

Professional Wrongdoing: Reconciliation and Recovery

Nancy Crigger, PhD, MA, APRN, BC, and Nelda S. Godfrey, PhD, RN, ACNS-BC, FAAN

The management of professional errors, a high priority in health care in the last decade, is directed at prevention and regulation, perhaps to the exclusion of helping professionals reconcile mistakes at the personal level. The main purpose of this article is to conceptualize professional wrongdoing more broadly and to explore the process of ethical reconciliation that should occur in the aftermath of errors. Nurses who err are responsible for disclosing their error, reconciling with the patient and others who were harmed, and making amends when possible. A second reconciliation occurs within as the nurse recovers and regains a positive sense of self. Regulatory bodies now offer alternatives to traditional disciplinary approaches, but nurses who make mistakes not warranting discipline may lack the resources for personal reconciliation and recovery.

Learning Objectives

- Describe the ethical response to mistakes and professional misconduct.
- Recognize the scope of responses to professional wrongdoing.
- Discuss the benefit of social and personal reflection in the recovery process.
- Relate how the recovery model might be applied to nurses who err but are not subject to regulatory or legal actions.

Safe culture is an organizational systems response to innovation, prevention, and change (Kaplan et al., 2013). In the last few decades, many health care institutions have successfully shifted from a culture of shame and silence to a culture of safety. In many cases, a strong, consistent effort by all providers, administrators, and staff has succeeded in changing workplaces into safer environments, thus improving care. Though most work in this area is on preventing practice mistakes, dealing with mistakes after they occur is also an essential part of safe culture. Prevention is essential, but realistically, no matter how careful staff members are, mistakes are inevitable. Therefore, dealing with them through reconciliation and recovery is also a critical element of safe culture.

Nurses involved in professional or practice mistakes may experience psychological, physical, and spiritual suffering. Research of nurses who perceive themselves as responsible for mistakes in clinical practice reports a variety of responses. Many nurses report negative responses, including damage to self-esteem, lowered confidence, and tarnished reputation. Emotional reactions from study participants indicate that fear, depression, and shame are common. Legal

repercussions and economic loss may begin as sources of fear that materialize into actual hardships (Bradley & Brasel, 2009; Hannawa, Beckman, Mazor, Paul, & Ramsey, 2013; Karga, Kiekkas, Aretha, & Lemonidou, 2011).

The purpose of this article is to conceptualize mistakes into a broader understanding of professional wrongdoing and to explore the process of reconciliation and recovery. Recognition and use of a clear reconciliatory process for intentional and unintentional acts may not only improve the institutional and patient management but also improve nurses' recovery from making mistakes and reintegrate nurses into a flourishing professional life.

Defining Wrongdoing

Wrongdoing is a general term for intentional and unintentional acts that do not meet professional practice standards and actually or potentially result in harm. (See Figure 1.) Wrongdoing, according to Martin (1999), is an objectionable action for which the professional is to blame unless circumstances excuse the professional. If professionals are reasoning, choice-making, and responsible, there is professional responsibility, and external forces or potential contributing factors cannot account for all culpability. Nurses must develop a healthy balance between their responsibility for decisions, acts, and outcomes and any external contributing factors they cannot control (Bauer & Mulder, 2013; Mazzetti, 2012).

Mistakes

Mistakes (or errors) are unintentional acts that result in harm or could result in harm (Karga et al., 2011). Often, they result from a system error or multiple miscalcula-

tions, failures, or faulty decisions (Crigger, 2005). When a mistake results from a faulty decision, resolution may take place at varying institutional levels and be advanced to a disciplinary board or board of nursing through a formal complaint (Cronquist, 2013). However, the main concerns are minimizing the harm to patients from a mistake and ensuring patient safety. Whether or not harm results from a mistake, patients often lose trust in their providers (Bradley & Brasel, 2009; Crigger, 2004).

Professional Misconduct

Professional misconduct, on the other hand, is an intentional act. The nurse either knows that the act violates professional expectations or acts incompetently because he or she is not familiar with the standards of practice. If the nurse is ignorant of a violation, culpability is less clear, and the action may represent incompetence rather than an intentional violation (Cronquist, 2013). Diverting drugs or practicing outside the scope of a defined nurse practice act are types of misconduct. In these situations, the decisions made by the professional are faulty and should ultimately result in corrective actions.

In a study of 1,127 nursing license defense claims reviewed by Benton and Flynn (2013), professional misconduct was the most frequently reported allegation, and drug abuse or drug diversion was the most common type of allegation. Claims made for improper treatment, documentation error, and medication administration error, when added together, were almost 50% of the total.

Ethical Implications

After making a mistake, a nurse must face institutional and perhaps regulatory inquiries, but she or he must also face the ethical implications. The nurse has a duty to disclose the error to appropriate parties and apologize to the person harmed. The nurse also has a duty to reconcile and recover.

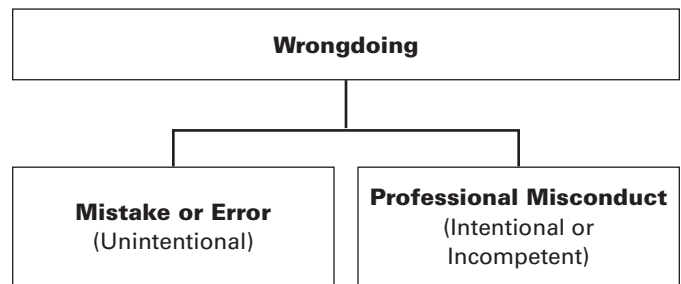
Disclosure

The Institute of Medicine (1999) report, "To Err is Human: Building a Safer Health System," began the safety movement with its report on the problem of mistakes in professional practice, the failure to address the aftermath of mistakes, and the relationships between professionals and injured parties (Berlinger, 2003; Crigger, 2004).

Disclosure and who should act or what should be done following error is not altogether clear. Certainly, nurses have a duty to report their mistakes, but to whom? The term *cheap grace* refers to the practice of disclosing a mistake to everyone but the patient or person who has been hurt (Berlinger, 2003). For example, after making a medication error, a nurse may contact the supervisor and the physician

FIGURE 1

Two Types of Wrongdoing



and complete an incident report, but not tell the patient, much less apologize to the patient directly and ask for forgiveness. Instead, the mistake is disclosed to the patient by a third party, perhaps the night nurse who simply explains that she is holding the patient's nighttime dose of medication because it was given earlier. Receiving the information second hand means the patient has no opportunity to participate in the reconciling process. Closure, disclosure, apology, and forgiveness by the patient are essential for reconciliation (Berlinger, 2003).

Making Amends

When possible, the nurse should make amends (Bradley & Brasel, 2009; Crigger, 2004). Often, amends are made at an institutional level and are an effective way to demonstrate the nurse's and the institution's commitment to a proper ethical response (Crigger, 2004; Downing & Potter, 2001). Those responsible for mistakes or professional misconduct can make reparation to the degree possible. For example, a nurse who gave an incorrect medication may offer to sit with the patient as she or he recovers from the negative effects of the medication. A nurse who has diverted drugs should offer to pay the institution for the drugs taken.

Professional Reconciliation

Using the process of disclosing, apologizing, and making amends when possible may go a long way toward reconciling the professional wrongdoing (Karga et al., 2011; Vincent, 2003). (See Figure 2.) The injured party may or may not forgive. However, if the nurse has sincere regret because of the harm caused and completes the ethical response to the wrongdoing, the nurse has done all she or he can do regarding professional reconciliation. There remains just one last step: reconciling with oneself through recovery.

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