

Navigating authority gradients

Four approaches can help promote effective communication and positive outcomes.

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THE HEALTHCARE SYSTEM operates with several organizational, hierarchical, and authority-based structures necessary for patient care and other activities. However, these structures also can negatively impact patient, professional, and organizational outcomes. In particular, authority gradients, or perceived differences in status, can cause various communication breakdowns in direct and indirect care. For example, medication errors have occurred when professionals had concerns they didn't feel comfortable expressing to a superior. These negative outcomes can be avoided when healthcare professionals, including frontline nurses, learn strategies for speaking up that help them navigate authority gradients and ultimately improve outcomes.

Authority gradients

Several factors influence the ability to speak up in the presence of authority gradients. A different discipline (physician, pharmacist) or a specific professional may intimidate a nurse and prevent them from speaking up. However, authority gradients based on experience, expertise, and levels also exist within disciplines. In nursing, for example, staff nurses, charge nurses, and nurse managers have different levels of authority. Staff nurses also may have official level differences (for example, staff nurse I, II, III) or they may have informal levels related to experience. Prior experiences with an individual or others with the same authority, personal characteristics, fear of retribution or of damaging a relationship, interpersonal dynamics, and others who can over-

hear also impact the ability to speak up.

The decision to say something is complex, dynamic, and situation-dependent. However, speaking up strategically and successfully navigating authority gradients can help diminish negative healthcare outcomes. (See *Authority gradients: Negative outcomes.*)

Navigation strategies

Four approaches to speaking up (positive, judgment-free communication; closing the loop; persistence; and acting locally for systemic change) can help nurses navigate authority gradients. These efforts promote safety cultures and positive outcomes. (See *Speaking up.*)

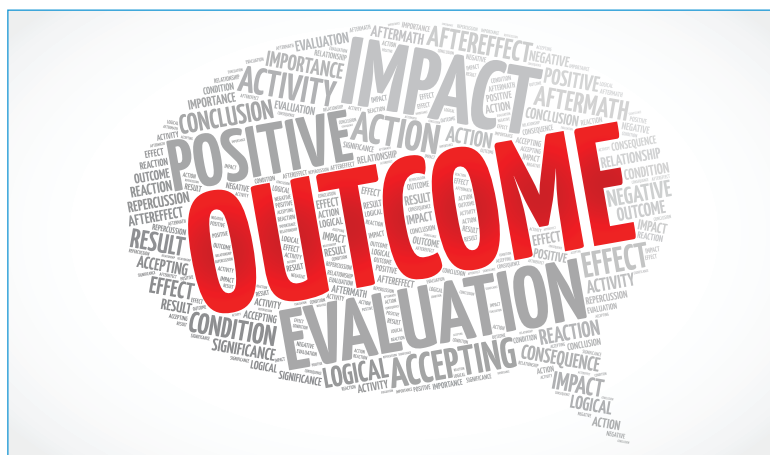
Positive, judgment-free communication

Just one conversation can enhance many patient and organizational outcomes, but negative, judgmental communication is unlikely to achieve its intended results. When you communicate concerns without making accusations, authority figures are more likely to remain open to your recommendations. However, if you approach a team member inappropriately, you risk offending them and they may not listen to your concerns. Conveying concern without judgment can include sharing information, introducing questions, and providing options or solutions.

Start by addressing the recipient of your message by their preferred name (informal first name or formal title). If you don't know the person's preferred name, respectfully ask.

Next, state your concern based on current observations or behaviors. Don't dwell on past observations or assign any judgment; state the facts. The healthcare setting is fast-paced and stressful, so communicate respect by making a judgment-free observation, followed by an expression of concern.

After stating your concern, propose a different action or plan. Communicate your proposal carefully. Ensure the recipient also has an opportunity to offer their opinion and expertise, and encourage them to ask questions and provide feedback. If necessary, frame your concern as a personal learning opportunity. For example, if the recipient of your message has a history of struggling with feedback, it may be helpful to say: "Dr. Smith, I noticed that you didn't complete the time-out checklist before the procedure. Can you help me understand why you didn't complete it?" You also can ex-



Authority gradients: Negative outcomes

When nurses don't speak up for fear of approaching someone they perceive as having more authority, negative outcomes may result for patients, the nurse, and the healthcare organization. Here are some examples:

Patient outcomes

- Death
- Decreased satisfaction
- Falls
- Hospital-acquired infections
- Hospital-acquired pressure injuries
- Hospital readmissions
- Medication administration errors
- Procedural errors resulting in disability (temporary, permanent) or death

Nurse (professional) outcomes

- Burnout
- Decreased productivity or performance
- Decreased satisfaction
- Increased intent to leave current position or the profession
- Turnover

Healthcare organization outcomes

- Decreased employee productivity or performance
- Increased costs from hospital-acquired conditions, such as pressure injuries or infections
- Increased turnover costs

licitly state that you're not questioning the recipient's authority, and acknowledge their expertise and role.

When taking these steps, stay calm and use a positive tone of voice, even if you're frustrated. In addition, show positivity and interest through body language to help ensure judgment-free communication. For example, make eye contact, nod your head, smile, and lean to-

Speaking up

The table below provides examples of using strategic approaches to speaking up in the presence of authority gradients.

Approach	Scenario	Response
Positive, judgment-free communication	Direct care example: A float nurse (FN) is assigned an unstable one-to-one patient on an intensive care unit. The FN approaches the charge nurse (CN) to discuss the patient care assignment.	<p>FN: Stephanie, I'd like to discuss my patient care assignment. I was given an unstable one-to-one patient, and I'm concerned that because I have limited intensive care experience, I don't have the right skill set for this patient. Is it possible to switch assignments? I'm happy to take another assignment where I have more patients but they are more stable.</p> <p>CN: Thank you for bringing this to my attention. I'm not sure what's best. Let me review the assignments, and I'll get right back to you. In the meantime, don't hesitate to get me or another nurse if you need help.</p> <p>FN: Thank you. I appreciate your expertise and help with this.</p>
Close the loop	Indirect care example: A nurse manager (NM) approaches the nursing director (D) to ask for guidance about a staff nurse concern.	<p>NM: Brian, I'd like to discuss one of my staff nurses. I'm worried about them because they've been missing work. Can we meet tomorrow morning after the manager meeting?</p> <p>D: Yes, I'm available then.</p> <p>NM: Great, thank you. So, we'll meet tomorrow at 10:00. Is my office okay?</p> <p>D: Yes. Your office at 10:00. See you then.</p> <p>NM: Thanks. See you tomorrow at 10:00 in my office.</p>
Persist, especially when you perceive risk	Direct care example: A patient, who smells of alcohol and is slurring her speech, is prescribed a medication that could cause harm in her current state. The nurse (N) approaches the provider (P) to discuss the concern.	<p>N: Dr. Smith, I'm concerned about administering this medication given the patient's current state.</p> <p>P: The order is appropriate since she has a medical condition that causes headaches.</p> <p>N: I appreciate your concern for her pain, but I'm uncomfortable because the patient smells of alcohol and is slurring her words. Can we try a medication that is less sedating, such as acetaminophen? Or what would you suggest?</p> <p>P: It's only one dose. She'll be fine.</p> <p>N: This is a safety issue. I think the medication will harm her in her current state. I can't administer it. Can you re-evaluate the patient?</p> <p>P: Okay, I'll re-evaluate her.</p>
Act locally, aim systemically	Indirect care example: A nurse manager notices an increase in falls on the unit. After sharing this data in the monthly staff meeting, a staff nurse decides to become involved in helping to decrease falls.	<ul style="list-style-type: none"> • The staff nurse models appropriate fall precautions and helps orient newer nurses to the unit's fall prevention procedures. • She offers to attend nursing and organization-wide fall prevention meetings. • The nurse requests to work with nurses, providers, and care associates to develop a plan to prevent future issues on the unit.

ward the receiver. Don't cross your arms, roll your eyes, or frown. If possible, hold discussions in private when the receiver isn't busy.

Close the loop

Communication in healthcare frequently is ambiguous, with messages hinted at rather than explicitly stated and understood. To combat this challenge, use closed-loop communication, which involves repeating a message back to the sender, who then confirms the message was received and interpreted correctly. Ideally, confirmation by the sender should be unambiguous and include an actual word or phrase, such as "yes" or "that's correct."

In closed-loop communications, it's appropriate for either party to respectfully ask for clarification about the encounter. This skill takes practice, so rehearse it with your colleagues, family members, and friends.

Persist, especially when you perceive risk

Most healthcare professionals bring up issues only when they're certain their concerns are justified. However, many concerns won't be received and acted on appropriately. That means you must persist, especially when you perceive risk. In other words, escalate concerns when needed. To escalate concerns respectfully, follow the two-challenge rule: Voice your concern more than once by calmly restating the facts and focusing on direct observations or by obtaining an objective second opinion from another provider, manager, charge nurse, or staff nurse. The two-challenge rule emphasizes the importance of the concern and helps ensure messages are received. If needed, you also can CUSS in a firm, yet supportive manner: State that you're **C**oncerned, **U**ncomfortable, or that your concern represents a **S**afety issue and the line needs to be **S**topped (immediate pause in activities).

Remain calm while implementing these approaches. As needed, escalate concerns using your facility's chain of command.

Act locally, aim systemically

As you work locally on your unit or department to enhance care and improve the work environment, aim systemically when navigating authority gradients. To act locally, start with yourself and your immediate environment (your home unit).

Without even realizing it, you may be an au-

thority figure and your behaviors influence those with or without authority. Model appropriate behavior. For example, thank others directly for raising concerns; encourage questions, explanations, and curiosity; show sensitivity to the potential impact your authority has on others; provide a personal narrative to demonstrate your own vulnerabilities; and operate with a team mentality.

In addition, your participation in unit-based committees and holding others accountable (using internal reporting systems, completing performance evaluations) can influence the facility's safety culture. If possible, participate in interprofessional collaboration, including with individuals who have more (and less) authority than you. While you gain comfort at the local level, you also can participate in system-wide collaborations. Participating in shared governance structures and the decision-making process can help you learn to speak up appropriately.

Make an impact

Authority gradients comprise an unavoidable part of healthcare. To navigate them successfully, nurses must speak up strategically and promote safety cultures to make a positive impact on healthcare outcomes. **AN**

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