RN medication administration behaviour: lessons for education and practice development

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Introduction
Medication administration error

- Internationally, for nearly two decades, there has been an intense focus on ways to reduce avoidable patient harm
- Medicines are the most common therapeutic intervention in healthcare (RPS, 2013)
- Registered Nurse medication administration error is a leading cause of avoidable patient harm
- Error is however the outcome of behaviour
- Registered Nurses are accountable for their behaviour
To develop an explanatory model of the factors that contribute to the reported medication administration behaviour of RNs

- Cross-sectional correlational survey
- Census sample of RNs (adult) (n = 1149) from a single site
- Anonymised self-report questionnaire (RR = 84.7%)
- Validated scales focused on person, environment, behaviour together with demographic and professional information
- Data analysed using SPSS – multivariate analysis
- Study completed in 2016
Exploratory model

PERSON FACTORS
Biological
- Gender
- Ethnicity
- Age

Cognitive
- Highest academic qualification
- Completion of specialist course
- Nurse prescriber

Affective
- Job satisfaction
- Organisational commitment
- Role conflict
- Role ambiguity
- Professional identity

Professional factors
- Years qualified
- Place of registration
- Clinical grade
- Time in current post

ENVIRONMENT FACTORS
Clinical setting
- Place of work

Medication related activity
- % time administering medications
- Route of medications administered
- Oral; Non-IV injectable; IV injectable; Topical

Workplace climate
- Organisational climate:
  - Formalization; Effort;
  - Performance feedback; Pressure to produce
- Safety climate

Employment factors
- Employment pattern
- Shift pattern
- Shift length
- Days worked

WORKFORCE FACTORS: PERSON AND ENVIRONMENT
- Fatigue; Distractions; Interruptions; Someone else's mistakes; own workload; Unclear documentation

BEHAVIOUR FACTORS
Medication administration behaviours
- Safety behaviour
- Violation behaviour
- Clinical Error behaviour

RECIPROCAL
DETERMINISM
Exploratory model: Findings (1)
Exploratory model: Findings (3)
Of note particular note:

- **person factors** (notably role and identity) contributed the greatest explanation to RN medication administration behaviour, and environment factors the least.
- Workforce factors (fatigue and distractions) only contributed to clinical error behaviour.
- Person factors are key to explaining **RN violation behaviour**.
- A relationship was evident between RN violation medication administration behaviour and RN MA clinical error behaviour.
- **RN medication administration violation behaviour** merits attention.
Medication administration violation behaviour

"I'm right there in the room, and no one even acknowledges me."

Ref: http://mitchjackson.com/white-elephants/
Medication administration error behaviour: Lessons

• Medication administration is a complex and high risk activity
• Medication administration violation behaviour is a risk behaviour and a CHOICE that RNs make.
• Factors including high role conflict and low professional identity contribute to risk behaviour
• Exploration of RN risk behaviour (perception and tolerance) merits
• Attention to how the individual nurse is taught safe medication administration to effectively respond to risk in the workplace suggests a novel approach to the reduction of medication administration error
• This will help to avoid the potential of RISK + RISK to patient safety and thus contribute to error reduction
Medication administration error behaviour: Lessons

Institutional accountability

Individual accountability
Medication administration error: Lessons

Going forward:

• A move away from a focus on the 5 (or more) rights of medication administration......ritualistic practice
• A move towards highlighting the RISK that RNs take when not adhering to the principles of safe medication administration
• Vigilance to and discussion of the factors that may increase individual risk-taking behaviour (RISK + RISK)
• The development of coping skills when at the boundaries of safe practice
• A focus on ensuring that nurses retain a strong professional identity and are clear about their role in the workplace
Medication administration error: Lessons

- Building PROFESSIONAL CAPITAL

- HUMAN capital: talent of individuals
- DECISIONAL capital: sound judgements
- SOCIAL capital: collaborative power of groups
Selected References


Nursing and Midwifery Council (NMC)., 2008a. Standards for medicines management London: NMC.

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THANK YOU FOR YOUR INTEREST
OPPORTUNITIES FOR QUESTIONS