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Factors influencing nurses to withhold surgical patients' oral medications pre- and postoperatively

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Summary
Background: Little is known about the influences on nurses' decisions to withhold surgical patients' oral medications pre and postoperatively or the degree to which decisions are consistent. The literature is devoid of information that clarifies whether or at what point withholding a particular oral medication may constitute a medication error.
Purpose: This study sought to redress this gap in knowledge and identify factors influencing nurses' decisions about withholding surgical patients' oral medications.
Methods: This interpretive study recruited a convenience sample consisting of nine nurses from surgical wards in public and private hospitals on the Gold Coast, Queensland and northern New South Wales to participate in individual interviews. Data were transcribed and analysed using inductive content analysis to identify common themes.
Findings: Three main themes illustrated important influences on nurses 'decisions, including ward culture, nurses' perceptions of their roles and patient factors.
Conclusions: The complex issues surrounding nurses' decisions when withholding surgical patients' oral medications are identified in this research. The findings will help to inform quality and safety in future medication management and lead to higher quality and safer patient care.

Introduction and background

Medication errors remain a leading cause of iatrogenic harm and illness to hospitalised patients, as well as incurring financial costs to health care. Medication error presents a common concern across the global community, including

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the United Kingdom (Banning, 2006; Elnour, Ellahham, & Al Qassas, 2008), the United States of America (Balas, Scott, & Rogers, 2004; Banning, 2006; Greenfield, Whelan, & Cohn, 2006; Pape, 2001) and Australia (Roughead & Semple, 2009).

The way a medication error is defined can directly affect the recognition and management of the event. The Australian Council for Safety and Quality in Health Care (2002, p. 84) define medication error as ''failure in the drug treatment process resulting in inappropriate medication use''. Specifically, medication error is ''failure of a planned action to be completed as intended, or violation as a deliberate deviation, or the use of a wrong plan to achieve an aim'' (Kohn, Corrigan, & Donaldson, 2000, p. 4). Distinguishing the type and frequency of medication errors, including prescription errors, can be problematic, given a lack of definitional consistency (Wheeler & Wheeler, 2005). A study by Elnour et al. (2008) sampling in-patient nursing staff about medication errors identified differences in nurses' knowledge about causes and reporting of medication errors. These authors recommend that to avoid misunderstanding and misinterpretation by healthcare professionals the ambiguous terminology of medication error needs to be minimised. Brady, Malone, and Fleming (2009) also found variability among healthcare professionals in what constitutes a medication error. Interchanging descriptive terms leads to different interpretations of whether an incident is an error or not, and therefore how it is reported and managed. Merry and Anderson (2011) differentiated error and the intention to do what is right, from violation and the deliberate deviation from a correct process where an individual makes a direct choice. They suggested close examination of all processes that lead up to an event.

The type of medication error addressed in this paper is medication omission, which has been largely overlooked in the literature addressing medication error. To avoid error and therefore injury, patients need to receive their medication as prescribed (Venkatraman & Durai, 2008) and at appropriate intervals (Maricle, Whitehead, & Rhodes, 2007; Queensland Nursing Council, 2005). The actual term 'withheld' can often be used as a reason for the omission of a medication (Roughead & Semple, 2009). Intentionally withholding medication is not generally considered medication error and may go unreported (Haw, Stubbs, & Dickens, 2007; Pape, 2001). Yet an abrupt withdrawal of medication therapy can lead to rebounding effects, complicating or endangering patient health (Chand & Dabbas, 2007). Terminology or variable meanings of the expression 'withheld' can cause confusion. Medications may be described as being withheld in circumstances when the nurse is preparing a patient for an invasive procedure (Spandorfer, 2001), such as when patients are required to fast prior to anaesthesia and any oral intake is withheld to prevent the risk of vomiting and aspiration of stomach content (Pearse & Rajakulendran, 1999; Whiteing & Hunter, 2008). In many circumstances the failure to distinguish the terms 'omission', 'nil by mouth' and 'withheld' with their different medication management practices places patients at risk. An Australian study by Latimer, Chaboyer, and Hall (2011) examined incidence of non-therapeutic medication omissions among acutely ill medical and surgical adult patients to identify the patient, drug and system related predictors of the omissions. The authors found that an agreed definition of medication omission was needed and these incidents should be reportable.

The lack of clarity regarding fasting and withholding medication results in unpredictable patient compliance, probably due to conflicting instructions (Laffey, Carroll, Donnelly, & Boylan, 1998). Nurses are known to describe a medication as withheld when they decline its administration to a patient in the absence of a clear and legible prescription or when a medication is not available. Circumstances that illustrate conflicting understandings of the meaning of a withheld medication are illustrated in Davis, Keogh, Watson, and McCann's (2005) study of nurses' attitudes and adherence to medication policies. In their study nurses referred to a medication dose as being withheld while waiting for the doctor's renewal of an expired prescription. However in the absence of a current legal order to replace one that had expired, it would be inappropriate to use the term 'withheld' medication. Withholding because of an expired order for medication therefore offers no legal protection for a nurse in situations where nurses waiting for a renewed medication order would have ceased administering medication, which could adversely affect the patient.

Health professionals must ensure ethical and safe practice that minimises patient harm while being efficient and cost effective for the health care organisation (Deans, 2005). High quality, safe care requires nurses and other health professionals to make clinically reasoned decisions related to medication administration, which comply with all aspects of the regulatory and legal framework (Australian Nursing and Midwifery Council, 2008). Nurses rely on their skill, knowledge, experience and discretion for accuracy in the handling and medication delivery processes. However, although nurses have some degree of autonomy, they are bound by a designated scope of practice and therefore remain accountable and legally liable for their actions (Cashin et al., 2009).

Staffing and skill mix, comprising endorsed enrolled and registered nurses can often influence how medications are administered to patients. In a review of the legislation defining the scope of practice of enrolled nurses in medication administration in Australia McEwan (2008) found there was considerable variation in clinical practice in individual health care settings, with the delegation of medication administration increasingly being given to the enrolled nurse. Nurse researchers have addressed this trend, for example identifying the legislation and education amendments that in 2004 extended the scope of practice of enrolled nurses. After previously not being part of the medication team in many hospitals, the changes currently permit the enrolled nurse to undertake medication administration (Bellchambers & McMillan, 2007). At the other end of the skill mix scale, nurse practitioners may be designated prescribers, and therefore are legally covered under the competency requirements of their registering authority (Newman, Buckley, Dunn, & Cashin, 2009, Wilkinson, 2011).

The types of and influences on medication errors have been investigated; for example, medication errors in anaesthesia and critical care (Wheeler & Wheeler, 2005). Wheeler