Review Article

Routinization in Nursing Care: An Integrated Review

Abstract

Background: There is growing evidence that routinization in nursing care is a concerning issue that directly affects the quality of nursing care and nurses' ability to be creative and innovative in care, flexibility, and ability to provide individualized care, and comprehensiveness in care at the global level. This study aimed to identify factors associated with routinization in nursing care. **Materials and Methods:** The method of Whittemore and Knafl was employed to conduct this integrated review, which consisted of five stages: identification and determination of the purpose, search for sources, data evaluation, data analysis, and results presentation. Evidence search was conducted using the keywords nursing care, routine, routines, routinization, and their Persian equivalents separately or in combination using the AND and OR operators in the databases PubMed, Web of Science, CINAHL, Scopus, SID, Medex, Magiran, and IranDoc from the beginning to October 2024. After screening and checking for eligibility, the articles were evaluated using the Joanna Briggs Institute's critical appraisal tools. **Results:** A total of 23 articles met the inclusion criteria and were included in the final review. The most important factors affecting routinization were categorized into 4 categories: individual factors, organizational factors, communication factors, and patient-related factors. **Conclusions:** The results of this study indicate the need for critical interventions to address factors that can influence routinization in nursing care. Overall, studies highlight the complexity and dependence of routinization in care on various factors, including workload, work environment, and nurse characteristics.

Keywords: *Nurses, nursing care, review, routine*

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Introduction

The nursing profession is a cornerstone of global health care systems,[1] but today it faces challenges such as providing quality nursing care.[2] Quality nursing care is the nurse's response to the physical, emotional, psychological, spiritual, and social needs of patients with the aim of returning patients to their healthy and normal lives and achieving the satisfaction of patients and nurses.[3] Heavy workload, inappropriate tasks, insufficient resources, poor management, staff shortages,[4] and routinization are among the most important challenges to providing quality nursing care in developing countries.[5]

Based on a conceptual analysis, routine is a concept related to rigid behavioral patterns (conscious and unconscious) for organizing and coordinating activities, and routinization refers to a tendency towards routine. Routinization predicts the amount of routine in an individual's work life.[6] Routinization is the process in that activities are introduced in such a way that they follow regular or unchanging patterns.[7] Sometimes, routines are described as desirable and valued to some extent. However, routines are often described as barriers to good care, potentially hindering recovery and causing nurses to lose the flexibility needed to respond to patients.[8] It structures nurses' work instead of patient-centered care.[9] Routinization suppresses innovation, engagement, commitment, and other forms of creative expression within the occupation, leading to poor performance.[10] Routine deprives nurses of the opportunity to think deeply and reflect in clinical situations and promotes a work style based on carrying out physician orders and avoiding independent intervention.[11] A review of the results of studies on the causes of tendency toward routinization in care shows that the dominance of traditional care methods and division of labor, heavy reliance on clinical

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experience,[12] shortage of nurses, heavy workload,[13] low knowledge and communication skills,[14] lack of time to communicate with the patient, and allocation of a great amount of time to dealing with administrative bureaucracy and file writing[15] are the most important factors.

Identifying and categorizing the factors affecting routine can help nurses understand the effective factors and the cause of routine-based behaviors and take effective measures. Moreover, it helps managers and decision-makers in the fields of health, treatment, and education improve planning for the management of the factors affecting this phenomenon and move toward standardized and optimal care in nursing. Considering the reasons and the lack of similar studies, the present review study aimed to identify factors associated with routinization in nursing care.

Materials and Methods

The present study is an integrated review of factors affecting routinization in nursing care. A comprehensive and broad comprehension of a phenomenon of interest, a health concern, or a state of extant knowledge is achieved through the combination and summarization of qualitative and quantitative studies related to a topic. This method is known as an integrative review. It has contributed to theory development and has direct application in clinical practice and policy development.[16] The present study structure was designed based on PRISMA.[17] This integrated review was guided and implemented in five stages based on the methodological framework of Whittemore and Knafl.[16] The first, the research problem was clearly identified. For this purpose, the research question was determined considering the variable of interest, target population, health problem, sampling frame, and type of study. The main problem that this study attempted to describe is the factors affecting routinization in nursing care. Thus, the main question of the present study is: What are the factors affecting routinization in nursing care? A multi-step approach was used to search for texts using the Persian and English keywords "routine," "routinization," "care," "nursing," individually or in combination, using the AND and OR operators in the following reliable electronic databases: SID, Medex, Magiran, IranDoc, PubMed, Web of Science, CINAHL, and Scopus. For example, the search strategy in the PubMed database was [routine (Title/Abstract)] OR [routines (Title/Abstract)] OR [routinization (Title/Abstract)] AND [(nursing (Title/Abstract)] AND [care (Title/Abstract)]. Reference list screening of identified articles was used in a systematic manner to identify any missing articles examining factors influencing routinization in nursing care. Search parameters were extended from baseline to October 2024. In this stage, in addition to eliminating duplicates, various studies were searched using a scoring system appropriate to the type of study. The inclusion criteria for the study included the topic of routine nursing care, article in Persian and English, and access to the full text of the article. The selection process involved several steps [Figure 1]. All results from electronic database searches were entered into EndNote software, and the titles were first assessed for relevancy to the subject matter. Next, two researchers separately examined abstracts to evaluate their eligibility for inclusion in the analysis, meticulously retrieving and assessing all articles deemed possibly relevant. Any disagreements among researchers were resolved and satisfactory agreement was reached through in-person meetings of the research team. Then, quality assessment was conducted using validated assessment checklists, and finally, a search of citations and references of selected articles was conducted. The included studies were quality assessed. To assess the methodological quality of the studies, standard critical appraisal tools developed by the Joanna Briggs Institute (JBI) Collaboration were used. These checklists for the evaluation of qualitative studies,[18] cross-sectional studies,[19] retrospective studies,[20] action research,[21] and systematic reviews[22] consist of 10, 8, 10, 10, and 11 questions, respectively. The questions are designed to identify the possibility of bias in the design, conduct, and analysis of the study. Each question in these checklists has four options: yes, no, unclear, and not applicable. If the original study met all of the criteria described, the question was marked "yes." If the study was not developed/evaluated in the manner described in the question or the issue was not mentioned, the answer was "no." For each item, if it was not clear how the issue was raised, the answer was marked "unspecified." Finally, if the question did not apply to what was being analyzed, the answer was "not applicable."[23] Each question is also given a score of 0 (no or unclear) or 1 (yes). Finally, two authors assessed the risk of bias across studies. Disagreements among authors were resolved by discussion. Type of bias was identified for all studies. Risk of bias was classified according to the study by Silva *et al*.[24] as high (up to 49% of "yes" responses), moderate (50%–69% of "yes" responses), and low (70% or more of "yes" responses) risk of bias. Studies were only included if they scored more than 50% of each JBI critical appraisal checklist score.[22] Therefore, only studies of category I and II (high and moderate quality) were selected.[25] In this stage, data was extracted into a table using a special form to aid analysis. Then, coding and classification were performed, and a unified summary of the problem under study was provided. The most significant elements influencing nursing care routines were presented after studies were descriptively summarized. Tables were used to show the findings based on author(s), year of publication, aims, study design, setting, data analysis, and methodological quality evaluation. The extracted factors were displayed as semantic units and themes based on the classifications. Two researchers independently read each report, compared main ideas, and examined the data for distinct patterns and relationships. Disagreements were resolved via

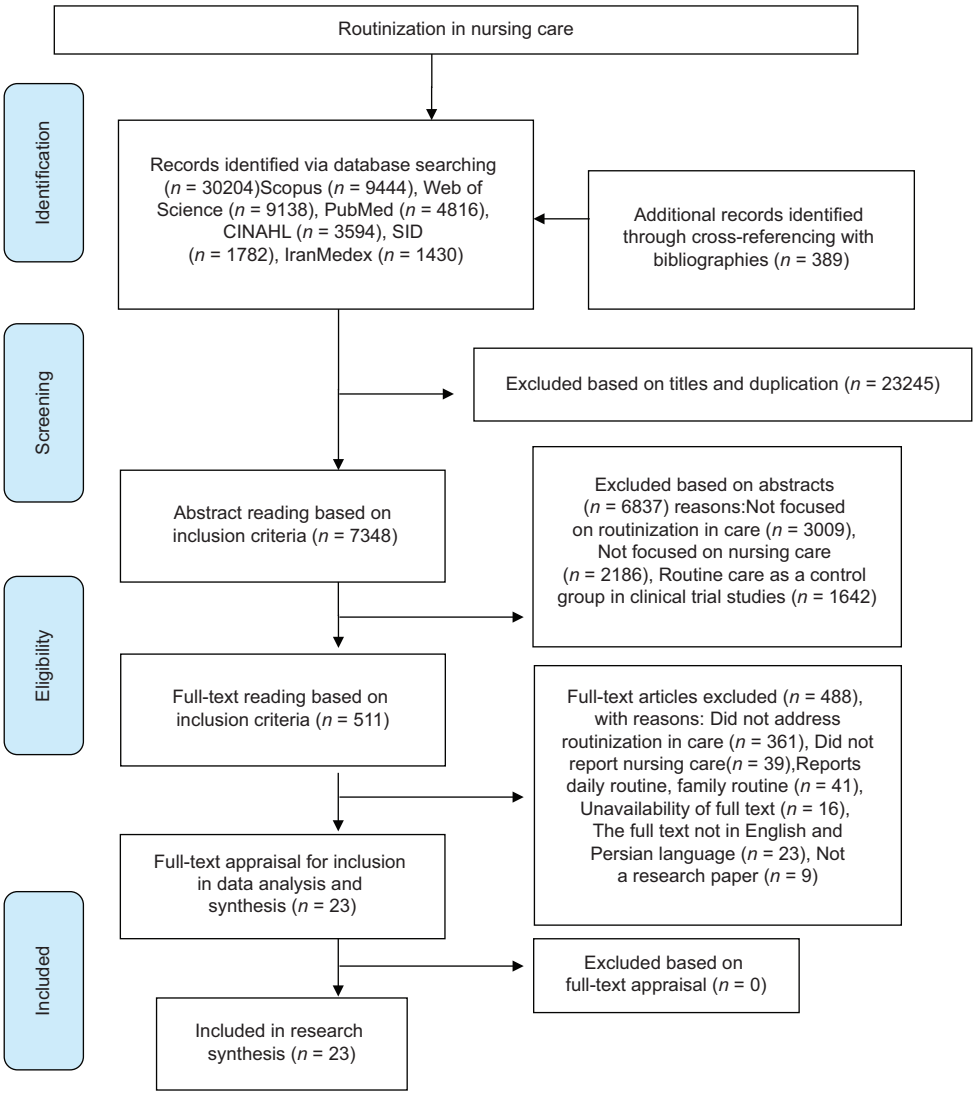

Figure 1: PRISMA flow diagram

face-to-face discussion. Key points extracted from selected studies were compared, merged, and clustered based on similarities, and, then, categorized into themes and subthemes. To confirm the findings, a continuous data review method, a search for conflicting findings, and an analysis of conflicting data were used, and the validity of the study results was confirmed. Additionally, the exact study structure was established before the studies' retrieval, minimizing bias and avoiding researcher intervention. This framework included techniques for literature search and screening, criteria for article inclusion and exclusion, research question development, and data extraction and analysis methods. Moreover, the original terms used by the authors in the articles were used as much as possible. No interpretation was made of the results of the articles.

Ethical considerations

This review article was approved by the ethics committee of Mashhad University of Medical Sciences (IR.MUMS.NURSE.REC.1402.129). The authors declare that to observe the ethical principles of research. The results of the analysis were quite honest.

Results

The initial search identified (n = 30,204) articles. Duplicates were removed and title and abstract screening was performed. The full text (n = 511) of articles was assessed for eligibility, which resulted in the exclusion of 490 articles [Figure 1 for reasons for exclusion]. Ultimately, 23 articles met the inclusion criteria. Hand searching allowed for the inclusion of additional studies. The results of the full search are presented in Figure 1.

The final sample (n = 23) included qualitative (n = 16),[9,12-14,26-37] cross-sectional (n = 3),[38-40] systematic review (n = 2),[41,42] action research (n = 1),[43] and retrospective (n = 1)[44] studies. The authors come from a diverse variety of nations, with most papers published in Iran, the United Kingdom, and China. Following a comprehensive assessment of the original studies included in the review,

features of routinization in nursing care were detected in each. The tabulation of this information was described by the authors based on the data presented in each primary study [Table 1].

As shown in Table 2, the quality of all reviewed studies was moderate to above-average (more than 50%). Of the total included studies, two studies were of moderate quality and 19 studies were of high quality [Table 2].

The most important and frequent factors related to routine were extracted from the data and divided into four categories: organizational factors, individual factors, communication factors, and patient-related factors.

Organizational factors

One of the most important factors associated with routine in nursing care is organizational factors. Organizational factors noted in the literature include lack of attention and insufficient supervision,[26] heavy workload,[13,36] time constraints in shifts,[13,31,36,39] gaps between therapeutic and clinical policies,[27] inadequate staffing,[40] lack of resources and equipment,[13,34,39] extended patient hospitalization durations,[42] the organization's emphasis on short-term goals,[29] insufficient treatment space,[34] prevailing culture of the department,[29,35] the gap between what is taught and what is practiced,[30,38] the transformation of routines into law over time, lack of management attention and abandonment in routine,[27] lack of regular review of care processes,[44] incompatibility of academic affairs with the work environment,[39] support and encouragement of head nurses to perform routine-based care and follow physician orders,[32] structural deficiencies in supporting nurses,[38] lack of use of new technologies,[44] feeling of occupational safety and security through following routines,[9] prevailing traditional caregiving practices, and division of labor.[12] Shift time constraints and lack of resources and equipment were the most frequent factors in this area. Frequency was determined based on the number of primary studies in which these terms were used.

Individual factors

In a systematic review, individual factors associated with the routinization in nursing care included low nursing knowledge,[14,37,42,43] low motivation,[43] lack of attention to patients' needs,[43] level of commitment to work,[42] level of previous work experience,[42] performing care automatically, lack of attention to care planning,[29] lack of thought at work,[31] nurses' work philosophy,[42] nurses' development of care habits over time, lack of information about how to improve the quality of care,[27] attention to initial and short-term goals instead of patient needs,[32] nurses' one-dimensional approach to care and viewing the patient as a biophysical entity,[14,28,35] care based on clinical experiences,[12,28] lack of appropriate assessment of the patient's condition,[37] lack of awareness of new regulations,[27] and low competence of nurses in using evidence-based interventions.[41] Among them, low care knowledge and nurses' one-dimensional approach to care were the most frequent factors in this department.

Communication factors

Poor nurse communication skills[14,37] and poor interprofessional communication between managers, nurses, and physicians[33] were among the communication factors associated with routine in nursing care.

Patient-related factors

Finally, the ability of patients to speak and express problems verbally[30] and the lack of patient participation in determining needs[27] could be among the factors affecting routine in nursing care.

Discussion

Routinization in nursing care was associated with human factors, organizational factors, communication factors, and patient-related factors. What to do with nursing care routines is a crucial concern. Therefore, we must first comprehend the reasons for routine in nursing care and the elements that lead to routine-based care replacing patient-centered care. Thus, we need to delve deeper into this phenomenon, and for this purpose, there is a need to examine more closely the research, especially in-depth qualitative research, available in this field.

Based on the study, emphasis on short-term goals and lack of attention to the patient's needs in developing a care plan leads to routine care; consequently, short-term goals of daily nursing take precedence over long-term goals for the patient.[29,32] Visualizing patient needs in the person-centered care model through appropriate assessment before implementing routine care can help solve this problem.[45] Therefore, extensive training of nurses and development of their personal and professional skills for using person-centered care models seems necessary.[46] Person-centered care goes beyond traditional, clinically focused care and incorporates the needs, values, preferences, and characteristics of the individual into all aspects of care, encouraging the client to be independent and participate in decision-making to achieve realistic, long-term goals.[42]

The nursing profession's separation between education and clinical practice has been identified as one of the factors contributing to routinization in care in numerous studies.[30,38] Bridging the gap between undergraduate educational curricula and the highly dynamic nursing practice is crucial.[47] Clinical culture creation,[48] availability of standard clinical guidelines,[49] curriculum content reformation,[48] and existence of a clear context-based curriculum[49] are among the most important solutions to bridging the theory-practice gap.

In the studies of Amiri *et al*.[38] and Nasrabadi and Emami,[32] structural deficiencies and lack of support from nursing

Table 1: Summary of reviewed studies on routinization in nursing care

Authors, year, country	Study design	Purpose of study	Factors associated with routinization in nursing care	Study quality score
Peters *et al*.[26], 2011, England	Qualitative, nested	Examining the challenges of non-specialist nurses when providing interventions for chronic fatigue syndrome (myalgic encephalomyelitis).	Inadequate amount and type of supervision that nurses received was a factor in the routinization of care.	8
Guo *et al*.[41], 2023, China	Systematic review, meta-analysis	Investigating the effectiveness of studies with experimental nursing interventions versus routine-based nursing interventions in the care of patients with stomas.	Low competency of nurses in using evidence-based nursing interventions can lead to routine-based care.	11
McCreaddie *et al*.[13], 2010, England	Qualitative, grounded theory	Investigating perceptions and strategies of drug users and nurses regarding pain management in acute care centers.	Heavy workload, limited resources, and time constraints on shifts are factors that tend to lead to over-exposure in care.	8
Sandvoll *et al*.[27], 2012, Norway	Qualitative, ethnography	Reviewing and describing nursing practice to gain a deeper understanding of why implementing new regulations is difficult.	The gap between treatment policies and clinical practice, lack of awareness of new regulations, development of care habits by staff over time, lack of patient participation in determining needs, the lack of information on how to improve the quality of care, lack of management attention and abandonment in routine, and transformation of routines into law are the main factors of routinization in nursing care.	8
Fadayevatan *et al*.[28], 2021, Iran	Qualitative, grounded theory	Identifying the care process in Iranian nursing homes.	One-dimensional care and experience-based care are elements of routine-based care.	10
Aslani *et al*.[43], 2016, Iran	Action research	Improving nurses' performance in teaching self-care to stroke patients.	Low knowledge of nurses, coupled with their unscientific performance in relation to patient care, the lack of responsiveness to patients, and low motivation, lead to nurses' dependence on routines.	10
López-Domingo and Rodríguez-Martín[42], 2021, Ireland	Systematic review	Investigating nurses' perceptions of factors related to providing individualized care in the hospital bed.	Longer hospital stays reduced control over decision-making and led to greater routinization of care. Nurses' commitment to their work, academic education, level of previous work experience, and their work philosophy (patient-centered or routine-centered) all play a role in the extent of routine-based care.	9
Castellà-Creus *et al*.[29], 2019, Spain	Qualitative, grounded theory	Identifying and classifying barriers and facilitators of the process of individualizing the standard care plan in inpatient wards.	Approval of short-term goals, the prevailing atmosphere in the ward, performing care automatically, and not paying attention to care planning are factors that lead to routine in nursing care.	9
Agyeman-Yeboah and Korsah[30], 2018, Ghana	Qualitative/ descriptive	Discovering what nursing interventions represent in the clinical domain.	Monitoring what is taught and practiced, different hospital departments, and patients' ability to speak and verbally express problems can all contribute to routinization in care.	10
Waterworth[31], 2003, New Zealand	Qualitative/ descriptive	Examining how nurses organize and manage their time.	Lack of thoughtfulness at work and time constraints during shifts are factors that lead to routinization in care.	6
Amiri *et al*.[38], 2020, Iran	Descriptive, cross-sectional	Determining the relationship between nurses' ethical sensitivity and patient satisfaction.	The separation between theory and practice, the emphasis on skill dimensions rather than the art of nursing, and structural deficiencies in supporting nurses cause nurses to prefer routine and routine care.	6

Contd...

Table 1: Contd...

Authors, year, country	Study design	Purpose of study	Factors associated with routinization in nursing care	Study quality score
Kokole *et al*.[39], 2021, Netherlands	Descriptive, cross-section	Investigating factors associated with primary health care providers' behavior in alcohol screening in Colombia, Mexico, and Peru.	The lack of time, resources, and poor training are factors in adherence to routine care.	7
Figueiredo *et al*.[44], 2018, Brazil	Descriptive-analytical, retrospective	Analyzing the reported incidents in a public hospital.	Failure to regularly review work processes and use new technologies can lead to routine care.	9
Nikbakht Nasrabadi *et al*.[60], 2004, Iran and Sweden	Qualitative/ descriptive	Describing nurses' perceptions of issues related to their profession.	Supporting and encouraging head nurses to provide routine care, follow physician orders, and focus on primary goals rather than patient needs are associated with routinization in nursing care.	6
Valizadeh *et al*.[14], 2015, Iran	Qualitative, content analysis	Analyzing nurses' experiences of beyond-routine care.	Nurses' one-dimensional approach to care, knowledge, and low communication skills are the main reasons for routine-based care.	8
Gifford *et al*.[33], 2018, Chin	Qualitative/ descriptive	Discovering barriers and facilitators to evidence-based practice.	Poor interprofessional support and communication between managers, nurses, and physicians encourages routine-based care.	10
Pearcey[9], 2007 England	Qualitative/ descriptive	Tasks and routines in 21st century nursing: perceptions of nursing students.	Feeling of safety and job security via following routines encourages routine-based care.	8
Hanifi[37], 2012, Iran	Qualitative, content analysis	Investigating the perceptions of nursing students and instructors about the role of nurses in motivating nursing students for clinical learning.	Poor care knowledge and communication skills and lack of appropriate assessment of patients' conditions lead to routinization of care.	8
Peres *et al*.[36], 2011, Brazil	Qualitative/ Descriptive	Understanding human care	Heavy workload and the lack of sufficient time to communicate with patients are factors that lead to routine in care.	7
Adib-Hajbaghery[12], 2006 Iran	Qualitative, grounded theory	Studying the facilitating and preventing factors of evidence-based nursing in Iran.	The dominance of traditional care practices, division of labor, and heavy reliance on clinical experience are factors that contribute to routinization in care.	8
Rytterström *et al*.[35], 2009, Sweden	Qualitative, phenomenological	Understanding and developing the concept of a culture of care.	A culture of care and viewing the patient as a biophysical being can lead to routine-based care.	9
Alenchery *et al*.[34], 2018, India	Qualitative/ descriptive	Identifying barriers, enablers, and potential solutions to implementing standards of newborn care at birth.	The lack of adequate facilities and space leads to following routine care.	9
Eloranta *et al*.[40], 2014, Finland	Descriptive, cross-sectional	Investigating the extent to that patient and family member preferences are considered in nursing care and its related factors.	Insufficient financial and personnel resources can lead to routinization in nursing care.	6

supervisors caused clinical nurses to develop a routine-based work approach in practice and avoid independent intervention. Nurses may even experience a conflict between being forced to perform routine tasks and their desire to use a caring approach in their daily work. Nursing managers' behaviors can directly influence nurses' caring behavior. Therefore, hospital managers should focus more on this problem and implement local strategies to deal with this reality.

Low motivation is directly related to the amount of routine at work.[43] According to a survey, 63% of nurses experience symptoms of burnout, while 89% feel undervalued in their profession. Not being able to fulfill their mission as they would like can lead to a decline in motivation. Today, the values of care and its ethics, which are the driving forces of the profession, are increasingly being undermined.[50] Therefore, focusing on employee well-being and the values of care is essential to strengthen motivation and should not be neglected.

Table 2: Factors associated with routinization in nursing care

Factor	*n*	Authors
Organizational factors		
Lack of attention and insufficient supervision	1	Peters *et al*.[26]
Heavy workload	2	McCreaddie *et al*.[13], Peres *et al*.[36]
Time constraints in shifts	4	Kokole *et al*.[39], McCreaddie *et al*.[13], Peres *et al*.[36], Waterworth[31]
Inadequate staffing	1	Eloranta *et al*.[40]
Lack of resources and equipment	3	Alenchery *et al*.[34], McCreaddie *et al*.[13], Kokole *et al*.[39]
Extended patient hospitalization duration	1	López-Domingo and Rodríguez-Martín[42]
The organization's emphasis on short-term goals	1	Castellà-Creus *et al*.[29]
Insufficient treatment space	1	Alenchery *et al*.[34]
The prevailing department culture	2	Castellà-Creus *et al*.[29], Rytterström *et al*.[35]
The gap between what is taught and what is practiced	2	Agyeman-Yeboah and Korsah,[30] Amiri *et al*.[38]
The transformation of routines into law over time	1	Sandvoll *et al*.[27]
Lack of management attention and abandonment in routine	1	Sandvoll *et al*.[27]
Lack of regular review of care processes	1	Figueiredo *et al*.[44]
The incompatibility of academic affairs with the work environment	1	Kokole *et al*.[39]
Support and encouragement of head nurses to perform routine-based care	1	Nasrabadi and Emami[32]
Structural deficiencies in supporting nurses	1	Amiri *et al*.[38]
Lack of use of new technologies	1	Figueiredo *et al*.[44]
Feeling off occupational safety and security via following routines	1	Pearcey[9]
The dominance of traditional care practices and the division of labor	1	Adib-Hajbaghery[12]
Individual factors		
Low knowledge	4	Valizadeh *et al*.[14], Hanifi[37], López-Domingo and Rodríguez-Martín[42], Aslani *et al*.[43]
Low motivation	1	Aslani *et al*.[43]
Lack of attention to patients' needs	1	Aslani *et al*.[43]
Level of commitment to work	1	López-Domingo and Rodríguez-Martín[42]
Level of previous work experience	1	López-Domingo and Rodríguez-Martín[42]
Performing care automatically	1	Castellà-Creus *et al*.[29]
Lack of attention to care planning	1	Castellà-Creus *et al*.[29]
Lack of thinking while working	1	Waterworth[31]
Nurses' work philosophy	1	López-Domingo and Rodríguez-Martín[42]
Nurses' development of care habits over time	1	Sandvoll *et al*.[27]
A lack of information about how to improve the quality of care	1	Sandvoll *et al*.[27]
Attention to initial and short-term goals instead of patient needs	1	Nasrabadi and Emami[32]
Nurses' one-dimensional approach to care and viewing the patient as a biophysical entity	3	Fadayevatan *et al*.[28], Valizadeh *et al*.[14], Rytterström *et al*.[35]
Care based on clinical experiences	2	Adib-Hajbaghery[12], Fadayevatan *et al*.[28]
Lack of appropriate assessment of the patient's condition	1	Hanifi[37]
Lack of awareness of new regulations	1	Sandvoll *et al*.[27]
Low competence of nurses in using evidence-based interventions	1	Guo *et al*.[41]
Communication factors		
Poor nurse communication skills	2	Valizadeh *et al*.[14], Hanifi[37]
Poor interprofessional communication between managers, nurses, and physicians	1	Gifford *et al*.[33]
Patient-related factors		
Patient's ability to communicate with nurses	1	Agyeman-Yeboah and Korsah[30]
Patient's level of participation in determining care needs	1	Sandvoll *et al*.[27]

In the studies by Valizadeh *et al*.[14] and Fadayevatan *et al*.,[28] nurses' one-dimensional approach to care has been considered one of the main reasons for routine-based care. To overcome this problem, it is important to modify the attitude of nurses and encourage them to pay attention to all the needs of patients. Additionally, this form of care may be the result of the culture of caring. Denigrating the patient and perceiving him as a mere biophysical being is a risk if the culture of care is exclusively focused on the disease.[35] Changing the culture in organizations is a

challenge, and the necessity of promoting change in the current nursing culture is felt more than ever before.[51] To achieve this, it is necessary to revise work processes and rules and use qualified and trained nurses in the environment.[44] Nurses themselves also play a key role in creating highly functional work environments.[47]

Autonomic and habitual caregiving and lack of thoughtfulness have been identified in studies by Waterworth[31] and Castellà-Creus *et al*.[29] as the factors associated with routinization. The main characteristic of thoughtless performance is the inability to ask and answer the question: "Why am I doing this for this person at this time?" This type of care focuses more on task-oriented physical care activities and leads to the patient being seen as an individual who is subjected to a series of routine tasks. It can destroy the connection between nurses and patients because the focus of the work is on the task rather than the person.[52] Providing learning opportunities, experiencing new values, having professional and trained nurses as champions of change and role models in the wards,[27] and developing critical thinking in nurses[53] can help to solve this problem.

Based on the findings of Alenchery *et al*.[34] and Figueiredo *et al*.,[44] the lack of facilities, adequate treatment spaces, and new technologies can encourage nurses to use old routines. Today, higher levels of knowledge, intelligence, and understanding of technologies are required for nurses to provide quality nursing care.[54] The integration of computer technology into healthcare practice and the use of new technologies, as well as the focus of education on these issues, can compel nursing departments to implement new care processes.[55] Managers should explain the benefits of using new equipment and technologies to nurses using various effective educational methods to create the necessary enthusiasm and motivation for their appropriate use.

Nursing shortages and their consequences, including low nurse-patient ratios, busy schedules, and overwhelming workloads, are common factors in the routinization of nursing care.[13,36,39] Nurses often tend to follow routines to escape high workloads. The high demands of the healthcare system are often beyond a nurse's control and can lead to premature burnout, feeling overwhelmed by high workloads, and being ineffective in influencing patient outcomes.[56] However, it may not be accurate to immediately attribute poor quality care to staff shortages or high workloads. Instead, it appears to result from a focus on routine work and tasks.[57] High-quality patient care was shown to result from nursing professional development and initiatives to improve nurse-patient ratios, integrate the performance of new and experienced personnel, and retain nurses in the field.[43]

Low knowledge and low competence of nurses in using evidence-based interventions have been identified in numerous studies as the factors associated with routinization. Evidence suggests that many nurses have less confidence in their knowledge of evidence-based practice.[58] Placing nurse academics in clinical practice is important and can be helpful. They promote the translation of knowledge into practice and the use of evidence-based practice, which impacts the quality of nursing care, and can serve as role models for nurses.[47] Nursing is the professionalization of care, which is the result of acquiring scientific knowledge and technical skills that constitute its existential genesis and enable the sharing of practices, ideas, and experiences in care.[59] However, if there is a gap in scientific and practical nursing knowledge, it can be a factor in undermining care. The incentive and support of institutions, capacity building, permanent education, specialization courses, and internet consultations enable nurses to develop skills for care, update their knowledge, and provide an opportunity to answer questions.

This systematic review has some limitations. In some of the studies included, there was incomplete information, so the authors were contacted to provide the information. Our search strategy was limited to English and Persian publications, leading to the exclusion of some possibly qualified studies. Moreover, regarding the high methodological, setting, and scale heterogeneity among the studies, it was not possible to perform a meta-analysis. Despite these issues, this review precisely and strictly scrutinized the findings of the selected studies and provided important insights for future research.

Conclusion

Regarding the enormous complexity of the healthcare environment, it is imperative that nursing managers and supervisors are constantly redefining, reevaluating, and redesigning routines as patients' care needs evolve. Certainly, when routine care leads to unexpected outcomes and reduced the quality of care, changes should be made in routines. The results of this study can serve as supporting evidence to demonstrate the need for critical interventions to address the various factors that contribute to routinization in nursing care, including heavy workload, staffing problems, resource shortages, and poor knowledge. However, it is recommended that future studies, using quantitative and qualitative research designs, examine the process of routinization and the strategies for dealing with this phenomenon. Also, it seems that action research studies can be helpful in dealing with this phenomenon in care settings.

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Conflicts of interest

Nothing to declare.

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