



Review

## The contribution of nurses to incident disclosure: A narrative review



Reema Harrison<sup>a,\*</sup>, Yvonne Birks<sup>b</sup>, Jill Hall<sup>b</sup>, Kate Bosanquet<sup>b</sup>,  
Melissa Harden<sup>b</sup>, Rick Iedema<sup>c</sup>

<sup>a</sup> Institute of Psychological Sciences, University of Leeds, Leeds LS2 9JT, England, United Kingdom

<sup>b</sup> University of York, York, England, United Kingdom

<sup>c</sup> University of Technology, Sydney, Australia

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### ABSTRACT

**Objectives:** To explore (a) how nurses feel about disclosing patient safety incidents to patients, (b) the current contribution that nurses make to the process of disclosing patient safety incidents to patients and (c) the barriers that nurses report as inhibiting their involvement in disclosure.

**Design:** A systematic search process was used to identify and select all relevant material. Heterogeneity in study design of the included articles prohibited a meta-analysis and findings were therefore synthesised in a narrative review.

**Data sources:** A range of text words, synonyms and subject headings were developed in conjunction with the York Centre for Reviews and Dissemination and used to undertake a systematic search of electronic databases (MEDLINE; EMBASE; CENTRAL; PsycINFO; Health Management and Information Consortium; CINAHL; ASSIA; Science Citation Index; Social Science Citation Index; Cochrane Database of Systematic Reviews; Database of Abstracts of Reviews of Effects; Health Technology Assessment Database; Health Systems Evidence; PASCAL; LILACS). Retrieval of studies was restricted to those published after 1980. Further data sources were: websites, grey literature, research in progress databases, hand-searching of relevant journals and author contact.

**Review methods:** The title and abstract of each citation was independently screened by two reviewers and disagreements resolved by consensus or consultation with a third person. Full text articles retrieved were further screened against the inclusion and exclusion criteria then checked by a second reviewer (YB). Relevant data were extracted and findings were synthesised in a narrative empirical synthesis.

**Results:** The systematic search and selection process identified 15 publications which included 11 unique studies that emerged from a range of locations. Findings suggest that nurses currently support both physicians and patients through incident disclosure, but may be ill-prepared to disclose incidents independently. Barriers to nurse involvement included a lack of opportunities for education and training, and the multiple and sometimes conflicting roles within nursing.

**Conclusions:** Numerous potential benefits were identified that may result from nurses having a greater contribution to the disclosure process, but the provision of support and training is essential to overcome the reported barriers faced by nurses internationally.

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\* Corresponding author at: School of Public Health, Sydney Medical School, University of Sydney, Sydney, Australia, NSW, 2006. Tel.: +61 02 9036 7037.  
E-mail address: [reema.harrison@sydney.edu.au](mailto:reema.harrison@sydney.edu.au) (R. Harrison).

### What is already known about the topic?

- Patient safety incidents in health care are common.
- Patient safety incidents are often not disclosed to patients and/or carers.
- Disclosure of patient safety incidents is often ill-timed and/or poorly delivered.
- Open and honest disclosure of patient safety incidents is critical to high quality care.
- An open and honest dialogue with patients is key to genuine patient involvement.

### What this paper adds

- The contribution of nurses to incident disclosure is of international interest but understudied.
- Nurses can play a crucial role in disclosure, supporting both patients and doctors.
- There are several barriers to optimising nurse involvement in incident disclosure.
- The key barriers are multiple and conflicting roles in nursing, lack of education and training.
- Organisational hierarchies may inhibit nurses from making an active contribution.

## 1. Introduction

Threats to patient safety in health care are common and recent estimates indicate that up to 25% of patients experience some unintended harm during the course of their care (Landrigan et al., 2010). Whilst not all incidents result in patient harm, there is increasing recognition that 'open disclosure' about any incident that occurs or may occur is intrinsic to good quality care, and is becoming an expected aspect of patient involvement (Iedema et al., 2009). Disclosure is distinct from the reporting of patient safety incidents to internal organisation monitoring systems, colleagues or national reporting systems. Open disclosure is concerned with transparency about and the way in which any such incident is discussed with patients and/or carers and includes apologising for what has happened, reassuring patients and/or carers that an incident is being taken seriously, keeping them informed of progress with an investigation and ensuring that measures are taken to prevent its reoccurrence (Being Open, NPSA, 2005, 2009). Involvement in an incident can be extremely distressing for patients, carers and healthcare providers and negative feelings can be further compounded by poorly performed or non-disclosure (Sirriyeh et al., 2010; Vincent, 1995; Wu, 2000; Wu et al., 1997). Consistent evidence suggests that disclosures that are considered to be incomplete, disingenuous or delivered inappropriately can be detrimental to the relationship between patient and healthcare provider (Mazor et al., 2006; Shannon et al., 2009).

Incident disclosure is predominantly discussed in the patient–physician dyad, as the physicians' duty to their patient; lead physicians have ultimate responsibility for their patients and the necessary knowledge to answer questions that may arise about future treatment and outcomes after an incident. As such, a plethora of

literature around disclosure training for medical students and staff has emerged (e.g. Kiersma et al., 2009; Posner and Nakajima, 2011; Paxton and Rubinfeld, 2010) and the practice of disclosure has been to some extent viewed as out of the professional jurisdiction of other health care providers (Jeffs et al., 2010; Shannon et al., 2009). Studies of nurse disclosure have often been with reference to disclosure to organisational systems and supervisors through incident reporting rather than disclosure of incidents to patients (Wagner et al., 2012a,b, 2013).

The therapeutic value of an intimate patient–nurse relationship has been recognised and harnessed in contemporary health care (Williams, 2001). 'The new nursing' (Salvage, 1990) describes a broader kind of care which is about both 'caring for' and 'caring about' the patient (May, 1991), including their emotional, psychological, social and spiritual needs as well as physical ailment. Nurses may therefore develop a richer understanding of their patients and the context of their current admission through their proximity and visibility to patients, which is valuable in the transfer of challenging information to patients and families. The development of roles with greater professional autonomy in nursing (e.g. Nurse Prescribers in the UK) in which nurses make discrete clinical decisions independently and interdependently (Wade, 1999) also has implications for their contribution to incident disclosure. With increasingly independent practice, we propose that it is essential for nurses to be able to discuss things that go wrong in the course of care with their patients. Nurses may hold critical information and detailed knowledge regarding the circumstances of an event, particularly in cases where they are the primary care giver or decision maker. Coupled with their closeness to the patient, this places nurses in a prime position for discussing difficult news as an individual within the system that the patient has often built a trusting relationship with. Finally, caring nursing practice espouses a set of ethical principles that mean nurses have an obligation to act in the patient's best interest and the failure to disclose something that has occurred in their care to them contravenes these principles (Wolf and Hughes, 2008). Despite the importance of nurse involvement in disclosure, knowledge of the contribution that nurses currently make is limited.

Nurses play an intrinsic role in patient care and inevitably in the patient safety incidents that occur, particularly as health care provision becomes increasingly reliant on the contribution of multi-professional teams. These attributes may create additional dilemmas for nurses when faced with the responsibility of disclosure. As part of a systematic search of literature around incident disclosure, a sub-section of studies exploring the contribution of nurses to disclosure were reviewed. In this paper, we specifically explore how the evolving professional remit of nurses and barriers that currently inhibit opportunities for education and training around disclosure affect willingness and ability to disclose incidents to patients and carers. We then set out applications of our findings for enhancing the process of disclosure through targeting nurse involvement.

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