



# Risk perception: How it is understood and lived by frontline staff in an acute setting

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06/11/09

# Risk

- It may be beneficial to adopt an approach whereby risk is examined socially and seen as subjective.
- Our identities may effect risk perception and selection.

# Method

- Semi-structured interviews with 48 healthcare professionals (doctors, nurses, managers, pharmacists etc)
- Interviews involved issues concerning everyday working life, working relationships and patient safety.
- Analysed using Grounded Theory technique (Strauss & Corbin, 1994; Strauss & Corbin, 1990)

# Emerging themes

- Risk free is unattainable
- Adherence to safe practice
- Risk acceptability
- Factors influencing risky decisions

# Risk free is unattainable

*‘Our job is to minimise the risks as much as possible and make sure that the environment is as safe as it possibly can be. As soon as you see something act on it. But I think to have 100% risk free I really don’t think it can happen.’*

**(Female Nurse)**

# Adherence to safe practice

## Definition of risk

- Professional risk
- Environmental risk

*‘You’ve got to separate out the professional areas of risk in terms of what we’re doing, practising medicine, and the actual environmental risk I think. They’re two quite separate areas’*

*(Female Consultant Paediatrician)*

# Professional risk

*‘ I would break that down into what it is for an individual that prevents them from adhering to safe practices. It could be just that they're clinically negligent as they have poor training.’*

*(Male Consultant Oncologist)*

## Professional risk cont'

*'...another thing I should have mentioned actually is boredom. Repetitive tasks I guess allow people's thoughts to stray. I can find myself checking the drug and then deciding I'm going to give it and then before I give it, I can't remember what it is I've exactly checked. I think in that situation it's because you're doing it time and time again.'*

*(Male Consultant MAU)*

# Environmental risk

*‘If you’ve got quite a lot of patients who require a lot of care regarding assistance, and if you haven’t got the numbers of staff that you require to actually keep an eye on all the patients, then from no fault of their own they are prevented from adhering to the safety of the patients.’*

*(Female Matron)*

## Environmental risk cont'd

*‘An admission could come in through the doors that would take, say, perhaps one or two members of staff away from the workload. No matter what you do, there will always be that element of surprise, and it’s that element of surprise that will provoke the risk.’*

*(Female Clinical Leader)*

# Risk acceptability

*‘I think some risks are more tolerable than others. If you look at risks to staff and you look at risks to patients and you look at risks to the organisation, there are some risks to patients that I would feel were entirely unacceptable’.*

*(Female Modern Matron)*

## Risk acceptability cont'd

*'I think you sometimes have to take calculated risks with patients' management in order for them to hopefully get better. If no one ever took any risks then no one would make any decisions For example, it's about calculated risks on prescribing a drug that you know might have certain side effects but could potentially help improve their condition.'*

*(Female Nurse)*

# Factors influencing risky decisions

- Knowledge and experience

*‘I suppose the more experience you have and I think that goes alongside education, gives you the competence and the confidence to be able to make more riskier decisions. I think a lot of things about our work is about taking a risk but understanding the consequences if you make the right or wrong decision.’*

*(Female Nurse)*

# Factors influencing risky decisions

- **Perceptual differences**

*‘They could see it differently from ourselves. They might not see the same risks that we might see, but there again, they might see risks that we can't see either.’*

*(Male Nurse Specialist)*

# Solutions

- Training issues

*‘I think it's training with each other and treating each other as equals, not thinking that someone is better than the next person but going back to basics and we are all equal.’*

*(Female Clinical Leader)*

## Solutions cont'd

*P: 'If you can train staff to the highest level and give them the confidence to know that that training is of use and appropriate and that they are capable of making that decision.'*

*I 'Are you saying that competence and confidence can compensate for the lack of equipment?'*

*P: 'Yes, and that's certainly what happens'*

*(Male Nurse)*

# Conclusions

- Participants are generally united in their views of risk.
- Education, training, experience and communication are the key areas that influence risk management.