



YOU WANT ME TO DO WHAT?

by Leah Curtin RN PhD(h)

Nothing could be easier. Just pull my card and clock me in when you clock in yourself," Jane said. When Mary Ann hesitated, she quickly added, "You know I can't afford to lose my job. I'll be in as fast as I can. It's just that Johnny is sick this morning, and I have to pick up his medicine before work - and the pharmacy doesn't open in time. And then I have to drop him off at the babysitter's house. You know I wouldn't ask you if I wasn't desperate!"

"Why not just call in and tell Ruth [the unit manager] the truth?" Mary Ann suggested. "You know she won't believe me. I've been late so many times before that I've been put on probation. Only this time it really isn't my fault! And I've been trying so hard

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to improve." "Perhaps, but what am I supposed to tell her if you don't get there in time for report?" Mary Ann countered. "If she asks you, tell her I'm in the John.' Besides, I'll be there, so stop worrying! And thanks, Mary Ann, I knew I could count on your help!" Jane was off the phone before Mary Ann had a chance to say

another word like, 'Can't you find an all night pharmacy? Or 'No, I can't lie for you!' or even 'What happens to me if I get caught clocking you in?

Common dishonesty...Now, in the great scheme of things, this is not a big problem. Frequent, but not BIG. The problem is that there are so many not very big problems. In 1995, Nan DeMars conducted the first ever Office Ethics Survey of almost 1500 professional secretaries and administrative assistants working in all kinds of settings, including hospitals and other health care institutions - and the results were sobering: 27% had seen co-workers falsify expense accounts; 23.9% had seen others falsify travel and/or lodging records; 11% had seen official minutes of corporate meetings changed - and that's the least of it!

Over fifty-nine percent report witnessing others sharing confidential information about hiring, firing and layoffs; 52% had heard others discussing confidential information about salaries; 25.3% had seen someone release business trade secrets; and 20% had witnessed others preparing documents that contain false or misleading information!

Lest you think that office secretaries and administrative assistants are the only ones to experience/participate in unethical conduct in the workplace, let me hasten to disabuse you of this mis-

conception. A number of other surveys reinforce this picture of moral malfunctioning in the workplace. A recent Survey conducted by the Ethics Research Center supports DeMars' findings: 56% of workers have witnessed others lying to their supervisors; 41% have seen people falsify records or lie on reports; 31% have witnessed drug or alcohol abuse in the office, and another 35% have observed stealing and blatant sexual harassment. And health care professionals and information specialists are no exception. - In fact, a USA Today cover story reported that they (health care and computer professionals) are more likely than others to be asked to do something they think is wrong while they are working. ... Wedded to technology is a daunting prospect.

The point of all these numbers and statistics is to drive home their collective impact on the psyche of the average worker, i.e., when dishonesty is widespread and largely accepted in the work setting, an individual's scruples tend to dissipate. As the power of technology increases, so do the ethical questions and consequences associated with its misuse or corruption - much like risks increase the faster you speed down the road. The more powerful the technology, the greater the impact of its misuse - much like a careless (or inexperienced) driver's inattention to detail can send a speeding car careening dangerously off course. Please note I did not use the word "evil," but merely the words 'careless' -- or inexperienced. When we add deliberate misuse, the prospects are daunting. ... the root causes of inflation in health care...

The use of technologically improved tools in business or industry: 1) converts labor costs to capital costs, which eventually are amortized over time thus bringing actual costs down, 2) compresses the time it takes to accomplish a task, which magnifies the consequences of error or dishonesty; 3) requires a smaller but far better educated workforce which, while it significantly increases the income of a few workers, reduces overall labor costs; and 4) when the technology is diffused throughout the population, production costs per unit go down. Thus, eventually, the actual costs of delivering a product or service go down dramatically whether or not price goes down depends on the greed of the producers!

In health care settings, technology's impact differs in some respects - technologically improved tools generally do not convert labor costs to capital costs, they generally have meant that sicker people can now survive longer. And these sicker people require more rather than less care, more skilled rather than less skilled caregivers. Moreover, technology enables more accurate

and timely interventions. These require immensely more information which must be collected and stored, accessed and integrated, compiled, collated and reported - thus magnifying the possibilities - and consequences - of error. For all concerned.

The more the technology is diffused, the greater the costs because morbidity rises in the population: as survivors live on to become sick once again and require even more sophisticated care - and caregivers. About the only corollary between the health care sector and the general economy (when it comes to the use of technologically improved tools), is the compression of time and the increased consequences of error, and thus the need for a better educated, technologically competent workforce. The problem is, the whole health care workforce needs to be better educated -- not just a few!

For all of these reasons and more, health care inflation has dramatically outstripped inflation in the general economy. And government and private sector alike are funding research on less invasive, less aggressive technologies whose recipients, presumably, will require less follow-up care. The need for clean, reliable data... It also is understandable that government and private sector alike seek to harness technology's tools to track the effectiveness of various interventions, monitor the reliability of patients and caregivers alike, and compare the performance of providers - always seeking more efficiencies as the cost pressures of an aging and chronically ill population challenge the economic viability of the medical-industrial complex. To do so, they need clean, valid data.

All of which brings me down to the point of this essay: how do we get clean, reliable data from a polyglot system in which cover-ups, marketing position and good PR are more highly valued than accuracy? In short, how do you get clean, reliable data from people who feel threatened if the data don't support their employer. Whose implications could threaten their income? Or business? Or future employment? Especially when it is so very easy to selectively input information. And especially in light of a recent report strongly suggesting more severe penalties for infractions of JCAHO standards. How reliable and valid can statistical sampling really be if the entire pool is contaminated by fear of reprisal?

Now we can hit the nail on the head, so to speak. Data are only as trustworthy as the people who collect and input it. Given what can only be perceived as a highly permissive attitude toward dishonesty in the workplace, especially when 'it doesn't hurt anyone,' how reliable and accurate are medical records? (One experienced respiratory therapist who was being disciplined for falsifying information in a patient's chart, defended her actions by pointing out that she'd been too busy taking care of patients to chart until after the shift was over - and by then she knew that the patient was all right - and besides, she couldn't find the printouts from the capnography monitor anyway. And her colleagues supported her - and her supervisor defended her!)

Today, more than ever, personnel need ethics education - and not just about clinical care. More sensitivity to the collective impact of 'a tiny little deception' repeated tens of thousands of times - and eventually collated into huge databases that are used to allocate critical resources. More understanding of the importance of meticulous record keeping - clinically, financially and legally - is imperative!

In the end, the entire enterprise - more so today because of our advanced (and advancing) technologies rests on the personal integrity of each individual having access to computers -- and, the more adept they are with computers, the more dangerous a 'lapse in integrity' can be.

Perhaps, with a concentrated effort to increase ethical awareness, we will reach a day when we rarely have to say, "You want me to do what?"... Whether the person doing the asking is a co-worker, colleague - or boss!

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