



## Original research

# Student perceptions of faculty feedback following medication errors – A descriptive study

Lorna J. Walsh\*, Allan J. Anstey, Anne Marie Tracey

Centre for Nursing Studies, 100 Forest Road, St. John's, NL, A1A 1E5, Canada



## ABSTRACT

Nursing students make medication errors as they progress through educational programs. It is important that faculty feedback is such that students feel comfortable reporting subsequent medication errors. The objectives of this study are to determine factors which increase the likelihood of nursing students reporting medication errors; to elicit nursing student perception of faculty feedback following a medication error, and determine how this faculty feedback impacts reporting of subsequent medication errors; and to develop recommendations regarding the most effective faculty approaches when providing feedback to nursing students following medication errors. This quantitative study uses a non-experimental, descriptive design. A convenience sample of 106 nursing students in one Canadian province completed a self-report questionnaire. The factors identified as increasing the likelihood of reporting medication errors for students who made a medication error were the same as for those who did not make an error. Group sizes were too small to determine if characteristics of faculty feedback had a significant impact on likelihood of reporting future errors. Students in both groups indicated intention to report errors based upon professional attitudes, behaviors and/or values. The researchers concluded that professional socialization, in combination with supportive learning environments, may increase student comfort in reporting medication errors.

## 1. Introduction

There are no current methods of determining the number of medication errors that occur in Canada (Institute for Safe Medication Practices [ISMP], 2017). The most accurate information that we may glean about medication errors is based upon voluntary reporting by self-governing practitioners. One of the largest limitations to this process is the voluntary nature of such reports. Identifying factors that influence an individual's decision to report medication error occurrence will help us understand this phenomena more clearly.

Reasons for the prevalence of medication errors are usually multifactorial, including not only human factors but also system factors (Zieber and Williams, 2015). Examples of human factors include knowledge deficit and failure to follow policy or procedure, while examples of system factors include patient acuity level and workload. The response that occurs following the reporting of medication errors may influence the practitioner's decision to report a subsequent medication error. There is concern expressed in the literature that certain responses to these reports, those perceived to be based upon blame and punishment, may lead to failure to report, negatively impacting patient safety (Gorini et al., 2012).

This study will explore student perceptions of faculty responses following medication errors that students make while progressing through a four year Bachelor of Nursing (BN) Program, as well as to

determine whether or not these approaches contribute to student level of comfort in reporting subsequent errors. Through completion of an online survey, students will rate faculty approaches that could impact upon their likelihood to report/not report subsequent medication errors. This data will be analyzed to inform nursing education regarding more effective faculty approaches to increase the likelihood that students report their medication errors. Consistent reporting of medication errors is imperative to overall patient safety.

## 2. Literature

Medication administration is an integral and valued aspect of nursing practice and as such nursing schools invest much time and effort into ensuring student achievement of this basic competency. Medication errors, however, do occur. In fact, ISMP (2013) identified that medication errors “are a leading cause of preventable harm” (para. 2) and as such, represent a “serious threat to patient safety in both hospitals and in the community” (ISMP, 2017, para. 1). Results from the 2013 Commonwealth Fund International Health Policy Survey of the General Public indicated that 6% of Canadians experienced a medication error and between 4% and 6% of Canadians were given a wrong medication or wrong dosage within the last two years (Health Council of Canada, 2014).

Nursing students, although supervised closely by clinical instructors

\* Corresponding author.

E-mail addresses: [lorna.walsh@mun.ca](mailto:lorna.walsh@mun.ca) (L.J. Walsh), [allan.anstey@mun.ca](mailto:allan.anstey@mun.ca) (A.J. Anstey), [anne.marie.tracey@mun.ca](mailto:anne.marie.tracey@mun.ca) (A.M. Tracey).

early in their medication experiences, are at risk for contributing to the high number of medication errors (Cebeci et al., 2015). One study revealed that thirty percent of nursing student participants made at least one error during their program of study and that the average number of medication errors recalled per student was 1.93 (Koohestani and Baghcheghi, 2009). Gregory et al. (2007) found through reviewing 154 documented unsafe patient care events at a university school of nursing, 87 (56.49%) fell under the category of improper medication administration. Further, Zieber and Williams (2015) identified that not only are most student clinical mistakes medication administration related, but also that this is the area about which most students express concern.

The importance of reporting medication errors cannot be underestimated. The Canadian Nurses Association [CNA] is very clear regarding the need for accountability stating that nurses must be “honest and practice with integrity in all of their professional interactions” (2017, p.16). Further, nurses must take “all necessary actions to prevent or minimize patient safety incidents” (CNA, 2017, p.8). Nursing education programs must instill the same ethical and moral standards in nursing students. The Canadian Association of Schools of Nursing [CASN] advocates that patient safety is not only a mandate but also a moral and ethical imperative for those, including students, who provide care to others (2006).

An open and non-punitive organizational culture is needed not only to encourage reporting of errors but also to ensure that there is subsequent learning and safety improvements (ISMP, 2017; Kennedy, 2016). Barnsteiner and Disch (2012) report however, that the prevailing culture of blame has “led to secrecy and failure to report for fear of repercussions” (p. 407) not only for health care in general but also within nursing schools. Yung et al. (2016) conclude that despite reassurances from administration that there will be no recrimination following medication error reports, staff nurses still underreport them because of fear. This fear of being blamed and of being punished for errors is also very pervasive amongst nursing students (Gorini et al., 2012; Sahay et al., 2015; Vaismoradi et al., 2014). Further, the likelihood that students will report errors is influenced by their perceptions of whether or not there is a punitive instructor/organizational climate (Alqubaisi et al., 2016; Ben Natan et al., 2017; Cebeci et al., 2015; Koohestani and Baghcheghi, 2009; Sahay et al., 2015).

As major health care institutions have attempted to shift from this culture of blame to a “just” culture in which there is trust, encouragement, and reward for providing safety related information, so too must nursing schools establish just cultures in which students can learn from mistakes (CASN, 2006; Disch and Barnsteiner, 2014; Zieber and Williams, 2015). By ensuring a just culture in which students are provided with supportive and effective feedback according to principles outlined by Anderson (2012), nursing schools can facilitate medication error reporting which may decrease future medication errors. Zieber and Williams add that when mistakes are viewed as learning experiences not only will mistakes be readily acknowledged, but also there will be less psychological trauma to the individual involved with the error. Nursing students can provide valuable information regarding the nature of feedback received following medication errors. This feedback should be perceived as supporting self-improvement, patient safety and quality care (Altmiller, 2012).

### 2.1. Aims of the study

The aims of the study are threefold: (a) to determine factors which increase the likelihood of nursing students reporting medication errors; (b) to elicit nursing student perception of faculty feedback following a medication error, and to determine how this faculty feedback impacts reporting of subsequent medication errors; and (c) to develop recommendations regarding the most effective faculty approaches when providing feedback to nursing students in response to a medication error.

## 3. Methods

### 3.1. Study design

This quantitative study uses a non-experimental, descriptive approach to assess students’ perceptions of faculty feedback following medication errors. The random nature of the occurrence of medication errors lends itself to the non-experimental design.

### 3.2. Setting and sample

The setting for the study was a school of nursing in one Canadian province that offers a baccalaureate program in collaboration with the local university. The full time, four year program, includes both clinical and theory components. The program emphasizes the development of partnerships among students, educators, and others e.g. health care professionals, throughout the educational process. Critical thinking skills including professional reflection, self-evaluation, ethical decision-making, and clinical judgement are facilitated progressively throughout the curriculum. A variety of strategies and supportive structures are used to foster teaching and learning and professional development of the student. Medication administration is introduced in the first semester of Year 2 and incorporated into all subsequent clinical courses. The majority of medications administered by students are given in adult acute care clinical rotations.

A convenience sample of students in the second, third, and fourth years of the nursing program were surveyed. A total of three hundred forty-four (N = 344) students were sent the link to the survey and one hundred six (N = 106) surveys were completed for an overall response rate of 31%. There were 31 respondents from Year 2 for a response rate of 22%, 43 respondents from Year 3 for a response rate of 39%, and 31 respondents from Year 4 for a response rate of 26% (see Table 1). One (1) student did not identify the program year. Year 1 students were excluded from the survey as they do not administer medications.

### 3.3. Instrument

A review of current literature revealed no suitable instrument and therefore a new questionnaire, using mainly quantitative measures, was developed. The questionnaire consisted of three parts. Items on Part A of the questionnaire used a four point Likert scale in which participants indicated their level of agreement with selected statements. These statements were based upon factors identified in the literature as impacting upon student likelihood of reporting errors. Items on Parts B and C required forced choice answers; Part B regarding the medication errors that were made and the likelihood of reporting considering feedback from clinical instructors, and Part C, the likelihood of students who had not made mistakes, reporting errors that may occur in the remainder of the program. Demographic information was limited to current year of enrollment in the nursing program. The questionnaire was reviewed by five nursing faculty members for content validity. Minor revisions were made following the review. It was also piloted with five nursing students from a partner school of nursing. One student

**Table 1**  
Sample.

Convenience sample of students (N = 344) in the second, third, and fourth years of the nursing program	
<b>Response Rate N=106 (31%)</b>	
Year 2	n = 31 (29.42%)
Year 3	n = 43 (40.95%)
Year 4	n = 31 (29.52%)
*one student did not identify program year	
Students who did not make an error	n = 81 (76.42%)
Students who did make an error	n = 25 (23.58%)
Students who made > 1 error	n = 3 (2.8%)

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