusting peer relationships)</li> <li>• Familiarity between team members (quality interpersonal relationships, personal interactions, positive relationship with team leader)</li> <li>• Open communication (eg, being transparent, active listening, clear communication, face-to-face interaction)</li> </ul>	<p>[3,7,28,58,59]</p> <p>[3,5,7,8,28,29,34,56]</p> <p>[3,5,28,29,34,57,58]</p>

(Continued)

**Table 4** (Continued).

Finding	Category	Sub-Category	Included Reviews
	Individual Capacities & Beliefs (This is about how an individual's personal attributes such as emotional intelligence influence individuals' ability and willingness to feel psychologically safe)	<ul style="list-style-type: none"> <li>● Personality Characteristics (eg, bravery, courage, sense of responsibility, self-efficacy)</li> <li>● Positive Perceptions of Self, Organization, Leadership (eg, perceiving leaders/colleagues as supportive, perceiving it is safe to speak up, perceiving speaking up as effective)</li> <li>● Skills (eg, emotional intelligence, confidence, interpersonal skills, assertiveness, self-care)</li> <li>● Knowledge and Experience (professional knowledge, interpersonal skills knowledge, previous professional experience)</li> </ul>	[3,5,7,8,34,56,57]

were positively related to psychological safety. An improvement-oriented management approach was also found to contribute to the development of psychological safety within teams (see [Table 4](#)).

### Team Dynamics

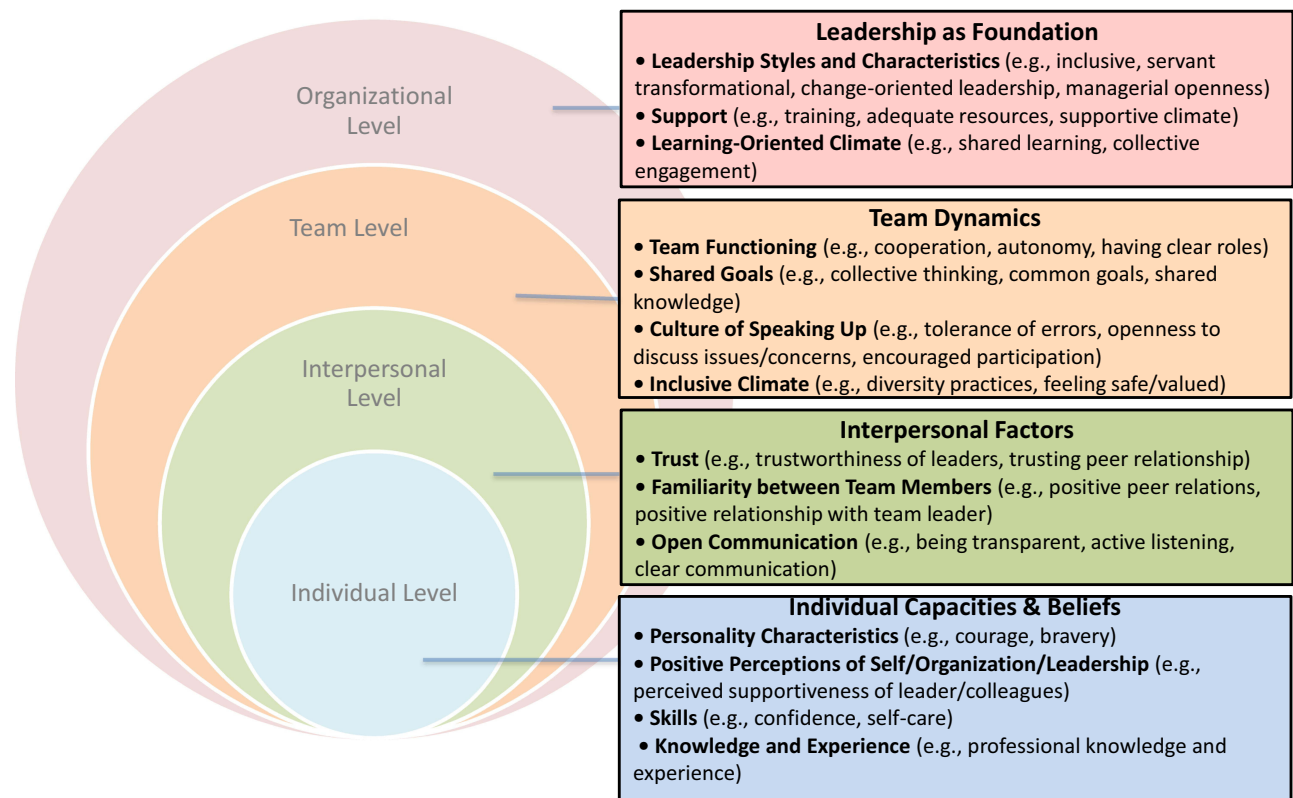
Another critical enabler of psychological safety was team dynamics. This category referred to how teams interact, collaborate, and feel valued in ways that enable psychological safety. This category encompassed team functioning, shared goals, environments conducive to speaking up, and an inclusive climate. Across the reviewed data, the following factors related to team functioning were positively related to psychological safety: interdependence (employees relying on each other to accomplish tasks), peer support (shared norms, values), team autonomy (signaling that employees are trusted to make important decisions), having clear roles (giving employees a clear understanding of their role expectations), and high status (professionally or role derived) (see [Table 4](#)). Having shared goals (eg, thinking as a group, sharing knowledge, and having a common understanding of systems) was also found to create a positive social environment where individuals felt safe participating in work processes, enhancing their sense of safety. Similarly, environments conducive to speaking up, characterized by tolerance of errors (eg, framing errors as an opportunity to learn), cultivating open discussion of concerns/issues, and promoting job engagement were also positively related to psychological safety (see [Table 4](#)). Finally, feeling safe and valued within a team context and implementing workplace diversity initiatives that signal to employees that their identities are respected and valued were highlighted as critical factors in fostering psychological safety (see [Table 4](#)).

### Interpersonal Factors

Our analysis revealed that interpersonal factors play a key role in supporting psychological safety. This category referred to the emotional safety built through interpersonal trust, familiarity between team members, and open communication. Across the reviewed data, trust in one's leader and having trusting relationships with team members were highlighted as critical for developing feelings of safety within a team. Familiarity among team members – as demonstrated through quality interpersonal relationships, positive social interactions, and having a positive relationship with the team leader – also emerged as a key factor in fostering psychological safety (see [Table 4](#)). Additionally, open communication, marked by being transparent, active listening, using simple and direct language (clear communication), and face-to-face interaction, was consistently associated to a psychologically safe environment (see [Table 4](#)).

### Individual Capacities and Beliefs

The role that individual characteristics play in shaping one's experience of psychological safety was also highlighted across the reviewed data. Personality characteristics such as bravery, courage, and a sense of responsibility (eg, feeling compelled to speak up for others or to drive positive change) were consistently associated with psychological safety. Positive perceptions of oneself, the organization, and its leadership were also found to play a key role. These included viewing leaders or colleagues as supportive, perceiving safety in speaking up, and believing that speaking up can lead to



**Figure 2** Interpretive Mapping of Relational Enablers of Psychological Safety across Levels of Influence.

meaningful outcome (see Table 4). Skills such as emotional intelligence, confidence, communication skills, and assertiveness were found to contribute to a sense of psychological safety. Engagement in self-care activities such as exercise, meditation, and seeking professional help when needed were identified as further promoting that sense of safety. Finally, both knowledge (eg, professional expertise and capacity to voice concerns) and prior professional experience were found to be associated with high levels of psychological safety (see Table 4). The four categories of relational enablers presented above align with levels of influence discussed in the literature.<sup>34,40,55</sup> Figure 2 depicts how these categories map onto the individual, interpersonal, team, and organizational levels of influence,<sup>34,40,55</sup> providing a multi-level perspective on the relational conditions that support psychological safety.

## Culture, Race, and Ethnicity Gaps

The majority (n = 9, 81%) of the included reviews acknowledged cultural limitations. Three reviews (27%) acknowledged limitations related to race or ethnicity and four reviews (36%) noted limitations related to individual-level factors without specifying identity factors such as race or ethnicity (see Table 3).

## Discussion

To our knowledge, this is the first umbrella review to systematically integrate and synthesize evidence on relational enablers of psychological safety from diverse review types within the fields of healthcare, organizational psychology, and management disciplines. Our synthesis of 11 reviews conducted in the last 10 years adds to the knowledge base. First, our findings highlight the key role of leadership, team dynamics, interpersonal factors, and individual capacities and beliefs in fostering psychologically safe environments. Second, we have documented a lack of evidence on how psychological safety operates across cultural, racial, and ethnic groups. Finally, the interpretive framework used to contextualize our findings highlights the different levels at which relational enablers operate and guided our development of evidence-based insights for researchers and team leaders across disciplines.

## Relational Enablers

### Leadership as a Foundation

Leadership consistently emerged as a foundational component in supporting psychological safety.<sup>28,29</sup> The evidence suggested that the effectiveness of leadership lies less in title or formal authority, and more in leaders' behaviors and characteristics. Specific leadership styles such as transformational, ethical, or servant – characterized by openness, inclusivity, and support – were frequently associated with psychological safety.<sup>7,29</sup> These leaders create environments where employees feel respected, heard, and safe to speak up by modeling openness, providing support, encouraging risk-taking, and responding non-punitively to failure.<sup>7,29</sup> This aligns with the findings reported by Walumbwa and Schaubroeck,<sup>60</sup> which demonstrated that leader openness and truthfulness foster respect and encourage team members to voice concerns, predicting psychological safety. Prior research has also shown that effective leaders champion improvement initiatives and foster a culture of continuous learning.<sup>61,62</sup> Our review supports this, highlighting that an essential part of leadership is creating environments that are conducive to learning. Such learning-oriented climates value shared learning and continuous improvement through the development of competence and the acquisition of new skills.<sup>63,64</sup> Beyond leadership style, support systems such as supervisory support (eg, training, resources, mentoring, team well-being) can be particularly helpful in fostering psychological safety.<sup>5,34</sup> This finding is congruent with research showing that providing support (eg, training, adequate resources, information, and reward, coaching, peer support, prioritizing wellbeing, supportive climate) fosters psychological safety.<sup>28,34,65</sup> Taken together, these findings underscore that psychologically safe environments are cultivated by leaders who model openness, support, and learning.

### Team Dynamics

Team level factors such as shared goals, team functioning, environments conducive to speaking up, and inclusive climates were also found to be central to psychological safety. This finding reinforces results of earlier reviews suggesting that when team members feel included and valued by their colleagues, it contributes to a stronger sense of belonging, teamwork, and reduced feelings of isolation.<sup>5,57</sup> Our findings also echo research that suggests that teams that tolerate mistakes, encourage inquiry, and promote idea-sharing help foster psychologically safe environments.<sup>29,59</sup> Additionally, team functioning characteristics such as autonomy, having clear roles, and cooperation have been shown to play a significant role in creating psychological safety.<sup>3,59</sup> These characteristics signal to employees that they can be trusted to make important decisions (ie, autonomy), give employees a clear understanding of their role expectations (ie, role clarity), and encourage employees to rely on each other to accomplish tasks (ie, interdependence/cooperation).<sup>59</sup> Finally, our findings align with research that indicates that a team's sense of shared goals is critical in building unity and trust within a team, creating the psychological safety needed for effective collaboration.<sup>66,67</sup> Altogether, our findings suggest that fostering psychological safety depends on how teams are structured and interact – through shared goals, interdependent work, and a climate that encourages inclusion and voice.

### Interpersonal Factors

Our review suggested that psychological safety is influenced by open communication, familiarity between team members, and interpersonal trust. Past research has found that open communication, including transparency, active listening, and constructive feedback, enables individuals to raise concerns without fear and create a climate of trust.<sup>3,29</sup> Familiarity with team members, often through face-to-face interaction or visible presence, has also been consistently identified as an important enabler of psychological safety as it allows for the development of trusting relationships and creates a stable core team membership.<sup>34,56</sup> Our findings reinforce the importance of everyday interpersonal interactions and behaviors, such as learning team members' names, regular greetings, or creating informal check-in routines to foster connection and sustain psychological safety. The link between trust and psychological safety has also been documented. In a recent study with 337 employees and their supervisors in a hospital located in Malaysia,<sup>68</sup> authors found that when employees perceived their environment as trustworthy, it enhanced psychological safety, which in turn improved their job engagement. While some studies have conceptualized trust as an outcome, a proxy, or even as synonymous with psychological safety,<sup>3,39,69</sup> our findings align with research suggesting that trust can serve as an antecedent to

psychological safety.<sup>70,71</sup> In sum, our findings emphasize the value of everyday interpersonal behaviors in creating supportive and high-functioning team environments.

### Individual Capacities and Beliefs

Our findings highlighted the importance of individual attributes such as personality characteristics, skills, knowledge, experience, and perceptions in the experience of psychological safety. The influence of personality characteristics<sup>35,72</sup> and positive perceptions (eg, perceived support, perceived trust)<sup>73,74</sup> has been documented. Our findings are also in line with past research that has shown that skills, knowledge, and experience enhance psychological safety.<sup>34,57,75,76</sup> However, evidence also suggests that individuals with less experience and skills can experience psychological safety when supported through collaborative practices and effective teamwork.<sup>28,34</sup> This suggests that individual capacities and beliefs should not be viewed as a fixed trait, as they can be developed and strengthened through appropriate training and support.<sup>57</sup> Our finding regarding the role of individual attributes thus suggests that psychological safety is not only a function of the environment but is also co-constructed through individual perception and agency, attributes that can be strengthened with contextual support.

### Culture, Race, and Ethnicity Gaps in the Literature

When it comes to gaps acknowledged in the literature, the majority of included reviews acknowledged cultural limitations. This suggests there is a recognized lack of evidence on how psychological safety and related enablers operate across cultures. Three of the included reviews acknowledged limitations related to race and ethnicity and four reviews highlighted limitations related to broader individual-level factors without specifying social identity dimensions. The finding that more reviews acknowledge cultural limitations than those related to race or ethnicity suggests that researchers in this area are more attuned to conceptualizing psychological safety through the lens of culture. It may also be that race and ethnicity are subsumed under broader constructs such as “culture” or “individual differences”, suggesting that race and ethnicity remain underexplored in current understanding of psychological safety and relational enablers. Our findings thus point to a lack of evidence and need for focused research on how ethnicity, race, and culture influence psychological safety and its relational enablers.

### Implications for Healthcare and Organizational Settings

At the organizational level, our findings suggest that leadership styles such as inclusive, servant, ethical, transformational, and change-oriented leadership styles play a central role in fostering psychological safety. Across healthcare and broader organizational settings, it is thus important for leadership to prioritize people over power. This means empowering others, fostering growth and development (eg, offer resources), encouraging continuous learning, embracing shared decision-making – all while maintaining integrity (eg, being honest) and acting in alignment with core values. [Table 5](#) provides a summary of key enablers with implications and actionable steps.

At the team level, cooperation and having defined roles emerged as essential to psychological safety. This highlights the importance of clarifying roles through well-defined responsibilities to reduce role ambiguity.<sup>77,78</sup> Leaders in healthcare and broader organizational settings can also foster psychological safety by cultivating team interdependence through the assignment of tasks that rely on cooperation and collaboration.<sup>79</sup> Fostering an environment that is inclusive (members feel valued) and conducive to speaking up (eg, asking questions, contributing) was identified as critical to fostering psychological safety. Co-creating team agreements that define inclusive behaviors (eg, equitable participation, no interruptions, ask questions) can highlight valuing diverse perspectives and contributions. Ensuring junior or under-represented team members are given equal speaking opportunities can also promote inclusion and ensure all voices are heard.

At the interpersonal level, open communication, interpersonal trust (of leader, of peers), and familiarity between team members were identified as key enablers of psychological safety. Encouraging team members to participate in professional development focused on effective communication may prove useful. Encouraging leaders to model vulnerability (eg, admitting mistakes, not knowing everything) and for team members to share their experiences in a supportive environment can also foster trust, open communication, and team familiarity.<sup>80–83</sup>

**Table 5** Summary of Key Enablers, Implications, and Actionable Steps

Enabler	Implication	Actionable Step	Application Context
<b>Leadership Behaviours</b>	<ul style="list-style-type: none"> <li>Develop inclusive, ethical, servant, and transformational leadership behaviours.</li> <li>Emphasize importance of providing support (eg, training, resources, mentoring)</li> </ul>	<ul style="list-style-type: none"> <li>Integrate leadership training programs that emphasize a people-centred approach to leadership including openness, humility, and support for growth/development.</li> <li>Prioritize training leaders in team support strategies</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare</li> <li>Broader Organizational settings</li> </ul>
<b>Team Dynamics</b>	<ul style="list-style-type: none"> <li>Promote cooperation and clarify roles.</li> <li>Create an environment where members feel safe to ask questions, contribute ideas, and feel valued.</li> </ul>	<ul style="list-style-type: none"> <li>Establish shared goals, clarify responsibilities, and encourage collaborative problem-solving and interdependent tasks.</li> <li>Co-create team agreements that define inclusive behaviour (eg, equitable participation).</li> <li>Promote inclusive team practices (eg, encourage diverse perspectives, share credit fairly).</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare</li> <li>Broader Organizational settings</li> </ul>
<b>Interpersonal Factors</b>	<ul style="list-style-type: none"> <li>Foster trust and familiarity among team members.</li> <li>Nurture open communication characterized by transparency, active listening, and respect.</li> </ul>	<ul style="list-style-type: none"> <li>Use team-building activities to strengthen interpersonal relationships.</li> <li>Encourage participation in professional development focused on effective communication.</li> <li>Train leaders to model vulnerability (eg, admitting mistakes) and invite team members to share their challenges/experiences.</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare</li> <li>Broader Organizational settings</li> </ul>
<b>Individual Characteristics</b>	<ul style="list-style-type: none"> <li>Support skill/knowledge development including in emotional intelligence and confidence.</li> <li>Emphasize the role of self-care.</li> </ul>	<ul style="list-style-type: none"> <li>Provide ongoing professional development opportunities including in emotional intelligence</li> <li>One-on-one check-ins to discuss experiences and provide empathetic feedback.</li> <li>Encourage leaders and team members to prioritize self-care.</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare</li> <li>Broader Organizational settings</li> </ul>

Individual characteristics such as emotional intelligence, knowledge, skills, experience, and self-care emerged as important enablers. Providing ongoing professional development opportunities can enhance knowledge, skills, and experience. Emotional intelligence can also be developed through team-based practices such as one-on-one check-ins between leaders and team members.<sup>84–86</sup> These check-ins can create space for reflecting on experiences and for leaders to model emotional intelligence by actively listening and responding with empathy.<sup>87–89</sup> Our findings also suggest that self-care influences psychological safety. Given that self-care has been linked to building emotional resilience,<sup>90,91</sup> reducing burnout,<sup>90,92</sup> and improved emotion regulation,<sup>93,94</sup> it can help ensure individuals contribute positively to team dynamics. Leaders and team members should thus be encouraged to prioritize self-care as a means of fostering psychological safety. Finally, given the various levels of influence on psychological safety, our findings suggest that fostering psychological safety requires a multi-level approach that encompasses leadership development, team processes, interpersonal factors, and individual-level support. Additionally, our findings can thus inform the development of targeted interventions as well as organizational policy initiatives designed to promote psychological safety across settings.

## Limitations and Future Research

There are several potential limitations of this umbrella review. First, our review was limited to organizational, management, and healthcare contexts, potentially excluding insights from other disciplines and limiting the generalizability of findings. Second, there is a risk of overlap in the primary studies included across reviews, which may have introduced data duplication and bias. Third, due to the limited scope of the grey literature search (using Google Scholar), relevant material may not have been captured. Finally, relying on Edmondson's<sup>1</sup> definition of psychological safety – while dominant – may have constrained the scope of our findings, as it is rooted in a Western, individualist perspective, potentially limiting the inclusion of research grounded in other contexts.

Future reviews could broaden their scope to include additional disciplines to strengthen cross-disciplinary applicability. Notably, the role of team size was not explored in any of the included reviews, presenting an opportunity for future research to explore its relationship with psychological safety. Similarly, with the rise in hybrid and virtual work settings, future research could investigate how psychological safety is fostered in these environments. There is also a clear need for more culturally inclusive research, including exploration of how enablers function across diverse contexts and development or adaptation of definitions and models that reflect diversity of cultural, racial, and ethnic experiences. We recommend that future studies adopt intersectional approaches to explore how overlapping identities – such as race, ethnicity, gender, (dis)ability, and socioeconomic status – influence individuals’ experiences of psychological safety within teams and organizations.

## Conclusion

This umbrella review synthesized relational enablers of psychological safety and identity-related gaps in the evidence-base. We offer a cross-disciplinary synthesis and have identified leadership behaviors, team dynamics, interpersonal factors, and individual characteristics as key enablers. In addition, we offer evidence-based actionable strategies that can be used to enhance psychological safety and cultivate teams that are more engaged, collaborative, and high performing. To advance a more inclusive understanding of enablers of psychological safety, we highlight the need for future research to consider the roles of ethnicity, race, and culture.

## Data Sharing Statement

Data reported in this review are available from the corresponding author upon request.

## Acknowledgments

We thank Kaitryn Campbell, MSc, MLIS (Campbell Information Consulting, ON) for peer review of the MEDLINE search strategy.

## Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

## Funding

MG is supported by a Research Excellence, Diversity, and Independence Early Career Transition Award (Canadian Institutes of Health Research - ED5 190710). This award is made possible by funding partners: The Azrieli Foundation and the Canadian Institutes of Health Research Institute of Infection and Immunity III. RLW is supported by a Tier 1 Canadian Research Chair in Child and Family Engagement in Health Research and Healthcare (Canadian Institutes of Health Research-Canadian Research Chair (950-231845).

## Disclosure

The authors have no competing interests to declare in this work.

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