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Unlocking the potential of resilience in healthcare: using workarounds to expose what being 'good' at their job means for nurses

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Workarounds defined as...



*Practices that may differ from organisationally prescribed or intended procedures, that are employed to circumvent or 'fix' a **perceived** or **actual hindrance** to achieving a **goal** or to achieving it easily¹*

Overlap with, or are, examples of:

First order problem solving; adaptations; situational violations; deviations; innovations; or shortcuts

We know that...



- Workarounds are articulation work² that are hidden from accounts of work-as-imagined (WAI)
- Workarounds have been linked with adverse events³
- Workarounds are informal practices that may risk professional retribution
- Workarounds are ubiquitous in healthcare

There has been less research examining...



- The extent to which workarounds create positive outcomes
- Nurses' individual and collective enactment, explanation and experience of using workarounds – the significance of using workarounds for those who use them
- Factors that influence the proliferation of workarounds

Studying workarounds is important because...



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- Workarounds illuminate gaps between work-as-imagined (WAI) and work-as-done (WAD)⁴
- Workarounds provide a lens to examine how resilience is enacted

Using EMMS in everyday practice



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Aim: To examine how nurses used electronic medication management systems (EMMS) in everyday practice (WAD) and explore nurses' use of workarounds

The study: when? who? where?



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When:

- 2011-2014

Who:

- Nurses who used EMMS in every day practice
- Information systems stakeholders

Where:

- Six wards in two hospitals in Sydney, Australia

The study: data collection methods and analysis



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- Process mapping - WAI
 - Interviews
 - Focus Groups
 - Observation
 - Member checking activities
-
- Inductive thematic analysis against the research questions⁴

Findings: Nurses' work is complex



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- Nurses juggled competing demands – medication administration was only one component
- The EMMS both **supported** and **challenged** nurses' work
- The EMMS changed how nurses interacted with the medication chart
- The EMMS structured medication and other work

Nurses used workarounds



- Sometimes nurses used workarounds when using EMMS:
 - Response to technology shortfalls that prevented nurses using the EMMS as intended e.g. black spots
 - They were unaware of policies
 - A small number said it was easier or because they were lazy, or did not agree with the policies

However...

Using workarounds to be a 'good nurse'



Nurses also used workarounds to be or be perceived to be a 'good nurse':

*'Good' in this context "being of a high (or at least satisfactory) quality, useful for some purpose (specified, implied, or generally understood), and worthy of approval."*⁶

Using workarounds to be a 'good nurse'



- Primary workarounds were used to be:
 - ✓ Time efficient - save time and make time
 - ✓ Safe - for the individual and collective
 - ✓ Patient-centred - customising care
 - ✓ Team player – support colleagues
- Secondary workarounds were sometimes used when primary workarounds to achieve one good nurse characteristic compromised achieving other good nurse characteristics
- Spanning all of these was knowledge and experience

It depends...



- Not all nurses used workarounds
- Workarounds were not used all of the time
- Moderating factors - unofficial 'rules of the game' - influenced whether nurses used workarounds and whether they taught them to colleagues
- Part of becoming a good nurse was learning the 'rules of the game'

Being a 'good nurse': WAI vs WAD



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- WAI – time efficient, safe, patient-centred and a team player simultaneously while following policies
- WAD – juggle and prioritise which is most important in a given moment
 - Primary workarounds to achieve one good nurse characteristic support OR compromise achieving other good nurse characteristics
 - Secondary workarounds can be used to compensate

Example: One type of workaround to achieve different goals



Not taking the Computer On Wheels (COW) to the bedside:

- Avoid 'black spots'
- Time efficient - save time
- Safe - prevent falls, interruptions, cross infection
- Patient-centred - not to wake patients, avoid patient agitation
- Team player - to avoid conflict with colleagues

Secondary workarounds were used/not used

Nurses' experience of using workarounds



- Nurses' experiences of using workarounds ranged between:
 - feeling good about using workarounds
 - feeling bad about using workarounds
 - feeling tension and conflict about using workarounds

A 'good nurse' is trustworthy: a good person



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Australia's most trusted profession 2003-2015

<http://www.businessinsider.com.au/ranked-australias-20-most-trusted-professions-2015-5>

Conclusion



A necessary feature of a resilient system must be a critical mass of people who can bend within safe boundaries, that is, people who are good at their jobs

It is important then to understand how people construct what it means to be good in their job, and how that conceptualisation shapes workplace practice

Workarounds provide a lens with which to do that

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