Peril washes whiter

Nursing managers must support risk-taking nurses as they move to meet new demands by expanding the scope of practice and innovation in their work, argues Kate Dewar

Until around the end of the 1950s in the United Kingdom, nursing was associated with relatively few risks. The nurse’s acceptability was based on exhibiting the characteristics of a ‘good woman’ – being quiet, efficient, neat, meek, gentle, clean and retiring (1).

Nursing and nurses’ work has, however, been subjected to increasing change in the latter part of this century. This trend is likely to continue and accelerate (2,3). As the content and boundaries of nursing shift, the nurse’s world becomes increasingly uncertain and, as a consequence, is now associated with more potential for risk than ever before.

Running a risk involves exposing ourselves to the possibility of loss, injury or failure (4). It is difficult to apply this concept to everyone in all situations, because one person’s risk is another person’s challenge. Despite this, there is a common category of risk activity that involves all of us, and that is making decisions (5). We know from our own experience that some decisions are relatively easy to make and involve little uncertainty, as they involve fairly predictable outcomes.

Similarly, we know some decisions, often those with a particularly large number of possible influencing factors, have very uncertain outcomes which are far from predictable. As a result, taking these decisions involves greater potential for error or failure (6).

Nurses in clinical situations are aware of the risks they take, according to the findings of a small-scale study (7). The nurses in the study reported that being undervalued by co-workers such as nurse managers makes them feel very vulnerable – like a hostile target. This professional and/or personal devaluing can be manifested in many ways, for example by paying no attention to the nurse’s needs, disregarding his or her level of competence, and overly disapproving of her actions and judgements.

A second category of risk identified by these nurses stems from their belief that extraordinary demands are expected of them by others. For instance, they believe that they are expected to work overtime as and when the need exists, they must deliver high quality care irrespective of staffing or other resource shortages, and they must also demonstrate consistent top-of-the-range clinical competence, including the ability to anticipate the requirements of any clinical scenario.

Many of the recent and ongoing advances in nursing involve practitioners in decision-making processes that are complex and outside their previous experience. These developments include:

- The increasing professionalisation of nursing
- The expansion of nurses’ roles
- Intra- and entrepreneurial nursing activity
- Business issues such as budgeting and assurance of product quality.

All of these are likely to be associated with one or more of the risk elements outlined above. Nurses have historically been unwilling to take risks. In particular, they have sought to avoid taking decisions autonomously (8). Instead they have chosen to involve other professionals in the decision process, so that the risks of decisions are shared.

The current position appears to have shifted. Results of a study on the risk-taking propensity of nurses suggest that ‘as a group, nurses tend to take more risks than the general population’ (6). The reasons for this may lie within individual nurses. Possibly the type of entrant to nursing has changed in recent years so that nurses as a group now have personality or attitude characteristics common to risk-takers (9).

Other research evidence suggests, however, that different factors influence nurses’ risk behaviour. Nurses appear to be selective about the areas where they are prepared to take on increased risks (10). They generally want more independent authority and accountability for individual patient-care decisions, as well as the right to make more decisions influencing the environment of care.

Equally, it is clear that nurses in the same study wanted autonomy for some decisions but not for others. Differences in preference for autonomy were found to relate to a number of variables, including years of nursing experience, grade of nurse, level of basic nursing education, membership of a professional organisation and age.

The professional life of practitioners is unavoidable influenced by their work environment. The workplace may have a preponderance of risk-inhibiting or risk-facilitating factors. Nurses have developed several ploys for reducing individual risk (5,7). They can follow rules rigidly. This works as a strategy because, if failure results from such rule-bound action, then it is the rule that has failed rather than the nurse.

Another tactic involves breaking the rules in secret. This works because although others may suspect the nurse has deviated from the rule, they cannot know, so deniability is his or her defence.

Venturing into new areas of decision making, with its associated risk of failure may, have negative outcomes for the nurse, such as damage to self-image, loss of status or fear of job loss. Nevertheless, if risk achieves successful outcomes, then it is likely to be applauded.

Benefits of ‘risky’ decision making in nursing

As well as being a way of developing the image of the profession, a variety of other benefits might result from an increased willingness to become involved in risky, innovative decision making.

For individual practitioners...

The potential benefits of risk-taking to individual nurses are job-related and personal. They include increased professional and personal power, enhanced professional advancement, and greater job satisfaction (7). Nurse entrepreneurs gain a feeling of achievement when their innovation is used to improve healthcare. It seems also that successful entrepreneurs are valued by their organisation and tend to be rewarded financially or in terms of increased status (11,5).

Provided that purposeful risk-taking activities are accompanied by critical reflection processes, then nurses are likely to gain a greater feeling of security in the decision-making process (12). With repeated cycles of risk-taking, an increased willingness to take part in complex decisions may develop. Such personal professional developments could be useful for example in helping nurses deal with current local health care initiatives involving earlier discharge of patients from hospital. There is now less time
available for hospital-based nurses to make important decisions about the care options/requirements of relatively ill patients. At the same time, community nurses have a greater number and complexity of decisions to be made concerning the continuing care of their clients, since their population of patients is now in a much earlier stage of their illness/recovery (6).

For patients...
It seems reasonable to expect that competent and innovative nurses will use their risk-taking skills to improve patient care either directly or indirectly. Nurses can become more actively involved in helping patients make appropriate healthcare choices. By expanding the scope of their practice, nurses will be able to offer a more comprehensive and consistent service to their clients (3).

For the organisation/employer...
A more effective workforce and work pattern may be obtained through nurses’ initiatives in choosing appropriate ‘substitutions’ deciding where their own level and type of expertise can be used to best effect. This is likely to detach some nurses from the generalist bedside and allow them to take on appropriate roles in coordinating services or in specialist highly skilled care (3).

Whatever innovations are initiated in specific care settings, the underlying force for change is the drive for increased efficiency throughout the NHS. Nurses have proved themselves a cost-effective commodity, and those who are willing to risk adopting substitution changes will have a more flexible and fluid job content. This in turn will bring about efficiency as well as quality-through-innovation benefits (13,14,15).

How can the benefits of having risk-takers in an organisation be maximised? Most importantly, open access communication channels must exist between managers and staff for free and frank exchange of information, so that individuals are aware of the boundaries and constraints as well as the freedoms within which they can operate (16).

Through this, agreement can be negotiated about acceptable types and extents of risk. Thus, potentially moderate risks may be identified and accepted, while over-the-top ideas can be modified or shelved for consideration at some future date. Operating these risk-discussion processes should reduce the likelihood of large-scale failures. This is important, as not only are persistently unsuccessful risk takers unlikely to be valued by their organisation, but also their organisations will become relatively inefficient (17).

According to Wolfe (5): ‘Now more than ever before, nursing’s practitioners ... are being pressured to employ risk taking behaviour.’ Such pressure must be twinned with an increased willingness on the part of individual risk-takers and their employers to accept failure (18). Systems must be in place to support the individuals affected. Perhaps it is difficult to imagine strategies as sophisticated as the ones that Peters (19) exhorts us to implement, such as giving prizes for innovation failure, and using failure rates as a measure of innovation success. Nevertheless, it is important that nurses are assured that failure is acceptable, providing it occurs in the pursuit of reasonable risk and innovation.

It is the transformational type of leader who is most likely to encourage creative efforts by acting as an energy source - charging-up and freeing within which they can operate (16). The leader’s task is to provide an environment where not only risk-takers, but also those whose expertise lies in supporting and following innovators, feel valued for the vital part they play in enabling change (21).

An important consideration is the open recognition of clinical workloads and time constraints, so that unreal expectations do not place undue pressure on employees. To maximise risk benefits, clinical nurses and leaders must be equally willing to take risks. It is a paradox that risk takers within an organisation need a level of personal and job security from which to operate - it is far easier to walk into the unknown if we know we can safely return should the journey be unsuccessful, than to start the journey knowing that failure means no way back. Nurses who are willing to be innovative can, by their actions, reap rewards for their patients, themselves and their employers.

In order to flourish, NHS employers need to recognise the importance of risk and select leaders who encourage it: ‘The fundamental role of the leader is to make it safe to risk.’ (Porter O’Grady, in (20))

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References

Drive fast, drive careful: community nurses are taking on ever more complex caseloads

Nursing Management Vol 2 No 4 July 1995 23