Nurses Recognition and Response to Unsafe Practice by their Peers

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Tuhia ki te rangi

Tuhia ki te whenua

Tuhia ki te ngākau o ngā tāngata

Ko te mea nui o te ao

Ko te aroha

Tihei mauri ora

Write it in the sky

Write it in the land

Write it in the hearts of the people

The most important thing in the world

Is kindness, compassion and love

Background

Previous research has not reported extensively about:

- How nurses recognise unsafe clinical practice
- Responses to unsafe practice including factors which affect reporting

Definitions:

- Competence - “the ability to perform the tasks and roles required to the expected standard” (Eraut, 1998)
- Unsafe practice - an occurrence, event or a pattern of repeated behaviour that places the patient, family or others in jeopardy and/or at an unacceptable level of risk for physical, psychosocial, or emotional harm (Scanlan, Care, & Gessler, 2001)
- Unprofessional behavior- observed behaviour that demonstrates “disrespect or lack of compassion, commitment to ethical principles, integrity or accountability” (Martinez et al., 2017).
- Cues to unsafe practice are less easily observed and may be described as recognising omissions in professional practices, disengaged attitudes or intuitively sensing that practice was not consistent with accepted standards.

Research question

- “What are the behaviours and cues that nurses recognise as indications of unsafe practice and how do they respond to unsafe practice in their peers?”

- **Research Objectives:**
  - What are the behaviours and cues that nurses recognise as indications of unsafe practice in their peers?
  - What are the perceived contributing factors to unsafe practice by nurses?
  - What actions do nurses take when they recognise unsafe practice by their peers?

Study Design

- Sequential explanatory mixed method design

Phase 1: Qualitative interviews about nurses' experiences of unsafe practice to assist the development of Phase 2 instrument

Phase 2: Quantitative cross-sectional survey of NZNO membership

Phase 3: Qualitative interviews about nurses' experiences of unsafe practice by their peers

- Ethical approval for finalised survey obtained from HREC

Quantitative Cross-sectional Survey

- **Aims:**
  1. To identify the proportion of participants who reported working with a colleague who they felt was practicing in an unsafe manner in the last 12 months.
  2. To identify the behaviours and cues nurses recognise as indications of unsafe practice in their peers.
  3. To identify the frequency of factors in the workplace perceived by nurses to contribute to unsafe practices occurring.
  4. To identify actions nurses take when they recognise unsafe practice.

- **Methodologic Approach:**
  - Quantitative Cross-sectional Survey of NZNO Membership (via Survey Monkey)

- **Study Population:** New Zealand nursing workforce (including managers)
- **Sampling Approach and Criteria**
  - Participants were Registered Nurses working in any health care setting in New Zealand.
  - The survey sample was randomly selected from registered nurse members of the New Zealand Nurses Organisation (NZNO) via the membership database (N=34,244) in 2017.
- **Sample Recruitment**
  - Total emails to RNs was n=1501
  - Total emails to Nurse Managers was n=1080
  - For the final mail out (same email addresses were used for all the mail outs) there were n=31 emails that were not deliverable.
  - Total potential participants n=2550.

Recruitment Response and Data Analysis

- Total responses (n=250)
  - n=19 did not answer any questions and were excluded from analysis
  - Overall respondents n=231
    - Nurses n=160
    - Nurse managers n=71
- Statistical analyses were conducted by a biostatistician using SAS v9.4
  - A *priori*, $p<0.05$ (two-tailed) was used to indicate statistical significance
  - Sociodemographic and work-related characteristics were presented as count (%), mean (Standard deviation), or median (interquartile range)
- Differences between nurses and nurse managers were examined and identified using logistic regression and negative binomial regression, crude and adjusted odds ratios with 95% confidence intervals and p-values.

Participant Characteristics

Respondents:

- Mean age — Nurse = 48 yrs, Nurse Manager = 53 yrs
- **Gender** — Female n = 214 (93%), Male n = 16 (7%)

Ethnicity:

- Nurses
  - NZ European n = 101 (63%)
  - Other European n = 18 (11%)
  - NZ Māori n = 13 (8.1%)
  - Others n = 28 (18%)
- Nurse Managers
  - NZ European n = 54 (76%)
  - Other European n = 7 (9.9%)
  - NZ Māori n = 4 (5.6%)
  - Others n = 6 (7%)

Work Characteristics

Specialty:
- Surgical/Medical n = 48 (21%)
- Aged care/Older person nursing n = 24 (10%)
- Primary health care n = 22 (10%)
- Paediatrics/Neonatal n = 19 (8%)
- Mental health n = 17 (7%)
- Others n = 101 (44%)

Mean Years in Current Role: Nurse = 9.8, Manager = 10.1

Mean Years Nursing Experience: Nurse = 22.2, Manager = 29.4

Qualifications:
- Masters Degree n = 48 (21%)
- Postgraduate Diploma n = 49 (21%)
- Postgraduate Certificate n = 43 (19%)
- Bachelors Degree n = 46 (20%)
- Diploma n = 29 (13%)
- Hospital certificate n = 14 (6%)

Recognition of unsafe practice

- Proportion of colleagues considered to be practicing in an unsafe manner

Response	Nurse (n = 160)	Manager (n = 71)	Total (N = 231)
No	47 (37%)	16 (28%)	63 (34%)
Yes	79 (63%)	41 (72%)	120 (66%)
Total	126	57	183
Missing	34	14	48

- Recognition of unsafe practices was similar for nurses and managers and the overall rate of 66% was similar to the rate reported in a previous study (74% of 78 nurses) (Weenink et al. 2015) which was substantially higher than the rates reported in this study for most other health professionals.
- The overall rate in this study was higher than the rate reported by Maurits et al (2016) of 42% (n = 259) and the rate reported by King and Scudder (2013) of 30% (n = 238) with similar sample sizes.

Types of Unsafe Practice encountered in last 12 months (Sometimes or Frequently vs Rarely or Never)

Heard about unsafe practice by a colleague	n = 109 (59%)
Acted to protect a patient from negative effects	n = 101 (55%)
Witnessed aggressive behaviour to staff	n = 72 (39%)
Witnessed unsafe practice by a colleague	n = 67 (36%)
Colleague with physical health issue that affected ability	n = 37 (20%)
Witnessed aggressive behaviour to patient	n = 27 (15%)
Colleague with a mental health diagnosis that affected ability	n = 22 (12%)
Colleague with cognitive issue that affected ability	n = 22 (12%)
Colleague with a substance abuse problem	n = 10 (5%)
Inappropriate sexual behaviour	n = 2 (1%)

* For this question there were 44-47 missing responses for each item (~20%)

Cues encountered with unsafe practice in last 12 months (Sometimes or Frequently vs Rarely or Never)

Did not document information accurately	n = 135 (72%)
Failed to collaborate effectively with colleagues	n = 110 (59%)
Did not demonstrate expected knowledge	n = 110 (59%)
Not able to perform required skills	n = 93 (49%)
Unprofessional behaviour	n = 90 (48.1%)
Poor clinical reasoning	n = 86 (46%)
Poor communication skills	n = 84 (45%)
Casual attitude or complacency about patient care	n = 80 (43%)
Did not act in patients best interest	n = 79 (42.4%)
Out of their depth	n = 66 (35.4%)
Did not act responsibly	n = 54 (28.8%)
Repeated medication errors	n = 44 (23.7%)

* For this question there were 43-44 missing responses for each item (~20%)

Behaviours associated with unsafe practice (Range 75% - 97%)
(Agree or Strongly Agree vs Unsure, Disagree or Strongly Disagree)

Poor accountability	Being dishonest or lacking integrity
Poor critical thinking	Lack of willingness to learn
Poor communication skills	Being overconfident
Poor observational skills	Poor self awareness
Poor insight into own practice	Unprofessional behaviour
Not asking questions	Unethical behaviour
Reluctance to ask for help	Poor technical skill
Poor ability to learn from feedback	Having a bad attitude
Poor assessment skills	Hiding practice from others
Poor knowledge	Casual attitude and approach
Poor interpersonal skills	Lack of humility

* For this question there were 43-45 missing responses for each item (~20%)

Factors considered to contribute to unsafe practices occurring (Sometimes or Frequently vs Unsure, Rarely or Never)

High workload	97%
Taking shortcuts	95%
Poor team work	92%
Being in an unfamiliar situation	91%
Poor skill mix	90%
Poor organisational culture	90%
Poor leadership	90%
Working in an unfamiliar environment	89%
Complacency about everyday practice	89%
Poor or inadequate documentation	88%
Inadequate organisational communication pathways	78%
Lack of effective policies and procedures	71%
Inadequate orientation for nurses with ESL	71%
Inadequate training prior to re-entry into practice	68%

* For this question there were 43-45 missing responses for each item (~20%)

Intervening in Response to Unsafe Practice

- Nurses reporting intervening when unsafe practice occurred

Response	Nurse (n = 160)	Manager (n = 71)	Total (N = 231)
No	30 (29%)	7 (13%)	37 (23%)
Yes	72 (71%)	49 (88%)	121 (77%)
Total	102	56	158
Missing	58	15	73

- The odds of intervening was significantly higher in managers compared to nurses (intervene: OR 2.84, 95%CI 1.15, 6.99; p = 0.023).

- Reasons for not intervening included (n = 37):
  - Did not think it would be addressed (14%)
  - Situation under investigation (14%)
  - Did not know what action to take (11%)
  - Someone else acted (11%)

Reporting

- Reporting of unsafe practice

Response	Nurse n=160	Manager n=71	Total n=231
No	48 (49%)	11 (20%)	59 (39%)
Yes	49 (51%)	45 (80%)	94 (61%)
Total	97	56	153
Missing	63	15	78

- The odds of reporting incidents was significantly higher in managers compared to nurses (report: OR 3.87, 95%CI 1.79, 8.39; $p < 0.001$).

- Reasons for not reporting included (N=59)
  - Someone else acted (15%)
  - Did not think it would be addressed (14%)
  - Situation under investigation (8.5%)
  - Insufficient evidence (6.8%)
  - I did not know what action to take (6.8%)
  - Fearful of what might happen to colleague (5.1%)
  - Fearful of what might happen to me (5.1%)

Discussion

- The frequency of unsafe practices reported by participants (66%) is similar to one previous study (74%) with a small sample size, and higher than reported in other previous studies with a similar sample size (30-42%)
- Overall 77% of participants reported intervening when unsafe practice occurred and this is similar to the rate reported by Weenik et al (2015) of 83%.
- 61% of participants in this study reported unsafe practice which is lower than the rate reported by King and Scudder (2013) (over 90%).
- Improved reporting rates might be achieved by adopting anonymous reporting processes to protect nurses who report unsafe practice

Discussion (continued)

- Behaviours associated with working outside scope of practice were:
  - Poor accountability
  - Poor insight into own practice
  - Being dishonest or lacking integrity
  - Being overconfident
  - Poor self awareness
  - Unprofessional behaviour
  - Unethical behaviour
  - Having a bad attitude
  - Hiding practice from others
  - Casual attitude and approach

Discussion (continued)

- Cues associated with working outside scope of practice were:
  - Failed to collaborate effectively with colleagues
  - Unprofessional behaviour
  - Casual attitude or complacency about patient care
  - Did not act in the patients best interest
  - Did not act responsibly
- These behaviours and cues should alert clinicians and managers to the potential for a nurse to work outside their scope of practice

Discussion (continued)

- Factors that contributed to nurses working outside of their scope of practice were:
  - High Workload
  - Taking shortcuts
  - Being in an unfamiliar situation
  - Poor skill mix (Staffing)
  - Poor organisational culture
  - Working in an unfamiliar environment
  - Complacency about practice

- These factors are areas that clinicians and managers can focus on, to identify and prevent unsafe practice in the clinical setting

Implications

- Individual nurses are responsible for understanding their scope of practice and working within it
- Individual nurses are also responsible for identifying factors that may influence them to work outside of their scope of practice
- Managers are responsible for checking credentials are honest and correct
- Managers are also responsible for ensuring their clinical environment supports safe and accepted standards of practice and that nurses have adequate and appropriate support to work within their scope
- Organisations are responsible for providing a suitable work environment and a culture that promotes both patient and staff safety, and reporting processes that protect nurses who report unsafe practice

Conclusion

- Limitations of the survey:
  - Risk of recall bias
  - Non-response bias (low response rate)
  - The potential negative bias associated with measuring the phenomenon of unsafe practice
- The results of this survey suggest that:
  - Working outside scope of practice is a form of unsafe practice
  - Unsafe practice is an important clinical problem that may pose a threat to patient safety
  - Existing policies, competency evaluation mechanisms and organisational culture do not adequately address the prevention of, and response to unsafe practice by nurses in the workplace