



# Stop the slide

Drifting back to old practices endangers the profession.

Let's regain our focus on improving clinical outcomes, enhancing nurse staffing, and creating healthy work environments.

**BEFORE COVID-19**, healthcare and nursing performance were moving in the right direction. Turnover was slowing, healthy work environments were becoming a reality, and culture of safety surveys were showing positive trends. The sudden onset of the pandemic forced healthcare organizations to pivot, focusing all efforts toward defeating the virus.

The good news is that we saw impressive gains in COVID-19–related safe patient care. The bad news, according to a recent Press Ganey report that analyzed safety outcomes during the pandemic, is that the singular focus on COVID-19 led to increases in routine safety issues, including medication errors and falls. The Centers for Disease Control and Prevention also released a report showing that the national standardized infection ratios for CLABSI, CAUTI, VAE, and MRSA bacteremia rose significantly in 2020.

What caused us to drift away from evidence-based, standardized practices? Safety science tells us that when we're working under conditions of stress and consequence, coupled with changing conditions and time compression, we feel a sense of urgency that causes us to take shortcuts and deviate from best practices. We drift into normalized deviance, which over time becomes the norm. For many new nurses just entering the workforce, the normalized deviance culture is the only one they know. Expediting successful patient outcomes by bypassing standards is "normal" for them.

Now we're looking for solutions to pivot back to the pre-COVID systems of care, while facing new challenges—high turnover, high vacancy rates, and supply shortages. What I see is back-sliding to old practices in the process. For example, putting nursing residencies on hold (or eliminating them), deemphasizing bachelor of nursing (BSN) education due to the nursing shortage, and re-instituting functional nursing vs. proven care models.

We were making great progress on the goal recommended by the Institute of Medicine

to increase the proportion of BSN-prepared nurses to 80% by 2020. Research studies are continuing to prove the value of this level of education. For example, higher hospital proportions of BSN nurses, regardless of educational pathway, are associated with lower odds of 30-day inpatient surgical mortality.

Drift has no place in safety science or nursing practice. And drifting back to the norms of the past doesn't bode well for the profession's future. Let's regain our focus on improving clinical outcomes, enhancing nurse staffing, and creating healthy work environments. Nursing history is filled with examples of overcoming pandemic, natural disaster, and workforce shortage setbacks. We've done it before and we can do it again. Let's use innovation and evidence-based science to our advantage. We must acknowledge the problem and stop the slide now.

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## References

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Best of luck to my dear colleague and *American Nurse Journal's* editorial director, Cindy Saver, MS, RN, as she moves on to her next exciting role. Her mentorship and skill have helped many young nurses pursue writing for publication. Please join me in thanking Cindy for her many years of outstanding service to the journal and wishing her continued success.