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Workarounds Are Routinely Used by Nurses – But Are They Ethical?

Nancy Berlinger, The American Journal of Nursing, 2017¹

Short summary:

In this article Nancy Berlinger argues that workarounds routinely used by nurses may be ethical in intent but can have harmful consequences in terms of leading to unfair treatment of patients. She provides three recommendations that leaders of healthcare organizations and professional nursing societies can adopt to support nurses as creative problem solvers and to minimize workarounds.

Introduction:

Workarounds are behaviours used by nurses to circumvent work systems in response to pressures of competing obligations. Empirical studies often describe workarounds as deviations from or violations of work systems. Many nurses may perceive ethics narrowly, as compliance, and may therefore be reluctant to discuss the workarounds they use to accommodate system flaws.

Key arguments:

Nancy Berlinger argue that workarounds are ethically relevant in at least three ways:

- 1) Workarounds reflect a creative problem solving response to a perceived flaw in the work system.
- 2) Workarounds can be ethically problematic when they unfold unofficially or in secret. While the intentions with workarounds may be noble (i.e. for example the desire to provide better care for specific patients), concealing behaviours that deviate from standard operating procedures from supervisors is problematic.
- 3) Workarounds to save time can cause nurses to make shortcuts that put patient safety at risk.

¹ Berlinger, Nancy (2017). Workarounds Are Routinely Used by Nurses – But Are They Ethical? *The American Journal of Nursing*, Vol. 117 (10): 53-55.

Workarounds such as bending the rules in order to provide better care for a specific patient or group of patients is problematic from an ethical point of view because it can impact resource allocation negatively by diverting resources away from other patients with equivalent needs. It is important that leaders and administrators are able to identify situations where rule bending or 'working the system' is perceived by nurses to be necessary to relieve system flaws or to help their patients.

Workarounds involve creative problem solving such as improvising novel uses of clinical tools. Sharing such workarounds with some colleagues but not others is ethically problematic, because it disregards the need for appropriate scrutiny of aspects of patient care and can result in harm. It is therefore important that organizations encourage open discussions about clinical problem solving so that nurses feel comfortable sharing their potential solutions without fear of being penalized.

Conclusion:

To conclude, Nancy Berlinger outlines three recommendations to reduce ethical concerns about creative problem solving among nurses. First, it is necessary for healthcare leaders to acknowledge that workarounds often violate rules and that they may put patients at risk. Second, it is important that leaders of health care institutions recognize that workarounds cannot be completely eliminated. Leaders should promote research into and discussion around Quality Improvement to gain insight into how employees confront and respond to ethical challenges encountered at the work place. Last, but not least, professional nursing societies should encourage their members to come forward and openly discuss pressures encountered in the work system that may compel staff at health care institutions to introduce workarounds.