# Barriers to Safety Event Reporting: Authority Gradients and other Human Factors

## Introduction/Problem

Communication in health care can be affected by differences in professional status, seniority, expertise and experience of team members also known as authority gradients. The existence of an authority gradient represents a significant potential safety risk.

In a survey of over 1,700 health care personnel including nurses, physicians, clinical care staff, and administrators from 13 hospitals across the US, an authority gradient interfered with reporting safety concerns in over 90%.

In December 2014 two adverse events occurred in Radiology in which one member of the team had important information that the remainder of the team was unaware of.

#### Aim/Goal

The purpose of this study:

To determine the frequency in which employees speak up with safety concerns; to quantify how often employees are unable to speak up and to identify barriers to speaking up

## The Team

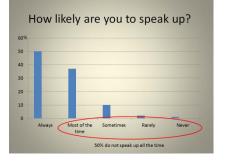
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- The Radiology Safety Workgroup

### The Interventions

- To determine the presences of an authority gradient and other human factors that constitute barriers to speaking up, a new survey tool was developed.
  - It was felt that the AHRQ Institutional Culture of Safety survey tool would not meet our needs as it collects data on safety attitudes and contributing factors such as staffing and work hours, but does not look at human factors such as fear of disrespect, challenging authority, lack of listening and uncertainty about one's observation.
  - The survey contained 20 questions and was void of any identifiable information to protect the respondents' anonymity with only gender, length of employment and job classification asked.
- In preparation for the survey we attended monthly staff meetings in every section and in every job classification to discuss the impact of an authority gradient on patient safety and the importance of the upcoming survey.
- The survey was sent out to every Radiology employee in every job classification.

#### Results/Progress to Date

- > 364 of 648 (56%) of employees completed the survey
- > 10 barriers to communicating safety events were evaluated
- 50% of employees reported being unable to report 100% of safety events which represents a possible 184-690 unreported safety concerns
- > The most common barrier to speaking up differed among staff groups
- > Top three reasons for not speaking up were identified as
  - High reporting threshold
  - Not wanting to challenge authority
  - Fear of disrespect



#### Results: Barriers to Speaking-Up

Barrier Number of staff reporting barrier <sup>1</sup>		
<ul> <li>Reporting threshold</li> <li>Challenging authorit</li> <li>Fear of disrespect</li> </ul>		(69%) (67%) (53%)
<ul><li>witnessed disrespective</li><li>Lack of listening</li></ul>	ect 66 of 169 88 of 169	(39%) (52%)
<ul> <li>Fear of retribution</li> <li>Responsibility in the</li> <li>Lack of language training</li> </ul>		(34 %) (29%) (29%)
<ul><li>Toxic captain</li><li>Shy personality</li></ul>	47 of 167 40 of 163	(28%) (25%)

<sup>1</sup>Number of staff who do not always speak up N=183

#### Lessons Learned

- While significant safety issues can result when staff are unable to always speak up, the act of speaking up is much harder than one might expect.
- 50% of employees in Radiology department reported not being able to speak up about safety concerns 100% of the time. The most common root causes for not speaking up consist of a high reporting threshold, not wanting to challenge authority and fear of disrespect.
- > Cultural changes are needed to support staff towards 100% safety event reporting.

#### Next Steps

Convene a multidisciplinary workgroup represented by all job classification to better understand the identified barriers to speaking up and to determine targeted interventions to decrease or eliminate barriers.

#### For more information, contact:

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