Nurses’ Attitude & Perceived Barriers towards Error Reporting in Health Care: An Integrative Review

Jeffrey Woo (胡明威)
MHSM; BN (Hons IIA); BN
ADip Nsg (MGT); ADip Nsg (CDM); SDip Nsg (DME)
Registered Nurse & Lecturer (Nursing), Nanyang Polytechnic School of Health & Social Sciences

Co-Author & Supervisor
Mark Avery
BHA, MBus (Res)
Senior Lecturer, Discipline Head & Programme Director Health Services Management, School of Medicine, Griffith University
Outline of Presentation

1. Introduction/Background
2. Review of the literature
3. Results
4. Discussion
5. Implications for Nursing Management
Background

Errors can be detrimental, jeopardizing patients’ well-being, while also challenged healthcare institutions’ effort to enforce culture of safety and quality. Despite so, commission of errors cannot be eradicated completely owing to fallibility of human.

Nurses form the largest health workforce, and while they are susceptible towards involving in errors, they are also instrumental towards reducing occurrence and reporting of these errors as key stakeholders.

Despite nurses have higher rates of error reporting as compared to other healthcare professionals, there is evidence showing that approximately 50% of nurses fail to report errors

(Bayazidi et al., 2012; Unver, Tastan, & Akbayrak, 2012).
Impetus for the study

Nurses in practice are bound to have committed error(s) at any certain point of their career.

In doing so, this could drive initiatives that favours shaping nurses’ acceptance of error reporting.

Imperative to understand reasons and factors behind nurses’ attitudes and receptivity towards error reporting.

(Kingston et al, 2004; Johnstone & Kanitsaki, 2006)
Methods

Five Stages of Integrative Review

1. Problem Identification
2. Literature Search
3. Data Evaluation
4. Data Analysis
5. Presentation of Findings

(Whittemore & Knafl, 2005)
1. Problem Identification Stage

**Research Question 1**
- How do nurses feel towards error reporting?

**Research Question 2**
- What prevent nurses from reporting errors?
2. Search Methods

Database
- CINAHL
- Medline (PubMed)
- January 2000 to August 2019

Search Terms
- Boolean operator (AND/OR), truncation symbol (*)

Inclusion Criteria
- Paper published in peer-reviewed journals.
- Published in English language.
- Original/primary studies
2. Search Methods

519 potential relevant papers identified (2000-2019)
CINHAL: N=266
Medline: N=253

Remaining papers for quality appraisal
N=44

Final papers included in this review
N=38
Quantitative = 29
Qualitative = 9

Papers omitted in view of duplication, and irrelevancy following reviewing of its title and abstract.
N=321

Papers eliminated in view of its irrelevancy following reviewing its full text against inclusion and exclusion criteria
N=157

Relevant papers retrieved through manual search of reference list
N=3

Papers excluded following quality appraisal for methodological rigour
N=6
3. Data Evaluation

- Joanna Briggs Critical Appraisal Checklists for appraisal of qualitative and quantitative studies
3. Data Evaluation

- Mixed-Method Appraisal Tool to quantify scores of rigour of papers for inclusion.
- The use of MMAT complements JBI critical appraisal to enhance fidelity of evaluation (McCoughen et al., 2012).

PART I. MMAT criteria & one-page template (to be included in appraisal forms)

<table>
<thead>
<tr>
<th>Types of mixed methods study components or primary studies</th>
<th>Methodological quality criteria (see tutorial for definitions and examples)</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening questions (for all types)</td>
<td>Are there clear qualitative and quantitative research questions (or objectives*), or a clear mixed methods question (or objective*)?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Do the collected data allow address the research question (objective)? E.g., consider whether the follow-up period is long enough for the outcome to occur (for longitudinal studies or study components).</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Further appraisal may be not feasible or appropriate when the answer is ‘No’ or ‘Can’t tell’ to one or both screening questions.

1. Qualitative

1.1. Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question (objective)?

1.2. Is the process for analyzing qualitative data relevant to address the research question (objective)?

1.3. Is appropriate consideration given to how findings relate to the context, e.g., the setting, in which the data were collected?

1.4. Is appropriate consideration given to how findings relate to researchers’ influence, e.g., through their interactions with participants?
# 4. Data Analysis

<table>
<thead>
<tr>
<th>Main Themes</th>
<th>Sub-themes</th>
<th>Free Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses’ views and responses in error reporting</td>
<td>Nurses’ characteristic and their perception towards error reporting</td>
<td>1. Nurse’s intention and behaviour towards error reporting was influenced by characteristics such as, clinical working specialty, educational level, employment grade, age, year of services, and prior experiences in reporting.</td>
</tr>
<tr>
<td></td>
<td>Nurses’ accountability and awareness in error reporting</td>
<td>1. Positive response to error reporting was in view of nurses attributing this practice to being accountable for their professional practices. 2. Negative response to error reporting associated with factors, such as personality, lack of awareness, knowledge deficits, perceived serious of error, and holding of negative perceptions towards reporting.</td>
</tr>
<tr>
<td></td>
<td>Nurses’ preferred styles in engaging error reporting</td>
<td>1. Nurses’ choice of reporting styles through either oral (informal) or formal lodge in hospital reporting system depends on conditions of the error, such as severity. 2. The presence of management influence surrounding hierarchical structure influences nurses’ choice to report error through oral mode (informally), prior to lodging formal written report.</td>
</tr>
<tr>
<td></td>
<td>Nurses’ emotional responses surrounding error reporting</td>
<td>1. Nurses struggle with feelings on deciding their intention to report errors, as well as undergoing a period of less desirable feelings following error reporting, concerning fear of being implicated because of their actions.</td>
</tr>
<tr>
<td>Challenges and obstacles of error reporting</td>
<td>Cumbersome reporting system</td>
<td>1. Tedioussness process surrounding the actions to lodge and manage formal incident reporting process. 2. Viewing reporting as time consuming.</td>
</tr>
<tr>
<td></td>
<td>Inappropriate management response</td>
<td>1. Lack of positive feedback. 2. Emphasis on negative feedback. 3. No actions and/or deliberate concealment by supervisor following reporting. 4. Overreacting responses by nurse manager and administrators</td>
</tr>
<tr>
<td></td>
<td>Blame and shame culture</td>
<td>1. Fear of blame by nurse manager and/or administrator, physicians and colleagues 2. Fear of being held entirely responsible for error commission following reporting 3. Experience of self-reproaches</td>
</tr>
<tr>
<td></td>
<td>Punitive culture towards error reporting</td>
<td>1. Fear of facing adverse reaction from supervisor. 2. Fear of receiving ends of organisational sanctions 3. Fear of self-implication for reporting others’ mistakes. 4. Fear of professional liabilities and reactions of patients and relatives. 5. Fear of legal repercussion.</td>
</tr>
</tbody>
</table>
5. Presentation of Findings

Theme 1: Nurses’ views and responses in error reporting

1. Subtheme 1: Nurses’ characteristic and their perception towards error reporting
2. Subtheme 2: Nurses’ accountability and awareness in error reporting
3. Subtheme 3: Nurses’ preferred styles in engaging error reporting
4. Subtheme 4: Nurses’ emotional responses surrounding error reporting

Theme 2: Challenges and obstacles of error reporting

1. Subtheme 1: Cumbersome reporting system
2. Subtheme 2: Inappropriate management response
3. Subtheme 3: Blame and shame culture
4. Subtheme 4: Punitive & abrasive culture
Theme 1: Nurses’ views and responses in error reporting

Subtheme 1: Nurses’ characteristic and their perception towards error reporting

• Nurses were generally more positive in reporting errors, which explains for higher reporting rate seen in them.

• Nurses who works in maternal and paediatric units, and intensive care unit had displayed favourable attitudes toward error reporting than those working in medical & surgical, and service units.

• The relationship between nurses’ age and years of service leading to their attitude in error reporting however yielded mixed findings.

Subtheme 2: Nurses’ accountability and awareness in error reporting

• Nurses were more inclined towards reporting their own errors due to perceiving error reporting as part of their professional responsibility, but were less inclined to report error commission by others e.g. physicians.

• Actual translation into actions however was impeded by factors, such as heavy workload, holding of thoughts that degrades usefulness and relevancy of reporting in favour of wanting to spend more time in providing holistic nursing care to their patients.

(Mayo & Duncan, 2004; Toruner & Uysal, 2012; Almutary & Lewis, 2012; Chen et al., 2018)
Theme 1: Nurses’ views and responses in error reporting

Subtheme 3: Nurses’ preferred styles in engaging error reporting

- Most studies (N=5) revealed that nurses prefers to report errors informally such as verbally reports to their colleagues and supervisor rather than formally (lodgement of incident report).

- The presence of hierarchical structure may also shape error reporting culture, as evidenced by how nurses from China would first report errors orally to middle management, such as shift leaders, nurse manager or head nurse, before engaging in hospital incident reports, as means of showing respect to their superiors.

Subtheme 4: Nurses’ emotional responses surrounding error reporting

- Nurses experiences series of emotional responses following a trajectory process from first deciding whether to initiate error reporting after its commission, that followed by elicitation of mixed feelings associated with the dilemma in their choice of decision.

- Self-reconciliation concerns with following stages; “reality hitting” → “weighing in” → “acting” → “resolving”.

(Mayo & Duncan, 2004; Chiang & Pepper, 2006; Crigger & Meek, 2007; Espin et al., 2010; Qin et al, 2015; Yung et al, 2016)
Theme 2: Challenges and obstacles in error reporting

Subtheme 1: Cumbersome reporting system

- Nurses perceived error reporting to be time consuming and troublesome owing to tediousness of the reporting system.

- Nurses explained how significant effort is required to notify and involve physicians following error reporting, and how immense effort was required to undertake error reporting in writing through paper format, as compared to conveniently lodging them electronically.

Subtheme 2: Inappropriate management response

- Absence of feedback offered to them by their management (Evan et al., 2006), or despite being offered, feedback they had received from their nurse manager and/or administrator were more negative than positive (Blegen et al., 2004; Chiang & Pepper, 2006; Almutary & Lewis, 2012).

- Nurses’ commitment to error reporting was eroded in view of organization’s negative responses, exemplified by, no actions and/or constructive improvement would be taken by their management, while errors were deliberately covered by an authority such as nurse manager that prevent them from reporting error in future.

(Blegen et al., 2004; Almutary & Lewis, 2012; Hashimi et al., 2012; Haw et al., 2014; Hammoudi et al., 2018)
Theme 2: Challenges and obstacles in error reporting

Subtheme 3: Blame and shame culture

• One significant barrier that prevent nurses from reporting error is due to management having to attribute errors to human weakness and focus on condemning and humiliating the nurses, instead of facilitating support and learning from mistakes.

• The error reporting culture focus on human approach’ to error management (blaming), rather than ‘system approach’ to error reporting (evaluating work process).

Subtheme 4: Punitive & abrasive culture

• Nurses fear reporting their own errors in view of not wanting to face potential punitive consequences meted by their organization associated with their error commission, e.g. marking down their performance appraisal, termination of employment.

• Fear of professional liabilities, such as facing of professional nursing bodies sanctioning, litigation, as well as fear of being distrusted by patients and/or relatives are also barriers identified by nurses that lead to their reluctancy of engaging in error reporting.

(Chiang & Pepper, 2006; Kim et al., 2007; Hasehmi et al., 2012; Yung et al., 2015; Peyrovi et al., 2016)
Discussion

▪ Nurses generally display more positive attitude towards error reporting among other health professionals, though studies suggest otherwise, in term of translating them into actions.

▪ The overall empirical evidence suggest that management responses, workplace culture and reporting system were revealed as critical organizational barriers which were responsible for nurses’ less favourable attitudes towards error reporting.

▪ This calls the need for nurse leaders to drive and cultivate a culture of safety climate at workplace to eradicate blame and fear. This permits nurses to safely admits and report error, better shape their desirable error reporting behaviour and outcome.

▪ Findings from this study will better influence and promote intention of nurse leaders and policy makers to refine applied strategies in enhancing compliance and initiative towards error reporting by nurses, supporting the notion of fair and just clinical governing system.
Implications for Nursing Management

- The need for organizational culture reform to advocate a blame and punitive free culture in error reporting.

- The need to incorporate, reinforce and tailor training to enhance their knowledge, awareness, professional commitment, and accountability towards reporting of any errors.

- Organization need to gain insights of nurses’ perceptions towards error reporting so as to advocate for more appropriate initiatives to better support and enhance nurses’ error reporting behaviour.
Thank You

Presented By:
Jeffrey Woo
Graduate, School of Medicine, Griffith University
Lecturer (Nursing), School of Health & Social Sciences, Nanyang Polytechnic
jeffrey_woo@nyp.edu.sg
References


References


