Workarounds in Hospitals: Need-Based Improvisation

Vikas Choudhary[1], Manju Chhugani[2], Jyoti Sarin[3]

Summary

Workaround in the hospital setting acts as a dichotomous trope. These behaviours entitle, yet compromise the quality care to the patients. These behaviours provide and hide information about medical team members' work. Workarounds can be individual or collective. As nurses make the majority of the health care workforce, it is essential to understand the use of workarounds in this group. Analysing and understanding the nurses' practice and their perception of workaround behaviours is central to improving quality patient care at the bedside, where care is delivered to the patients. To exhaust the negative and tackle the positive potential of workarounds in hospitals, the management must acknowledge the factors that influence implementation and proliferation of workarounds and the role of local and organisational culture in resolving these behaviours.

Workaround behaviours can be defined as the behaviours, which temporarily solve the perceived workflow block in any organisation. Organisational or workplace workarounds are acclimated: it solves problems, bypasses problematic rules, and sidesteps workflow blocks created by organisational issues, safety mechanisms and addresses poor workflow design. These behaviours tend to increase when the difficulties of the task are incompatible with the degree of control imposed by the system and when healthcare workers feel controlled by the structure of the system, with healthcare workers resistance contributing to their implementation. Workarounds were justified through autonomy of practice and rationalised in some studies as acceptable when deemed not to jeopardise patient safety, in emergency situations, when the nurse is familiar with the patient, when the doctors' response is predictable and when the behaviours fall within the scope of the nurse's knowledge and skill.

Workaround Categories

Nurses' workarounds in acute care settings have been observed and reported in most studies mainly in relation to technology, equipment, test ordering and pharmacy dispensing. These behaviours have also been tested as a reaction to such aspects as: operational failures, pressure of time management, expected work-flow blocks, expectations of management, rules & regulations, policies & guidelines. These may be divided into three categories: during nursing procedures, technology failures or malfunctioning and related to policies, rules & regulations. Workarounds within these categories fall into two broad groups, those that are commenced individually and those that are commenced collaboratively. Many studies portrayed participant involvement that was both collaborative and individual and described workaround behaviours that fell into more than one category.

Authors are: 1. Faculty, College of Nursing AIIMS, Jodhpur (Rajasthan); 2. Dean, Nursing, Jamia Hamdard University, New Delhi; 3. Dean, Nursing, MM University, Mullana, Ambala (Haryana).

Nurses' Expressions & Rationalisation of Workarounds

Workaround behaviours are recognised by healthcare workers generated in the evaluation of studies. At one level, the researchers found out workaround behaviours as necessary to deliver care or in the best interest of the patient. However, nurses also identified these as unsafe in particular contexts and as workarounds are not legally sanctioned, some nurses perceived them as professionally risky (Rack et al, 2012).

A contradiction in the perceived relationship between workaround behaviours and competency was also evident in few studies. Fixing problems and working around rules for the sake of the patient were linked with perceived proficiency and satisfaction and the ability to circumvent problems on validating nurses' confidence in their competence and professionalism. Rules were perceived as flexible. The other aspect of being a good healthcare worker or nurse was the ability to use the best of one's judgement to workarounds.

Many studies provide evidence that nurses recognise workarounds & breaking the protocols, for contravention. By investigating contravention in medication administration it was evident that workaround & breaking protocol did not fit together as a measure, and the lack of overlap between the predictors of workaround & breaking protocol

often confirms that the two terms connote different concepts. That violations and improvisations are understood to mean different things is highlighted by the findings of two studies examining attitudes to patient care behaviours that comply, violate or improvise in relation to protocols (Westphal et al, 2014)

While healthcare workers and the public view violations as inappropriate, the opposite is true for compliance regardless of patient outcome. Attitudes to improvisations were influenced by outcome for the patient. Thus, the healthcare workers or nurses recognise that improvisations were acceptable if the outcome for the patient was beneficence. Contraventions on the other hand were analysed as inappropriate regardless of outcome.

Discussion

Workarounds are multifactorial and are the result of complex work environments and highly variable patient situations. Recognising that workarounds potentially impact both patients and the nurses who care for them is important. Obviously, prevention is the best strategy to pre-empting the need for staff to engage in workarounds. But beyond prevention, perhaps the best approach to evaluating workarounds is to consider the precipitating factors (Clarke et al, 2007) and commit the necessary resources to ensure successful work redesign.

Halbesleben et al (2010) argue that workarounds can be positive and creative; evaluating them in an unbiased fashion may inform more efficient and safe processes. If administrators view workarounds as opportunities to explore the limitations of the system and engage with nurses to better understand root causes, multiple benefits can result. For example, the leaders might consider creating a quality improvement teams that collect data on workarounds and use prevalent workarounds as opportunities to identify and re-engineer inefficient or risk-prone processes.

Studies demonstrate that workarounds are individually or collectively enacted. When enacted as a collective process, they rely heavily on: a shared view that rules are flexible; a tacit agreement to enact; and an understanding of who will and will not workaround. There is some evidence from a small number of studies that group norms, local and organisational leadership, professional structures & relationships and others' expectations influence the implementation of workarounds. Regardless of the collaborative nature of healthcare team member's work and the demonstrated effect of institutional and local culture on medical staffs or doctors' behaviour and attitudes, the impact of social systems, expectations, relationships and local or organisational culture on the ratification and multiplication of workarounds is under investigation.

There are recommendations that healthcare team member and nurses' conceptions of what makes a good nurse or healthcare team member, their ideologies, knowledge and experience, influence the implementation of workarounds. For example, nurses viewed problem solving as part of nursing profession and recognise that an ability to do so alone exemplifies competency. They reported a sense of gratification at being able to solve problems individually, protect patients and deliver care. There is evidence that nurses justify workaround rules & policies for the benefit of the patient. However, the importance of adhering to protocols was considered by other nurses to be central to a professional approach to patient care.

Some authors suggest that workarounds lead to potential errors, while others propose that these behaviours are the error. Significantly, there is deficiency of lucidity in how healthcare workers and nurses differentiate workarounds from related behaviours. Adding to the confusion is the recognition that some workarounds are part of normal practice, with clinicians being unaware that they are in fact workarounds. Additionally, at times informal workarounds become sanctioned practices. Deception in how workarounds are defined and reported poses a challenge for researchers.

Conclusion

An institution's leadership must view nursing workarounds in light of the multiple contributory factors that underlie them. True patient safety will be enhanced, nurse frustration levels will decrease, and nurses will be more likely to embrace future system and technology changes, believing that the leadership is committed to devising working solutions to safety and quality challenges.

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