Nurses’ Perceptions of Error Reporting and Disclosure in Nursing Homes

New York, NY, USA (November 4, 2011) - Nurses have an obligation to disclose an error when one occurs. While errors are an inevitable part of the health care delivery system, the number and types of errors varies based on the setting. 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. The study also highlighted the need for nursing homes to improve communication processes and the need to influence nurse behavior in terms of reporting and responding to errors.

"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 experience," 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 the need to influence nurse behavior in terms of reporting and responding to errors."

The study explored 1180 nurses' perceptions of error disclosure in the nursing home setting. This was a cross-sectional, descriptive study survey and the sample of 1180 respondents represents 17 per cent of the total RN workforce employed in nursing homes in Colorado, New York, and New Jersey.

The authors found that multiple barriers exist that might inhibit disclosure; almost one-third of the 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 believe that errors occur and they are a serious problem, then improving patient safety in this setting will be even more difficult.

The study's findings are consistent with the results of previous research; however, the authors argue that nurses must have more participatory roles in the process of error disclosure. The authors argue that nurses must be able to participate in the process of error disclosure, as well as have the opportunity to share their experiences and reflections on error disclosure, in order to improve nurse behavior in terms of reporting and responding to errors.
The authors acknowledge that the obstacles to improving quality and safety in nursing homes and encouraging error disclosure have been substantial. This study explores the need for understanding of the barriers faced to improving safety and transparency, and the need for policies to facilitate 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.

This study was funded by the Canadian Institutes of Health Research.

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