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#400WORDS: DELIVERING A RESEARCH SKILLED WORKFORCE SPECIAL EDITION

***What nurses do right!* How resilient variation in medication administration practice creates and maintains safety: an ethnographic study in progress**

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Background

Registered nurses and nursing associates are accountable for preserving patient safety in safe use of medicines. At times of complexity and organisational stress, variations in medication administration practice are often necessary actions in response to environmental and contextual factors in the clinical setting, resulting from competing and conflicting demands (Sujan *et al.*, 2019). We explore these adaptive variations as evidence of 'resilience', which is the mechanism to achieve reliability (safety) over time.

Resilience is about maximising things that go right and minimising things that go wrong (NHS, 2019), and adapting to challenges to maintain quality care (Wiig *et al.*, 2020). Adaptations reflect 'work as it is done', rather than as 'work as imagined' in guidelines and policy (Hollnagel *et al.*, 2013). Review findings show most resilient practices are unanticipated, short lasting and intermittent, which reflect 'find and fix' solutions (Hollnagel *et al.*, 2013), leaving a need for further exploratory work into longer term safety.

Method

An eight-month qualitative interpretive ethnographic study was undertaken in two different wards in an NHS hospital Trust in the South-West, with three data collection methods: observation, interview, and document review. Data analysis used reflexive thematic analysis (Braun and Clarke, 2022). Ethical and research governance approvals were obtained from the Health Research Authority, Integrated Research Application System, Leeds University, and the host Trust's Research and Development Service.

Results

Data from 115 hours of observation and 14 interviews suggests that a process of reactive or proactive decision-making and problem solving supports nurses to create safety in medication administration. Factors driving variation from planned practice are triggered by nurses seeking to address an array of issues (balancing risks, interruptions, pressure, environment, and workload) to maintain safety before, during or after their medicine rounds. Some variation challenges reliability and safety. Data analysis is ongoing with further findings shared at the Developing a Research Skilled Workforce 2023 conference (<https://tinyurl.com/zjsa483y>).

Conclusion

A range of adaptive resilient practices are utilised to maintain safety, identifying areas where nurses are proactive in saving the system through their adjustments, compensations and recoveries, the 'Hero', rather than the 'Hazard', where the dominant view focuses on mistakes (Reason, 2008). Nurses themselves offer opportunities to evolve processes to enhance safety. Tensions can arise where variations deviate from guidelines and policy.

Implications for practice:

- We show an alternative view of variation and adaptive strategies where nurses are proactively creating safety
- Adoption of resilient strategies are exemplars of new ways of working to maintain safety

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