Rethinking Workarounds

Workarounds is one of my favorite topics. For anyone who thinks that nurses are rule followers, wait until some piece of equipment or some policy stands in the way of delivering quality care. Nurses—like Superman—spring into action (although they do not change into an outfit with a cape with a big “S” on it). They find ways to sneak pets into a facility that has a policy allowing family, but not pets, to visit. They sneak family in after visiting hours, which some organizations still impose. They find their stash of extra supplies so that their patients don’t have to run short of linen, bandages, pillows, and more. Yes, we are masters at workarounds!

Not only are we masters at workarounds, but also we are proud of how we beat the system. Some of us act on the new approaches we devise and ultimately change the system, but most of us just want to beat the system for our patients.

Then I read A Beautiful Constraint: How to Transform Your Limitations Into Advantages, and Why It’s Everyone’s Business (Morgan & Barden, 2015). The authors point out that we move through stages of problem solving. They call these stages victim, neutralizing, responsive transformer, and proactive transformer. We seem to be very good at the first two stages, and, from my viewpoint, we have been fairly good at relinquishing the role of victim. It is in the neutralizing stage where those authors consider workarounds to be fitting. So, we know we are great at this stage because we can all name someone who is a master of workarounds. What we need to do is move to the transformer stages.

One of the strategies that Morgan and Barden (2015) suggested is to believe that change is possible. We sometimes think that “they” (usually referring to administrators) are not as interested in providing solutions to problems as we are. Because we each have a different perspective of an organization from where we sit, we might want to remember that “they” may think we want to solve problems but may not know how, have only costly solutions, and so on. Yet, problems are very beneficial! Yes, that is what I said. Think of that statement in this way—if we were perfect in resolving all of the common care issues in health care today (e.g., delivery, seamlessness, and catheter-associated urinary tract infections), might we not become rather complacent? How we go about problem solving and teaching others how to problem solve has great potential.

What if we continued to do workarounds and then reported them as Potential Solution Reports? When we err, we fill in Incident Reports. Why not take that idea and transform it into a deliberate change strategy so that we are all reporting where workarounds are needed so that we can think creatively about making the changes necessary? The Potential Solution Reports have the power to eliminate the need for workarounds and to solve the precipitating issues that caused the workarounds in the first place.

One of our key tasks as educators of professionals is to help them to think differently about the common. What if we challenged all of those with whom we interact to help us create a list of common workarounds and we used that list as a quality improvement checklist to see how many items we could remove? Transformation is about doing things differently, and this area of our profession has great potential!

REFERENCE

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The author has disclosed no potential conflicts of interest, financial or otherwise. doi:10.3928/00220124-20150619-10