Supervision Is Often a Weak Link in Error Prevention

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Current interventions to improve patient safety have emphasized a systems perspective when one is analyzing mishaps and re-engineering the medication-use system. Some of the more popular system-based interventions include (1) improving facility design and workflow, (2) using technology and robotics, (3) adding forcing functions to procedures and equipment, and (4) improving product labels. Despite such efforts, research shows that unsafe practices continue to exist even where traditional human engineering principles predominate.

Furthermore, health care professionals do not report errors or near-misses at a rate that would be optimal for learning more about their causes. Many work environments are punitive, leading people to worry about making a mistake and having it held against them. Paradoxically, these concerns increase anxiety on the job and the risk of errors. Such outcomes have been observed among physician, nurse, and pharmacist health care teams in hospital environments as well as in community pharmacies. Problems in interpersonal relationships on the job are largely unexplored factors related to these issues.

A common denominator in building better team relationships and effective performance is quality supervision. Supervision not only involves feedback or overseeing work that is in process or completed but also concerns the interpersonal processes by which such practices are carried out. What creates some of the anxiety, stress, and mental distractions associated with errors and job dissatisfaction are relatively negative and autocratic supervisory practices.

Research shows that professionals who rated their supervisors lower on supervisory and interpersonal skills or who perceived their supervisors as overly autocratic and punitive made more mistakes, intercepted fewer errors, and were significantly less satisfied with their jobs and were less productive. Pharmacists who made fewer errors had supervisors who fostered appropriate autonomy and were perceived as being democratic, facilitative, and helpful in setting goals. Their supervisors were perceived as effective because of better managerial and “people” skills and encouraged excellence as well as appropriate independence on the job.

Pharmacists identified the following behaviors as tasks that effective supervisors did skillfully:

- setting clear goals and directions for the work that people do
- helping to establish a climate of excellence and professionalism
- being clear, but not overbearing, when discussing expectations
- encouraging workers to enhance their level of performance
- delegating appropriately the freedom to do a job
- the ability to “work with people” rather than “always telling them what to do”
- ensuring that the reasons why something is done are clearly stated
- setting high standards for performing tasks
- helping people set priorities for completing multiple tasks
- promoting critical thinking about how to work effectively
- motivating and getting employees excited about their jobs
- getting people to identify and solve problems as a group
- providing sufficiently detailed answers to questions
- assigning responsibility for getting tasks accomplished
- holding workers accountable for doing their jobs properly
- adjusting one’s supervisory style to accommodate differences among people
- making employees feel involved and important

People are not born with great interpersonal and supervisory skills, but they can be trained to supervise others appropriately and to interact more effectively with their staff. Unfortunately, such training is not pervasive, and a lack of knowledge about how to work with people often leads to problems. For example, in the absence of training and knowledge, people with supervisory responsibilities usually default to “control modes” of managing others rather than “working with modes” of interacting. In industries outside of medicine, training for supervisory and interpersonal skills has resulted in reduced safety problems and increased job satisfaction and productivity. Shouldn’t we follow suit?

REFERENCES


The reports described in this column were received through the USP-ISMP Medication Errors Reporting Program (MERP). Errors, close calls, or hazardous conditions may be reported on the ISMP (www.ismp.org) or the USP (www.usp.org) Web site or communicated directly to ISMP by calling 1-800-FAIL SAFE or via e-mail at ismpinfo@ismp.org.