

## **Recognising and Mitigating the ‘Fear Factor’ among Staff in Resisting Change to Practice**

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Fear was highlighted in the Berwick Review as both toxic to safety and improvement<sup>1</sup>. While it pervades through hospital systems, fear affects healthcare providers individually as well. In this project, we provide an example of fear being a force in hindering staff from improving the safety of drug administration practice despite receiving training. The 2002 Report of the National Confidential Enquiry into Perioperative Deaths stated that Nil By Mouth (NBM) preoperatively should not include regular medications<sup>2</sup>. We conducted a project to evaluate and reduce the incidence of missed preoperative medications due to NBM among trauma patients at Addenbrooke’s Hospital. Our initial interventions failed to change practice. This led to face-to-face interviews to discover reasons behind the resistance to change.

Data of 100 trauma patients, with no contraindication to receiving oral medications, admitted to two trauma wards was collected (July-August 2015). Missed medications were identified through electronic prescription charts. Following the introduction of abbreviated guidelines on drug trolleys alongside daily staff education sessions for a week, a repeat study of 100 patients was conducted (February-March 2016). Face-to-face interviews with staff whose practice did not improve were conducted.

The first study revealed that 24% of patients missed regular medications preoperatively due to being NBM. This included essential medications such as corticosteroids. The repeat study revealed that 21% of patients continued to miss these same essential drugs. 14 nursing staff were identified to have omitted regular medications. 5 were temporary staff, with the remaining 9 regular staff persisting with drug omissions despite receiving education. In depth questioning revealed a culture of fear of causing cancellation of operations by administering unwarranted medications and being told off by doctors. A few staff members could not recall committing the same mistakes, suggesting a subconscious habit partly explained by fear. The data suggests that fear of making a wrong decision had influenced staff to ‘play it safe’ and default to drug omissions.

The psychology of fear in resisting change to practice can be difficult to recognise. Education per se does not appear to be effective in overcoming fear. In this project, further interventions have targeted changes in the environment, such as renaming NBM as ‘Medications Only’, improving medical prescription systems, empowering staff with knowledge through disseminating guidelines and discouraging blame among senior clinical staff. It is anticipated that the process of overcoming fear among staff will require a protracted and coordinated effort.

<sup>1</sup> Berwick, D. A promise to learn, a commitment to act: the Berwick Review into patient safety. National Advisory Group on the Safety of Patients in England. London, Department of Health 2013

<sup>2</sup> The 2002 Report of the National Confidential Enquiry into Perioperative Deaths. Functioning as a team? London, NCEPOD 2002