From Standardization to Resilience: How Day-To-Day Life in Healthcare Organizations Shapes Safety

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Abstract

This paper focuses on the working strategies nurses develop and employ in their day-to-day routine in an attempt to identify "red alerts" which enable them to maintain patient safety despite the load and interruptions characterizing their work environment. Based on insights gained from three studies (focusing on nurses' medication administration, use of protective measures and transferring information during handover) we develop a theoretical model that describes how understanding aspects of the day-to-day life in healthcare organizations, and the system of meaning that guides everyday life, can inform our understanding of workplace safety. The model illustrates how the chaotic, turbulent, and complex environment characterizing the nurses' workplace prevents them from fully complying with the declared safety goals practices and procedures. Yet even under these near-impossible circumstances, the nurses' main mission is to maintain patients' safety. Embracing a resilience strategy allows nurses to actively prevent something bad from happening or becoming worse, and to repair something bad once it has occurred, which of course contribute to patient's safety. Otherwise, nurses might rely on an implicit theories strategy, limiting the likelihood that they will discover their misperceptions, thereby putting patients' safety at risk. The model further describes how each of these two strategies is reinforced by positive feedback loops on the individual, ward, and organizational levels. Practical implications for managers include work practices that can encourage nurses' resilience by creating a work environment of professionalism, mindfulness and awareness of errors.

Introduction

Since the publication of the influential report To err is human [1], a tremendous amount of multidisciplinary research has been devoted to identifying safe work contexts that promote safety [2]. However , almost thirteen years later experts note only modest improvements in hospital safety, while emphasizing the "frustratingly" slow pace of change despite substantial investments in research and numerous policy and regulatory activities [3]. Accordingly, patient safety has begun to receive renewed attention from researchers and practitioners alike [4]. In the search for ways to improve safety, two main, somewhat rival, approaches have been suggested: standardization and resilience (Table 1). The former has received a boost from many regulatory bodies and professional associations [5-11]. Thus standardization has become the most common approach to ensuring patient safety. Typically, it advocates repeatability and routines, coupled with adequate training in, and supervision of, compliance with these procedures. With standardization, certainty is aimed at through such mechanisms as centralization of authority, routinization of requirements, and formalization of actions by heavy emphasis on mnemonics [12-15]. Inspired by the evidence-based medicine movement [16] and clinical governance [17], it was assumed that the formalization and standardization of work tasks, in the form of evidence-based guidelines, checklists and systematic processes, could potentially reduce the chances of sub-standard safety behavior [18].

	Definition	Focus	characteristics	Advantages	Drawbacks
Standardization	Advocates repeatability and routines, coupled with adequate training in, and supervision of compliance with these procedures [12].	What went wrong?	• Centralization of authority • Routinization • Formalization of actions • Reporting and monitoring [12,13].	• Guarantees certainty and limits ambiguity • Encourages compliance to rules and procedures • Limits variation in behaviors • Reduces sub-standard behaviors	• Enforces stiffness • Minimizes professional latitude • [illegible]

Specifically, we identified five such implicit rules

- Continue caring for patients, even at the cost of risk to themselves. Nurses acting by this implicit rule tended to weigh up the pros and cons of handling patients without protection, and set the provision of quality care for patients as the higher priority. In contrast to the

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