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Normalization of deviance: an old-new challenge for health management

Normalização do desvio: um velho-novo desafio para a gestão em saúde

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The term "normalization of deviance," derived from the English phrase, describes a phenomenon in which individuals, groups, or organizations gradually accept a lower standard of performance until it becomes their new norm. Consequently, behaviors or practices that deviate from correct or appropriate standards become culturally accepted. This concept was first articulated by American sociologist Diane Vaughan in her analysis of the 1986 Challenger space shuttle accident, which marked the first fatal incident in the history of the United States' space program (Vaughan, 1996).

An examination of the factors leading up to the Challenger accident revealed that NASA administrators disregarded warnings from engineers regarding the risks associated with launching in low temperatures. Nearly four decades later, the normalization of deviance is recognized as a prevalent phenomenon across various organizational contexts. This phenomenon arises due to human factors and often occurs under pressures to conform to standards, protocols, or budgetary constraints (Vaughan, 1996).

In a complex, dynamic, and chaotic healthcare system like ours, there is an urgent need to guard against the insidious effects of normalizing deviant practices. This necessitates collective action from all stakeholders: healthcare professionals, managers, patients, civil society,





public policymakers, and government officials.

According to the World Health Organization's Global Action Plan for Patient Safety (WHO, 2021), emerging countries witness 2.6 million deaths annually due to adverse events. The "Patient Safety Movement" reports a global increase in deaths caused by unintentional incidents resulting from healthcare errors. Before the pandemic, healthcare errors ranked as the third leading cause of death in the United States, surpassed only by heart disease and cancer. Presently, they have become the primary cause of death, experiencing significant growth worldwide.

It is crucial to acknowledge that adverse events stem not solely from human errors or failures but primarily from the normalization of numerous deviant practices that often go unrecognized for extended periods. Consequently, when adverse events occur, it is imperative to scrutinize systems and structures rather than resorting to individual blame, as has been customary.

One common catalyst for deviation is the prevailing organizational culture and pressures within healthcare settings, such as excessive workloads and high patient demands, which may prompt healthcare professionals to exceed established safety boundaries (Wright, 2023).

A significant issue pertaining to this subject revolves around deviating from sound security practices in favor of perceived benefits, such as temporal efficiency. Some employees may falsely perceive that such deviations lead to increased productivity and reduced costs. Regrettably, over time, these shortcuts tend to become ingrained as the cultural norm, gradually eroding the security culture within an organization by fostering tolerance for lower security standards (Wright, 2023).

You might be curious about what behaviors constitute normalizing deviance within your workplace. The answer lies in any actions taken by professionals that contravene or fail to adhere to institutional norms, standards, policies, and protocols designed to promote safety practices. When such actions become the "modus operandi" or the accepted norm among professionals and their teams, they contribute to the normalization of deviance.



In hospitals, the normalization of deviance manifests in various professional behaviors, including inadequate handwashing or sanitization practices, neglecting infection control protocols such as proper attire or procedures, failing to change gloves when necessary, overlooking patient bed rail checks, disabling audible alarms on critical patient monitors under the pretext of inconvenience, neglecting security checks, excessive use of abbreviations, referring to patients by bed numbers, and disregarding medication storage or dispensing policies (Carvalho et al., 2023).

In primary healthcare units, normalized deviant practices include consistently limiting the number of forms or spontaneous service appointments per day, even when sufficient time and personnel are available to accommodate more users. Professionals may clock out from the unit to attend to personal matters or work elsewhere, leaving the unit unattended. Additionally, assigning sole responsibility or "ownership" of the vaccination room to a single professional for an extended period can result in delays or neglect of vaccination-related issues in their absence. There is also a tendency to excessively tolerate the inadequacy of basic resources for patient care, leading to frequent transfers of patients to other facilities within the care network, often citing structural deficiencies that could be easily addressed at the primary care level.

Adding to the complexity, professionals sometimes justify the normalization of deviance as actions taken in the best interest of the patient, particularly in situations requiring rapid decision-making, such as hospital complications or instances where there is distrust among team members regarding the care provided. Consequently, normalization of deviance can stem from acts of imprudence, wherein professionals feel compelled to provide timely assistance or devise alternative methods to address patients' health needs when standardized resources or protocols are not readily available. This may be perceived as a "necessary evil" to ensure prompt resolution of patients' issues, a rationale that may be accepted by the healthcare team despite not immediately causing harm to the patient (Carvalho et al., 2023).

An open and transparent discussion about the phenomenon of normalization of deviance is imperative in healthcare settings. Healthcare managers need to recognize this phenomenon so they can remain vigilant, feel empowered to intervene when signs of normalization of deviance arise, and actively work towards preventing its escalation within their organizations.

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It's essential to provide support to frontline healthcare workers by removing barriers to adherence to safety protocols. For instance, instead of imposing unrealistic time pressures, organizations should ensure adequate staffing levels to enable tasks to be completed safely and efficiently. Additionally, recognition and rewards should be given to individuals who prioritize safety in their work environments, rather than solely focusing on productivity.

It's evident that further research is necessary to fully grasp the nature of this issue, including its cultural dimensions. As healthcare managers and workers, we must maintain a constant awareness of the immense responsibility we bear for ensuring the safety of our patients. While striving for heightened productivity and efficiency is commendable, it should never come at the cost of patient safety. Moreover, even in the absence or rarity of adverse events, our vigilance against risks should remain unwavering.

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