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Nurses' perspectives regarding the disclosure of errors to patients: A qualitative study

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ABSTRACT

Background: There is often a mismatch between patients' desire to be informed about errors and clinical reality. In closing the "disclosure gap" an understanding of the views of all members of the healthcare team regarding errors and their disclosure to patients is needed. However, international research on nurses' views regarding this issue is currently limited.
Objectives: Explore nurses' attitudes and experiences concerning disclosing errors to patients and perceived barriers to disclosure.
Design: Inductive, exploratory study employing semi-structured interviews with participants, followed by conventional content analysis in which investigators read and discussed transcribed data to identify important themes.
Settings: Nursing departments from hospitals in two German-speaking cantons in Switzerland.
Participants: Purposive sample of 18 nurses from a range of fields, positions in organisational hierarchy, work experience, hospitals, and religious perspectives.
Methods: Data were collected via individual, face-to-face interviews using a researcher–developed semi-structured interview guide. Interviews were transcribed in German and analysed using the qualitative data analysis software package Atlas-Ti (Berlin) and conventional content analysis. The most illustrative quotes were translated into English.
Results: Nurses generally thought that patients should be informed about every error, but only a very few nurses actually reported disclosing errors in practice. Indeed, many nurses reported that most errors are not disclosed to the patient. Nurses identified a number of barriers to error disclosure that have already been reported in the literature among all clinicians, such as legal consequences and the fear of losing patients' trust. However, nurses in this study more frequently reported personal characteristics and a lack of guidance from the organisation as barriers to disclosure. Both issues suggest the need for a systematic institutional approach to error disclosure in which the decision to inform the patient stems from within the organisation and is not shouldered by individual nurses alone.
Conclusions: Our study suggests that hospitals need to do more to support and train nurses in relation to error disclosure. Such measures as hospitals establishing a disclosure support system, providing background disclosure education, ensuring that disclosure coaching is available at all times, and providing emotional support for all parties involved, would likely go a long way to address the barriers identified by nurses.

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[−1]Contribution of the paper

What is already known about the topic?

- There remains a large "disclosure gap" between patients' preferences to be told about errors and current practice, and international research has identified a number of barriers that contribute to nondisclosure.
- Previous international research on the issue has mainly focused on physicians' and patients' attitudes and experiences.
- Nurses' views concerning disclosing errors to patients remain poorly understood, particularly in Continental Europe, which represents a potential obstacle to efforts to improve error communication.

What this paper adds?

- To our knowledge, this is the first time that qualitative interviews have been used in Europe to explore nurses' attitudes and experiences concerning errors and their disclosure to patients.
- The findings of this study are consistent with previous research that suggests that clinicians endorse error disclosure in principle, but often do not share information in practice.
- Nurses identified a number of barriers to error disclosure that have already been reported in the literature among all clinicians, but stressed personal characteristics and a lack of guidance from the organisation as barriers to disclosure which supports the calls for support and training regarding these difficult discussions.

1. Introduction

While there has been a dramatic change in the approach to medical errors internationally over the last decade, with a new ethic of transparency replacing the traditional customs of secrecy and denial, there remains a large "disclosure gap" between patients' preferences to be told about errors and current practice (Gallagher and Lucus, 2005). International studies examining clinicians' views regarding error disclosure have consistently found a number of barriers that contribute to nondisclosure, including legal fears, a professional and organisational culture of secrecy and blame, clinicians lacking confidence in their communication skills, clinicians fearing that patients will experience distress, and doubt about the efficacy and effectiveness of disclosure (Iedema et al., 2011; O'Connor et al., 2010).

The disclosure of errors to patients has tended to have been conceptualised as occurring primarily in the physician–patient dyad, and previous international research on the issue has mainly focused on physicians' and patients' attitudes and experiences (Shannon et al., 2009). Healthcare, however, "is delivered by interprofessional teams, in which nurses share in the culpability for errors, and hence, in responsibility for disclosure" (Shannon et al., 2009, 2005). Indeed, there is growing evidence that patients and families actually prefer to have an interprofessional approach to disclosure (Iedema et al., 2008). In addressing the "disclosure gap" an understanding of the views of all members of the healthcare team is needed. International research on nurses' views regarding errors and disclosing errors to patients, however, is currently limited (O'Connor et al., 2010; Shannon et al., 2009).

Shannon et al. (2009) focus group study conducted in the United States was one of the first to systematically explore nurses' attitudes and experiences regarding error disclosure to patients (Shannon et al., 2009). The study indicated that nurses routinely independently disclose nursing errors that did not involve serious harm, but believed that the disclosure of serious harm was the responsibility of the attending physician. While nurses wanted to be involved in the disclosure process, both as a professional courtesy and to enable them to communicate more honestly with patients about the error that had occurred, nurses were usually not involved in the discussion among the team to plan for the disclosure or in the actual disclosure, which could place them in ethically compromising situations (Shannon et al., 2009).

Similarly, Hobgood et al. (2006) survey of U.S. emergency medicine providers (physicians, nurses and out of hospital providers) found that nurses were less likely to disclose errors to patients than physicians (59% versus 71%) (Hobgood et al., 2006). Jeffs et al. (2011) also found that Canadian nurses perceived their role in team-based error disclosure as secondary and as balancing professional boundaries, but also reported frustration and distress when not fully involved. However, Jeffs et al. (2010) explored Canadian nurses' (as well as physicians' and surgeons') perceptions of team-based error disclosure using an educational simulation intervention through qualitative interviews. Participants' views revealed a tension between team-based error disclosure as an unrealistic, forced practice and as a realistic, beneficial endeavour. The authors concluded that "a team-based approach to disclosure is not realistic or necessary for all error situations. . .[h]owever, when the error involves a variety of health care professionals interacting with the patient, a team-based approach is beneficial to them and the patient" (, i57). Additionally, Brazilian nurses' perceptions and general attitudes towards adverse events were examined through qualitative interviews by Freitas et al. (2011). Nurses thought that decisions regarding the communication of adverse events were determined by the severity of the error (Freitas et al., 2011).

Research on this issue in Continental Europe, however, is particularly limited. In a 2004 survey study in Denmark, Andersen and colleagues found significant differences between what patients want after an adverse event and what nurses and doctors believe that patients want (Andersen et al., 2004). For instance, both professional groups underestimated the extent to which patients desire an admission of error from the staff involved. While 60% of patients thought it was exceptionally important that they are informed about errors, only 32% of nurses and 28% of doctors believed that patients would think it is exceptionally important (Andersen et al., 2004).

Nurses' views concerning disclosing errors to patients remain poorly understood, particularly in Continental Europe. This represents a potential obstacle to efforts to improve error communication. This study therefore seeks