Survey on Perceptions of a Nonpunitive Culture Produces Surprising Results: Part 2

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It's one thing to overlook a single lapse in performance, especially if the most qualified staff members in an organization have been involved and the patient hasn't been harmed. However, a survey conducted by the Institute for Safe Medication Practices (ISMP) tells a different story when it comes to dealing with people who have made frequent or fatal errors or who have committed a violation of a policy that has resulted in an error.

Part 2 of this series expands upon some of the survey findings that were first presented in the February issue of *P&T*.

FREQUENT OR FATAL ERRORS

Except for pharmacists (39%), more than half of all respondents at the staff level (60%) and executives (54%) believe that employees who make repeated or fatal mistakes warrant disciplinary action or termination of their employment to protect the safety of patients. Nurses (65%) were the most likely to feel this way.

Yet such harsh action, which is firmly rooted in hindsight bias, may encourage some employees to conceal their mistakes or to "redefine" errors as non-errors. What's more, this punishment is unwarranted. Terminating employment in the wake of a fatal error is an ineffective, knee-jerk reflex and is easier than getting to the bottom of an error and making systematic changes to ensure that it doesn't happen again.

In the case of disciplinary action based on the frequency of errors, it's really impossible, when we are using the typical methods of detecting and reporting errors, to determine whether one individual is making more errors than another. Instead of punishing people who appear to fall more frequently into the traps created by our inefficient, complex systems, we should recognize that these employees are the best means of examining and strengthening our systems so that even our most experienced staff members won't make the same mistakes.

POLICY VIOLATIONS

In the survey, about 60% of managers, 54% of staff, and 47% of administrators responded that errors caused by policy violations warranted disciplinary action. Yet isn't at least one policy violated every time an error occurs? Chances are that the same policy has been broken before, without a hitch, especially if rules have been used as "Band-Aids" for an ailing system and if following the rules has become a time-consuming, unrealistic goal. Policies may also be violated if managers do not provide the staff with a sound rationale for adhering to the rules or if managers send mixed messages that encourage rule-breaking.

Is speed or accuracy the real priority? The ongoing answers to these questions help to shape the performance of staff members as they make those necessary, moment-to-moment decisions about what can be accomplished within the allotted time and with the allotted resources. Instead of punishing the staff for errors caused by policy violations, it is far more important to determine the underlying causes of the violation and to make the changes necessary to facilitate adherence to the policy or to alter the policy.

SANCTIONS

In practice, managers and administrators are the most likely staff members to impose sanctions on the workforce when an error occurs. Yet our survey showed that managers (22%) and administrators (19%) were less likely than the frontline staff (33%) to believe that sanctions produce more careful individuals. Perhaps these findings reveal that many managers and administrators have seen firsthand that sanctions and warnings to "be more careful" have done little to stop errors. However, it is equally important to recognize that the use of sanctions can perpetuate the vicious circle of blame. Because these punishments have little or no effect on reducing errors, their continued occurrence fuels greater anger and exasperation on the part of managers because the workforce has now been warned, yet errors still occur.[1]

PERFORMANCE AND COMPETENCY

Approximately 50% of all staff members, managers, and administrators replied that errors should be used as a measure of an employee's performance and competency. Despite fairly even distribution among basic professional levels, 63% of executives noted that errors could be used to measure competence and 74% believed that errors could be used to measure performance. In contrast, fewer than half of all risk managers, quality-improvement staff, and pharmacists believed these misconceptions.

Despite a growing awareness that even the most competent and experienced staff cannot outperform the systems that bind and constrain them, it is disheartening that so many respondents have not embraced one of the most important tenets of a nonpunitive culture—that errors are *not* valid measures of competence and performance.

Although it is certainly easy to use errors to evaluate the performance and competence of individuals, the typical means of detecting errors are not comprehensive. More to the point, errors

MEDICATION ERRORS

reflect the performance of an organization as a whole, not the individuals who work for it. After errors have been removed from an individual's performance and competency evaluation, those involved in health care will be forced to identify more accurate, useful, and valid measures that can better ensure that the workforce has the requisite skills, knowledge, and commitment to teamwork to provide safe, quality care.

REFERENCE

1. Reason JT. Foreword. *In:* Bogner MS, ed. *Human Error in Medicine.* Hillsdale, NJ: Lawrence Erlbaum Associates; 1994:vii–xv.

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. ∎