

Dishing the drugs: a qualitative study to explore paediatric nurses' attitudes and practice related to medication administration

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Aims

The objectives of this study were to identify nurses' attitudes toward medication policies and the perceived factors that influence nurses' adherence to the medication policy or their ability to follow policy in the clinical environment of a tertiary paediatric hospital.

Methods

Using a focus group methodology, data were collated from a group of 32 nurses working in eight clinical areas of a tertiary paediatric hospital. Each discussion was transcribed and the data were subjected to a qualitatively based content analysis.

Results/findings

Four main categories emerged from the data including accessibility of information, time constraints, practice issues and professional conflict.

Conclusions

Medication administration is a complex area of paediatric nursing practice. In an innovative attempt to assist in understanding nursing medication practice, this research has directly obtained nurses' perceptions of the factors that may influence their adherence to medication policy in the clinical environment. These results will inform future risk management strategies related to nursing medication practice.

Keywords: Medication administration, focus groups, policy adherence, nurse perceptions, nursing practice.

Introduction and background

Medication administration is one of the highest risk areas of nursing practice and a matter of considerable concern for both managers and practitioners. In an attempt to reduce the incidence of medication error, hospitals have adopted systems of risk management and developed and implemented policies, procedures and drug administration guidelines for clinical practitioners. However, risk management data indicate that medication errors continue to occur. Regular quality improvement efforts can assist in identifying areas of the medication administration process that present problems, and in identifying opportunities to minimise errors through systems improvements (Wakefield et al 1998). However, these efforts may not address the issue of staff attitudes and individual behaviour. This paper will discuss the first stage of a two-stage project exploring nurses' attitudes to medication administration.

Paediatric patients represent a group who are at increased risk from medication error (Koren & Haslam 1994). Most pharmaceutical companies supply preparations in standard adult dosages and requirements for children can vary significantly due to different ages and weights (Schneider et al 1998). Although the paediatric population has a high exposure to medications, there is little data concerning pharmacokinetics, pharmacodynamics, the influence of paediatric diseases on these processes, or specific paediatric related medication errors. Drug formulations are often suitable only for adults; in addition, the immaturity of drug elimination processes, alteration of body composition and the influence of size render the calculation and administration of drugs a complex task for paediatric patients (Anderson & Ellis 1999). It has been estimated that between 2.5% to 6% of paediatric inpatients may suffer an adverse drug event in the course of their hospital stay (Kaushal et al 2004).

In a literature review on adverse events in drug administration it has been suggested that the cause of many reported drug errors could be explained by deviation from hospital policy (Armitage & Knapman 2003). Policy non-adherence has also been identified as a key contributing factor in medication error (Wakefield et al 1998). Therefore the mere existence of policies and procedures that govern practice is not in itself adequate to remove the risk of error, with errors continuing to occur despite policy adherence (Cheek 1997).

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ACKNOWLEDGEMENTS: The researchers wish to thank the nursing staff who participated in the focus groups.

This project was funded through the Queensland Health Clinician Development Program.

The nurse is most often the individual who is at the end point in the multidisciplinary process of medication administration (Hand & Barber 2000). Therefore it is important to develop insight into the factors that nurses believe influence adherence to medication policies. This information could provide a sound basis for the development of effective risk management strategies related to medication administration aimed at preventing medication errors. Therefore, the aims of this study were to gauge nurses' attitudes toward medication policies and identify the factors that influence nurses' adherence to and ability to follow medication policy in the clinical environment of a tertiary paediatric hospital.

Methodology

In order to gain the fullest understanding of the participants' attitudes and opinions, a qualitative methodology was employed. The use of qualitative inquiry through focus group interviews produced richer and more revealing data than the use of a closed question survey or observational tool. Morgan (1997) suggests that one way to determine the appropriateness of focus group methodology is to ask how easily the participants would discuss the topic of interest. Since medication administration is a significant area of day-to-day nursing practice, this approach was considered the most appropriate way of eliciting nurses' opinions of factors that influence their ability to follow medication policy in the clinical environment.

The researchers' interest provided the focus and data was generated from the interactions within the group (Morgan 1997). Unlike group interviews where the researcher asks each person to respond to a question, focus groups encourage people to talk to one another, asking questions, exchanging anecdotes and commenting on each others' experiences and opinions (Kitzinger 1994). Therefore the hallmark of focus groups is the explicit use of group interaction to generate data and create insights that would be less accessible in a one-to-one interview (Morgan 1997). It has been

suggested that this method is particularly useful to explore people's shared knowledge and experiences and can be used to examine not only what people think but how and why they think that way (Kitzinger 1995).

The transcripts from the focus groups were subjected to a thematic content analysis using the guidelines proposed by Burnard to identify emerging themes (Burnard 1991). Burnard developed the method from those described in the grounded theory literature (Glaser & Strauss 1967), from previous work on content analysis (Babbie 1979; Fox 1982; Couchman & Dawson 1990), and from other sources of qualitative analysis (Field & Morse 1985; Bryman 1988). The method employs a step-by-step approach to coding and categorizing the focus group transcripts. These stages of analysis are summarised in Table 1 and outlined in more detail in the analysis section of this paper.

Research setting

The research setting was a tertiary referral paediatric hospital in a metropolitan area. The hospital has a number of specialty units, admitting over 17,000 patients annually, (aged 0-16 years) and employs a total of 495 nurses (402 full time equivalents).

Participants

A total of seven focus group interviews were conducted over a four-week period. Staff were recruited for the focus groups from each acute care clinical ward in the hospital. A date was chosen for each area following consultation with the Nurse Unit Manager. An introductory information letter was sent to all staff working on the unit on the proposed date. Participation in the focus group was dictated by staff willingness, availability and clinical workload considerations. Thirty-two registered nursing staff (Nursing Officer 1 and 2) volunteered to participate in the focus group interviews.

Ethical considerations

The Institutional Research and Ethics Committee granted approval to undertake the project. Participants were asked to sign a consent form prior to commencement of the interview, indicating their permission for the interview to be taped and for the data generated to be used for research and publication. All data (taped and transcribed) were confidential and securely stored.

Data generation

Qualitative inquiry does not subscribe to any one particular method of data collection. This is often dictated by the concept being examined. For the purposes of this project 'data' was generated through participants' self-reported attitudes and opinions toward medication practice and policy in the clinical area using a semi-structured technique. Each group was asked a generic set of questions about their medication practice and what (if any) factors influenced their adherence to relevant policies. The participants then directed the general flow and direction of the conversation. The length of each focus group interview varied between 20 to 30 minutes and was audio taped for transcription. Focus groups were conducted until saturation was obtained. This was recognised by repetition of themes and no new themes being introduced during sessions.

Table 1. Stages of content analysis (Burnard, 1991).

1. Transcription of taped interviews
2. Transcriptions read and notes made about general themes
3. Open coding – re-read transcripts and develop descriptive categories
4. Grouping of categories from step 3 under higher order headings
5. Repetitious categories and headings removed from list made in step 4
6. Independent categorisation by two colleagues and comparison of three lists
7. Transcripts re-read alongside final list of headings and categories
8. Sections of transcript coded according to the list of category headings
9. 'Cut or clip' (manually or electronically) highlighted transcript sections *
10. 'Paste' sections of transcript under corresponding categories and headings
11. Categorisations returned to interviewees to check appropriateness
12. Filing of category system with copies of original transcripts
13. Systematic writing up of results including direct quotes from transcripts
14. Discussion of findings alongside relevant literature and research

*Maintain copies of complete transcripts for future reference

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