The pros and cons of routine

Do ritualised activities have a place in modern health care? Two leading nurses disagree over whether patients derive any benefit

IN FAVOUR ROUTINES and nursing have an uncomfortable history: an association with task-oriented care that detracts from patient individuality. As a result, prevailing nursing philosophy has focused on models and methods of individualised patient care. The word ‘holism’ has been the Holy Grail that nurses have sought in their quest to provide care tailored to patients’ needs.

But the time has come to re-examine the nature and place of routines in nursing care because they may make a significant contribution in the changing NHS. A routine may be a conscious or unconscious behaviour pattern that organises activities.

It can be desirable, bringing comfort, certainty and quality to life, or constraining, monotonous and ineffective.

From a work perspective, routines enable co-ordination in organisations and, in a nursing context, a routine intervention can provide a positive patient outcome.

Outside the care setting, airline pilots make essential checks before take off; they rely on simple protocols, or the routine preflight checklist, to ensure nothing is overlooked.

An equivalent example in health care could be an intensive care nurse who routinely checks a patient’s life support equipment at the start of a shift. This routine review ensures the patient’s safety.

In both cases, a routine checklist is a simple and fast method of ensuring that certain tasks are completed; it is a high-level, well-organised inventory of what has to be done.

AGAINST IT IS important to differentiate between the meaningful, thoughtful routine that may benefit people, and unthinking ritual. Rituals have their place as cultural markers, enabling rites of passage and establishing social orders. In care settings, they are characterised by mechanistic repetitive actions that lack thought and detract from individualised care.

Excellent nursing care happens when it is tailored to the individual, doing the right thing at the right time in a way that shows compassion and provides dignity. The management and delivery of excellent care demands a way of working that recognises the individuality of each human being.

It is undesirable to approach caring in a way that treats all people the same. and routines and rituals are often guilty of this.

Ritualistic nursing care fails the patient because it is driven by the needs of the institution rather than the patient. Rituals encourage a mindset that things are done because ‘we have always done it that way’.

Ritualistic practice can lead to unthinking practice, characterised by an inability to ask and answer the question: ‘Why am I doing this thing for this person at this time?’

Walsh and Ford (1989) identified a range of routines such as the ‘observation round’, as well as rituals such as salt in the bath’ and ‘egg white and oxygen on open wounds’. These had become everyday practice, characterised by lack of thought. Many

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people did not get appropriate care because it was ritual rather than need driven.

Rituals tend to focus on task-oriented physical care activities that lead to the person being seen as someone on whom a series of chores is performed. This compartmentalisation detracts from individualised care and can lead to caring activities being missed. It can also detract from communication between nurses and patients because the focus of work is the task rather than the person.

The medical model of nursing, which sees the patient as the recipient of a disease process, led nurses to focus on addressing the disease itself rather than the problems and needs the person has as a consequence of the disease. Some routines may well have a role in health care, but rituals are a threat to individualised care.

Reference