

The purpose of this paper is to explore the attitudes and beliefs of doctors towards medication error reporting following 15 years of a national patient safety agenda” Burns et al (2018).

Abstract:

Purpose: The purpose of this paper is to explore the attitudes and beliefs of doctors towards medication error reporting following 15 years of a national patient safety agenda.

Design/methodology/approach: This is a qualitative descriptive study utilising semi-structured interviews. A group of ten doctors of different disciplines shared their attitudes and beliefs about medication error reporting. Using thematic content analysis, findings were reflected upon those collected by the same author of a similar study 13 years before (2002).

Findings: Five key themes were identified: lack of incident feedback, non-user-friendly incident reporting systems, supportive cultures, electronic prescribing and time pressures. Despite more positive responses to the benefits of medication error reporting in 2015 compared to 2002, doctors at both times expressed a reluctance to use the hospital’s incident reporting system, labelling it time consuming and non-user-friendly. A more supportive environment, however, where error had been made was thought to exist compared to 2002. The role of the pharmacist was highlighted as critical in reducing medication error with the introduction of electronic prescribing being pivotal in 2015.

Originality/value: To the authors’ knowledge, this is the first study to compare doctors’ attitudes on medication errors following a period of time of increased patient safety awareness. The results suggest that error reporting today is largely more positive and organisations are more supportive than in 2002. Despite a change from paper to electronic methods, there is a continuing need to improve the efficacy of incident reporting systems and ensure an open, supportive environment for clinicians.

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Reference:

Burns, N., Alkaisy, Z. and Sharp, E. (2018) Doctors attitudes towards medication errors at 2002 & 2015. *International Journal of Health Care Quality Assurance*. 31(6), p.451-463.

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