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Matter for Debate

What about doctors? The impact of medical errors



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ABSTRACT

Medical error is a distressing event to the patient and the health care providers. The impact of such events has been well studied on patients but poorly on health professionals. These events are still considered as a taboo in the medical culture and hence missed as great learning opportunities. They have negative impact on doctors' emotional wellbeing, general quality of life, and their professional practice and conduct. Medical errors and adverse events also affect the quality and cost of the health service. Health service administrations should provide healthcare professionals involved in such events with professional support and counselling services, and should consider and treat them as second victims.

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Introduction

Medical error is a distressing event in the medical working environment. Unfortunately, with the increasing work load on hospitals and medical teams, the risk of errors increases. The culture of “blame” is quite common in the medical field, this add further stigma to medical error and increases the distress. The media coverage of these events and the rising business of medical soliciting make it more difficult for health care providers to cope with these situations.^{1,2} Patient awareness and understanding has risen considerably as a result, and this has led to increased rate of complaints. Recent reports had shown

that the number of complaints from patients is rising annually. In 2009, the Health Service Executive (HSE) report revealed that the number of complaints against Irish hospitals and doctors have doubled in a single year.³ This puts significant administrative and financial pressure on the hospitals and medical teams. In 2009, the HSE had to pay about 60 million euros as settlements to patients as a result of medical errors.⁴

Patients are the first victim in medical errors. In most cases, medical errors complicate their primary condition for which they needed medical attention. Such incidents can have confounding consequences leading to prolonged hospitalisation, post-traumatic stress disorders, and can in extreme

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cases lead to permanent change in life quality and even death.^{5–7}

Doctors involved in medical errors are also affected, and they should be regarded as second victims in such incidents. The impact of errors and adverse events on doctors has been much less studied.⁸

This article will discuss the impact of medical errors on doctors, including the consequent stress and emotional effects, burn-out and deteriorating professional performance.

Emotional impact on doctors

Medical errors commonly result in significant emotional impact for the doctor involved. O'Beirne et al. study in 2012 showed that 82.4% of doctors suffered from negative emotions following incidents related to patient safety.⁹ Studies have also shown that even minor incidents and adverse events which resulted in no harm or complications to patients' health were associated with significant emotional response from health care providers. This was demonstrated with near miss events as well; one third of doctors reported negative emotions and increased stress at work as a result of near misses.^{9,10}

The emotional impact associated with medical error can vary widely in nature and severity. Doctors from different specialities who were involved in medical error situations reported persistent fear of errors (82%) and experienced loss of social trust (67%).⁷ General physicians (GPs) reported suffering from frustration (48.3%), embarrassment (31.5%), anger (12.6%), and guilt (10.1%) following an adverse clinical event.⁹ The life quality at work and job satisfaction are significantly affected following medical error. Feelings of increased anxiety, loss of confidence, sleeping difficulties, reduced job satisfaction, and fear of harm to their reputation were reported by many GPs following such events.¹⁰ In some extreme cases, some clinicians manifested symptoms of post-traumatic stress syndrome and very poor quality of life in and outside of work.¹¹

Junior doctors and residents are the most vulnerable to errors and their negative impact. About 34% of internal medicine residents working in USA in 2006 were involved in at least one medical error incident in a period of three years; and 14.3% of them were involved in an error once every three months. That survey demonstrated that those residents perceived a significant deterioration in their quality of life following the incident, and they were suffering from depression, high degree of professional burnout, depersonalization, emotional exhaustion, lower sensation of personal accomplishment, and reduced empathy and compassion for their patients.¹²

Surgeons appear to be unique in their reaction to medical errors. They reported feeling isolated and alone when involved in an adverse event. Surgeons were found to go through four emotional phases when involved in an adverse event. The first phase, which is called “the kick”, is the immediate period after recognition that an error occurred. In this phase, surgeon involved suffers depression and feeling of failure. The surgeon typically asks oneself “Am I good enough?” This is usually associated with a significant

physiological stress response and reduced general wellbeing. The second phase, which they called “the fall”, follows. It involves feelings of doubt as the surgeon starts to overthink the event and ask the question “was it my fault?” The third phase is when the surgeon reflects on the event and analyses it, this is when he/she learns most from the event and gains experience. The fourth phase is basically the long term change in the surgeon's behaviour and practice in response to that experience. It affects the long term judgement and can result in either overcompensation to that event or minimisation.¹³ This long term effect, the fourth phase, is more pronounced in its effect than the short term effects.¹¹

Surgeons reported physical as well as emotional symptoms when exposed to stress while performing surgery. They described symptoms of adrenaline sympathetic over drive: sweating, heart pounding, headache and physical tension symptoms which affected their surgical technique with consequent tremors, clumsiness, and low dexterity.¹⁴

Impact on clinical practice

Health services have developed protocols and preventive measures to reduce the incidence of medical error and improve patient safety in hospitals and health facilities.^{7,8,11,13,15–17} The impact of such events on clinical practice, particularly surgical performance is poorly studied.^{8,14}

In a recent Irish survey, 35 out of 38 health professionals in a paediatric neonatal unit reported being involved in an adverse event or patient safety related error at least once in their career. Unfortunately, it was still regarded as a taboo that should not be spoken about. Some will not mention it or disclose the error due to fear of litigation. This failure of communication and disclosure of the error resulted in anxiety, blame culture among staff, increased stress, and a loss of an opportunity to learn from the event and implement future preventive measures.¹⁸

Surgeons with different degrees of experience demonstrated reduced professional quality when subjected to semi-structured simulated stressful adverse events. They all demonstrated loss of confidence, lack of proper decision making and impaired clinical judgement and communication in these situations. While some of the surgical consultants demonstrated coping strategies that they developed by experience to help them through these situations, junior surgeons were unable to cope. Surgical consultants manifested high awareness to their actions in such situations and had sophisticated strategies to cope, but they still emphasized that they use these coping strategies unconsciously by “automatic pilot” The coping strategies that surgeons used to combat any stress in that survey included the key elements of early recognition of risk, control of self, relaxation and team communication and leadership.¹⁴

Such clinicians, who suffer high levels of stress following adverse events, similarly had high levels of Compassion Fatigue and Burn-out. These were key elements to clinical performance and negatively affected the clinical practice and professional relationships among hospital doctors.¹⁶ This accelerated burnout was directly correlated to reduced empathy towards patients and this adversely affected the

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