

# New study the first to look at nursing error disclosure in nursing homes

November 4 2011

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Nurses have an obligation to disclose an error when one occurs. While errors should be avoided as much as possible, the reality is the health care delivery system is not and will never be perfect; errors and adverse events are an inevitable part of care.

In the study, "Nurses' Perceptions of Error Reporting and Disclosure in [Nursing Homes](#)," published in the January 2012 issue of the *Journal of Nursing Care Quality*, the authors found the majority of registered nurse respondents reported error disclosure and responding to be a difficult process in their workplaces. The study has implications to improve nursing education, policy, and patient safety culture in the nursing home setting.

"While we don't know the exact prevalence of errors that have occurred in nursing homes, we do know they are common based on our research. Our study, the first to systematically explore nurses' perceptions toward error disclosure to nursing residents and families, underscores the importance that further efforts need to occur for error reporting and disclosure to be less difficult for nurses," said NYUCN Assistant Professor of Nursing, Laura M. Wagner, PhD, RN, GNP-BC. "Our research highlights the need for nursing homes to improve communication processes and policies, ultimately rendering a culture of safety in nursing homes."

The study explored 1180 nurses' perceptions of error disclosure in the nursing home setting. This was a cross-sectional, descriptive study using

a mailed survey of a sample of registered nurses (RNs) and registered practical nurses (RPNs) in Ontario, Canada.

In NHs, nurses more routinely interact with patients with complex needs, which in turn increases the chance of errors occurring. Nursing errors refer to a nurse's action that adversely affected, or could have adversely affected, a patient's safety, quality of care, or both. Examples of nursing errors include lack of prevention (eg, breach of [infection control](#) precautions), inappropriate judgment or attentiveness, misinterpreting a physician's order, or documentation errors.

"[Registered nurse](#) respondents and nurses who had prior experience disclosing a serious error were more likely to disclose a serious error," said Wagner. "It appears that nurses' personal experience and level of education are more likely to influence error disclosure, rather than other factors such as the institutional culture in which they work," she said.

Although there is increasing attention to disclosing harmful events, there is a significant gap between what is expected and what actually occurs in current practice. The process of disclosing is an ethical and legal obligation that provides essential information to patients and families.

The authors found that multiple barriers exist that might inhibit disclosure; almost one-third of the respondents were less likely to disclose if they believed they might be sued or reprimanded. In addition, respondents believed that current efforts toward educating and supporting nurses with regard to errors were inadequate.

"Regardless of the health care provider's attitude about error disclosure, most patients or residents and their families want to know if an error has occurred, even if minor, said Wagner. "If [nurses](#) do not acknowledge that errors occur and they are a serious problem, then improving patient safety in this setting will be even more difficult."

The authors acknowledge that the obstacles to improving quality and safety in nursing homes and encouraging error disclosure by nursing staff are powerful. This study supports the need for stakeholders in the nursing home industry to carefully consider how transparency can be used as a vehicle for positive change. For example, NH facilities need to introduce explicit disclosure policies by creating their own approaches using guidelines related to the steps and processes of disclosure.

Provided by New York University

Citation: New study the first to look at nursing error disclosure in nursing homes (2011, November 4) retrieved 8 May 2024 from <https://medicalxpress.com/news/2011-11-nursing-error-disclosure-homes.html>

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