**Original Article** *Egyptian Journal of Health Care, 2017 EJHC Vol.8 No.2*

# Barriers To Disclosure Of Nursing Practice Errors As Perceived By Nurses.

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## Abstract

**Background:** Patient safety is a concern worldwide and is a significant challenge facing healthcare systems today. Nursing errors have always been a serious, inevitable threat to patients' safety. Reporting errors is fundamental to error prevention that can increase the rate of survival among patients in hospitals. It is important to detect nursing barriers for not disclosing these errors. **Aim:** The current study explores nurses' perception of barriers against disclosing nursing practice errors. **Subjects and Methods**: A descriptive exploratory design was utilized. The study was conducted at New Kaser El-Aini Teaching Hospital and El Manial Kebli Hospital. Convenient samples of 285 nurses worked in ICUs and 335 nurses worked in inpatient units. For the purpose of this study, questionnaire for nurses was adopted and utilized that consist of two parts: the first part was related to the nurse personal characteristics, the second part assess the nurses perception of the different barriers. **Results:** showed that the study sample agreed with high percentage for different dimensions and related barriers against error disclosure as fear, ineffective communication and misunderstanding, organization, team work and workload dimensions related barriers. The current study showed statistically significant difference between dimensions related barriers and the personal characteristics of the study sample as gender, educational background, working unit, age and years of experience. **Recommendations:** Decrease staff fears related to disclosure through modifying the culture of blaming and punishment by the organization. Also the study recommended establishing simple guidelines and procedure for reporting error.

**Key words** barriers, disclosure, nursing errors.

### Introduction

Patient safety is a concern worldwide and is a significant challenge facing healthcare systems today. It is a central concern of current health care delivery system and quality. Contrary to commonly held perception, medical errors are generally not the result of individual misconduct; they are caused by failures in the health care systems and organizations that we create. However nurses play a vital role in the identification, prevention and reduction of medical errors and promotion of patient safety (Dorgham & Mohamed , 2012).

There are different terms that are related to error as near miss, adverse event and accident. Near miss is an error that results in no harm or very minimal patient harm (IOM, 2000).An adverse event is injury to a patient caused by medical management rather than an underlying condition of the patient (IOM, 2000). An accident is an event that involves damage to a defined system that disrupts the ongoing or future output of that system (Whitehead, Weiss, & Tappen, 2010).

The term disclosure indicates revealing or uncovering. Disclosure of patient care errors involves revealing the error to other medical team members, the patient and family. Additional elements of disclosure

may include an apology, a discussion of follow-up actions to investigate the incident, an offer of emotional or financial support, and assurance of actions to prevent recurrence (Greene, 2009).

Factors associated with nurses reporting of errors are classified to many sub-classes as there are factors related to nurses, to the organization and to high work load.

For nurses, they choose not to acknowledge or document errors. In other cases errors are discussed only behind closed doors between providers and administrators, patient and families are not reported when errors have happened or that corrective action are needed. Thus certain kinds of error re-occur and the risks of patient harm increase (Waite, 2008).

Related to the organizational factors, there are factors in the organization that keep errors uncovered as unpleasant behaviors and previous inadequate reactions of the organization، including the managers, physicians, and colleagues، and also the inappropriate reaction of the manager regarding the impact and intensity of the error lead to under-reporting the errors and covering them up (Dorgham & Mohamed , 2012).

Related to high work load factors, nurses high work load and pressure as well as the responsibilities of the nurses which caused the errors to go unreported. These factors include the personnel's lack of time and the reporting process' being time-consuming (Whitten, & Dutta, & Carpenter, 2007).

**Significance of the study**

Nurses are pivotal in improving patient safety via error reporting. Nursing errors have always been a serious, inevitable threat to patients' safety and can cause high rates of morbidity and mortality and can increase the cost of treatment. Preventing medical errors is desirable, but if an error occurs, ways of dealing with it is important in order to increase error disclosure and patient safety. It is necessary that health policy makers try to recognize and eliminate the obstacles to error disclosure.

Reporting errors is fundamental to error prevention that can increase the rate of survival among patients in hospital and can raise the quality of health care provided and enhance patient safety. It is important to detect the causes and barriers for nurses for not disclosing that error, as the disclosure of error is important for the total quality of health care provided through working on preventing the re-occurrence of that error through providing policies that control the error occurrence in nursing practice.

Between 2002 & 2004, the national patient safety agency (NPSA) reported 13 incidents involving naso-gastric feeding, out of which 11 patients died as a result of the NG tube misplacement (Waite, 2008).

In Egypt, many studies investigated different nurse's errors as Salah (2013) in her study of nurses knowledge and practice about administration of medication via naso-gastric tube among critically ill patients found that administration of medication by nursing staff via NGT were unsatisfactory for (75%) of them. Also, Mohamed (2000) in her study of assessment of nurses' medication error and factors causing them in the critical care units reported that there are commonly repeated medication errors demonstrated by nurses such as wrong time, wrong route, omissions of medications and incorrect IV rate.

As errors proved to occur while nurses practice, reporting of such errors is essential to assume patient safety. Therefore present study aims to explore nurses' barriers against disclosing those errors.

## Aim of the study

This study aimed to explore nurses' perception of barriers against disclosing nursing practice errors.

## Research Questions

What are barriers for nurses against disclosing of nursing practice errors as perceived by them?

## Subject And Methods

### Research design:

Descriptive design was utilized to achieve the aim of this study.

### Setting:

The current study was carried out at New El-kasr El-Aini teaching hospital and El-Manial Kebli hospital.

### Subjects:

The sample of the present study was a sample of convenience. The number of the study sample was 620 nurses. The total number of nurses working in intensive care units was 285 nurses and the total number of nurses working in inpatient units was 335 nurses.

### Tools of data collection:

The safety attitude questionnaire developed by Wolf and Hughes, (2005) was adopted to collect data for the present study. It is composed of two parts as follows:

### Demographic data: -

It includes nurse's age, gender, level of education, years of experience, work department, job title, and training courses.

### Second part:

It was composed of 27 questions grouped under six major dimensions namely:

**Fear** (includes six items that indicates the nurses feeling of fear related to personnel involved in error process). **Ineffective communication and misunderstanding** (includes six items that indicates the nurses understanding of error process and the way of communication in case of error happened). **Organization** (includes five items that indicates the organizational attitude toward error process). **Work load** (includes four items related to the burden of effort in nurses' work). **Team work** (includes six items that indicates the relation of nurses with other health team members in the incidence of error).

The tool rated using Likert scale of five grades that included (strongly agree, agree, neutral, disagree and strongly disagree).

### Methods of data collection:

- Consent to conduct the study was taking from the vice dean of graduate studies at faculty of nursing – Cairo university, and hospital administrator.

- The tools were translated into Arabic language and reviewed by jury consisted of five professors in nursing administration to be tested for its content validity.

- The investigator contacted to the nurses to explain the purpose and procedure of the study and determine the available time to collect data.

- The questionnaires were distributed to the studied sample during morning, afternoon and night shifts.

- Data collection was completed over a six months period.

## Ethical Considerations

Before commencing the study, ethical approval was granted from the research ethics committee in which the study took place. The researchers ensured that the correct procedures were undertaken concerning informed consent, autonomy, anonymity and the maintenance of confidentiality.

### Statistical analysis*:-*

The collected data will be categorized, scored, tabulated, and analyzed by computer using statistical package for social science (SPSS). Descriptive statistics will be used in the form of frequency distribution and percentages. Appropriate statistical test will be applied for data analysis.

## Results:

**Table (1)** shows that (70.2%) of the study sample were females. While (56.1%) of them were in the age group ranged from 25 - 30 years. The educational degrees of the study sample were as follow: (73.7%) have diploma of technical schools of nursing, (16.6%) have diploma of technical nursing institute and only (9.7%) have baccalaureate degree. And (66%) of the study sample had experience ranged from five to ten years after graduation. The working units of the sample were (54.1%) in ward while (45.9%) worked in ICUs. About (86%) of the study sample worked in staff nurse position.

**Table** (**2)** shows that, (39%) of the study sample disagree that development of a negative attitude towards the blamed nurse is a barrier toward disclosure of errors, while (32.2%) of them agree that it is a barrier. About (13.0%) of the study sample disagree that it is difficult to speak up when the nurse perceived a problem or error is a barrier, while (55%) of them agree that it is a barrier for disclosure.

Generally (61.5%) of the study sample agree that fear dimension is a barrier against error disclosure.

**Table (3)** shows that, (50%) of the study sample disagree that when communication between doctors and nurses is not good is a barrier for error disclosure and (18.7%) of them disagree that poor match of administrative response to errors with severity of errors is also a barrier. While (46.1%) of the study sample agree that when there is no perceived benefit from reporting error is a barrier toward error disclosure and (22.4%) of them agree that nurse does not know proper channels to report the incidence of an error is also a barrier.

Generally (46.0%) of the study sample agree that ineffective communication and misunderstanding dimension's components is a barrier against error disclosure.

**Table (4)** illustrate that (34%) of the study sample disagree that disagreement with the organization definition of error is a barrier toward error disclosure and (7%) of them also disagree that dissatisfaction with work environment is a barrier. Otherwise (64.0%) of the study sample agree that the insufficient level of staffing to handle the number of patients is a barrier and (27.1%) of them agree that disagreement with the organization definition of error is also a barrier toward error disclosure.

Generally (65.62%) of the study sample agree that organization dimension's components are a barrier against error disclosure.

**Table (5)** show that the highest mean scores for ward setting is related to the following dimensions: fear (20.6418$\pm$3.88033) and ineffective

communication and misunderstanding (19.4627±4.44907). While the highest mean score is related to organization dimension (18.6000±3.5300), team work dimension (20.4807±4.44495) and work load dimension (14.1439±3.20821).

Also there is a significant statistical difference between working unit and organization and team work dimensions.

**Table (1): Distribution of the study sample according to personal characteristics data (N=620):**

| Variable | Values | No. | % |
|---|---|---|---|
| Gender | Male | 185 | 29.8 |
| | Female | 435 | 70.2 |
| Age | 20 > 25 | 168 | 27.1 |
| | 25 > 30 | 348 | 56.1 |
| | 30 > 40 | 91 | 14.7 |
| | 40 > 50 | 13 | 2.1 |
| Academic status | Diploma of technical schools of nursing | 457 | 73.7 |
| | Diploma of technical nursing institute | 103 | 16.6 |
| | Bachelor of nursing | 60 | 9.7 |
| Years of experience | 1 > 5 | 123 | 19.8 |
| | 5 > 10 | 409 | 66.0 |
| | 10 > 15 | 38 | 6.1 |
| | 15 and more | 50 | 8.1 |
| Working unit | ICU | 285 | 45.9 |
| | Ward | 335 | 54.1 |
| Job title | Staff nurse | 537 | 86.6 |
| | Charge nurse | 50 | 8.1 |
| | Head nurse | 33 | 5.3 |

**Table (2): Distribution of the study sample according to perception of barriers against error disclosure related to fear dimension (N=620)**

| No | Fear dimension items | *Strongly disagree* | | *Disagree* | | *Neutral* | | *Agree* | | *Strongly agree* | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Fear of being blamed for negative patient outcome. | 26 | 4.2 | 119 | 19.2 | 55 | 8.9 | 313 | 50.5 | 107 | 17.3 |
| 2 | Fear of being reprimand by physicians. | 22 | 3.5 | 179 | 28.9 | 35 | 5.6 | 307 | 49.5 | 77 | 12.4 |
| 3 | Patients will develop negative attitudes against the blamed nurse. | 34 | 5.5 | 242 | 39.0 | 80 | 12.9 | 202 | 32.6 | 62 | 10.0 |
| 4 | Fear of legal liability as nurses believe that disclosure of errors results in lawsuits. | 38 | 6.1 | 153 | 24.7 | 59 | 9.5 | 298 | 48.1 | 72 | 11.6 |
| 5 | Fear of telling on someone else about committing error. | 7 | 1.1 | 144 | 23.2 | 46 | 7.4 | 317 | 51.1 | 106 | 17.1 |
| 6 | It is difficult to speak up when the nurse perceived a problem or error. | 4 | 0.6 | 81 | 13.1 | 108 | 17.4 | 342 | 55.2 | 85 | 13.7 |
| | Average: | 28.2% | | | | 10.3% | | 61.5% | | | |

**Table (3): Distribution of the study sample according to perception of barriers against error disclosure related to ineffective communication & misunderstanding dimension (N=620)**

| No. | Ineffective communication & misunderstanding dimension items. | *Strongly Disagree* | | *Disagree* | | *Neutral* | | *Agree* | | *Strongly agree* | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Poor match of administrative response to errors with severity of errors. | 11 | 1.8 | 116 | 18.7 | 261 | 42.1 | 158 | 25.5 | 74 | 11.9 |
| 2 | Lack of feedback on reported errors. | 9 | 1.5 | 143 | 23.1 | 174 | 28.1 | 205 | 33.1 | 89 | 14.4 |
| 3 | No perceived feedback regarding to nurse's performance in the unit. | 29 | 4.7 | 164 | 26.5 | 110 | 17.7 | 249 | 40.2 | 68 | 11.0 |
| 4 | No perceived benefit from reporting errors. | 4 | 0.6 | 147 | 23.7 | 46 | 7.4 | 286 | 46.1 | 137 | 22.1 |
| 5 | Communication between doctors and nurses is not good | 15 | 2.4 | 310 | 50.0 | 65 | 10.5 | 155 | 25.0 | 75 | 12.1 |
| 6 | Nurse does not know proper channels to report the incidence of an error | 18 | 2.9 | 170 | 27.4 | 219 | 35.3 | 139 | 22.4 | 74 | 11.9 |
| | Average: | 30.5% | | | | 23.5% | | 46.0% | | | |

**Table (4): Distribution of the study sample according to perception of barriers against error disclosure related to organization dimension (N=620)**

| No. | Organization dimension items. | Strongly disagree | | Disagree | | Neutral | | Agree | | Strongly agree | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Disagreement with the organization definition of error. | 24 | 3.9 | 211 | 34.0 | 160 | 25.8 | 168 | 27.1 | 57 | 9.2 |
| 2 | Persistence of culture of blaming the individual. | 23 | 3.7 | 139 | 22.4 | 151 | 24.4 | 245 | 39.5 | 62 | 10.0 |
| 3 | Dissatisfaction from my job. | 10 | 1.6 | 55 | 8.9 | 59 | 9.5 | 284 | 45.8 | 212 | 34.2 |
| 4 | Dissatisfaction with work environment | 2 | 0.3 | 44 | 7.1 | 77 | 12.4 | 373 | 60.2 | 124 | 20.0 |
| 5 | The level of staffing is insufficient to handle the number of patients. | 4 | 0.6 | 57 | 9.2 | 61 | 9.8 | 397 | 64.0 | 101 | 16.3 |
| | Average: | 18.35% | | | | 16.39% | | 65.26% | | | |

**Table (5): Difference between working unit and dimensions of barriers against error disclosure:**

| Dimensions | Ward | | ICU | | t-value | p-value |
|---|---|---|---|---|---|---|
| | Mean | SD | Mean | SD | | |
| Fear | 20.6418 | 3.88033 | 20.5684 | 5.19816 | -.201 | .841 |
| Ineffective communication & misunderstanding | 19.4627 | 4.44907 | 18.9544 | 5.68244 | -1.248 | .212 |
| Organization | 17.7493 | 3.35653 | 18.6000 | 3.5300 | 3.068 | .002* |
| Team work | 19.2716 | 4.01356 | 20.4807 | 4.44495 | 3.558 | .000* |
| Workload | 14.1313 | 2.90582 | 14.1439 | 3.20821 | .051 | .959 |

## Discussion

The findings of the current study showed that the numbers of female nurses are more than male nurses; this may be due to the dominance of females in the nursing profession and recency of male involvement in nursing. More than half of the study sample' age ranged from 26 to 30 years. More than 70% of the sample participants were diploma nurses, this may be due to the number of educational institutions and schools graduating diploma nurses are more than the number of faculties graduating bachelor degree nurses. Also more than half of the study sample had experience ranged from six to ten years, this may be due to more than half of the sample ages ranged from 26 to 30 years and nurses were employed in governmental hospitals after having diploma degree. More than 86 % of the sample was staff nurses this may be due to the fact that the majority of nurses in both hospitals were bed side nurses and less number of nurses hold supervisory positions.

Barriers to disclosure were classified into five major dimensions as follow: fear, ineffective communication and misunderstanding, organization related barriers, team work and work load related barriers.

Fear was found to be an important barrier of disclosing nursing practice error as high percentage of the study sample agreed about that. About (61.5%) of them agreed that the items of the fear dimension were barriers against disclosure. This may be due to fear of being blamed for the negative consequences that will occur to the patient and fear of being reprimanded from health team members. Fear of legal liability, law suits and financial affection is also one of the major causes of barriers of disclosure. Finally the nurse's fear of speaking about committing errors is also a barrier for disclosure. All these fears may be due to the stress of work and the big responsibilities that nurses had in hospital and their own lives.

These results are consistent with Toruner and Uysal, (2012) who reported that nurses are afraid of reporting nursing practice errors due to their personal fears such as fear of being blamed and reprimanded for the negative patient outcomes. In the same context Hashemi et al., (2012) reported that different fears as fear of legal actions toward nurses and threats for job as fear of financial losses, fear of loss of honor and dignity and fear of reporting and disclosing outcomes are the most prominent barriers in reporting the errors. On the same line, Petrova, (2010) reported that nurses blamed for the results of medication errors especially when there is a

negative patient outcomes. Also Mostafaei et al., (2014) reported that nurses did not want to tell others about errors happened during nursing practice. On contrary, Blegen et al., (2004) founded that fear of the health team members and their reprimands were less frequently perceived as a barrier that is incongruent with the current study results.

Ineffective communication and misunderstanding related barriers were the second important barriers against disclosing of nursing practice errors as high percentages of the study sample agreed for that. About (46.0%) of the sample agreed that the items of this dimension were barriers against disclosure. This may be due to lack of feedback from the organization toward the reported errors and there is no perceived benefit from disclosing as the only feedback is punishment and salary reduction for the nurse committed the error. Also nurses saw that there was no perceived feedback related to their performance as there is no recurrent evaluation for their work in the unit and no positive directions from their supervisor toward improving their performance. The unawareness of nurses about the proper channels of reporting the incidence of error is also a barrier for nursing error disclosure as there is no documented process present in the different units to guide nurses about the hierarchy of reporting.

The results of the current study were matched with Almutary and Lewis (2012), who reported that lack of feedback or negative feedback were seen as barriers toward disclosing of errors. Also nurses perceived that managers should provide adequate feedback to all nurses which also include giving positive feedback rather than focusing on the negative only.

Organization dimension was the third important dimension of barriers against disclosing of nursing practice error as high percentages of the study sample agreed for that. About (65%) of them saw that the items of the organization dimension were important barriers against reporting error. From the researcher point of view, this may be due to inadequate number of nursing staff in the units that affect the quality of provided care and this may be due to the national and international problem of nursing staff shortage.

Dissatisfaction with their job and working environment appeared to be strong important barrier to disclose errors that may be due to the frequent shortage of supplies in the studied hospitals and the inappropriate setting for their lockers and break areas. The reputation of nursing in the Egyptian society affect the way of dealing with them from patients and their relatives and affect the psychological state of the nursing staff in the way of giving care to the patients.

The results of the current study were matched with Aboshaiqah (2013), who reported that focusing from the organization on the individuals rather than directing attention toward the weak points of the hospital system as an aspect of the hospital management behavior that affect the attitude of nurses toward reporting of errors. Also Wolf and Hughes (2008), reported that the culture of shame and blame are among the threatening barriers of reporting. This study also reported that when an error occurs, even if the nurses are not guilty, the blame is shifted to them. Such unequal reactions can cause psychological trauma to the nurses and create fears in the nursing community. Also, Toruner and Uysal (2012), found that the rate of reporting increased when the nurse is assigned to five patients or less as opposed to nurses assigned to six patients or more in ward setting.

Team work dimension was the fourth important dimension against disclosing of nursing practice error as more than half of the study sample agreed for that. About (52.4%) of them found that the items of team work dimension were important barriers against disclosing. From the researcher point of view, this may be due to the mistrust from

the health team members against the nurse committed errors that have effect on the staff nurse's self-esteem and that is related to poor support from the health team members when an error occurred. This mistrust may be result from the inappropriate team building structure in the hospital that result in poor support from the team toward the involved nurse.

The results of the current study are matched with the results of Kim et al., (2011) who found that being considered as incompetent care provider from the health team members' point of view is an important barrier against disclosing. On the same domain Mostafaei et al., (2014) reported that unawareness of nurses that an error occurred is a barrier. Cook, (2004) reported that when an error occurred about 96% of staff nurses and 90% of physicians, administrators and pharmacists would assign the responsibility of patient safety to nurses, While 22% of the them saw that clinicians and administrators would share equal responsibility for patient safety with the staff nurses.

Workload dimension was the last important dimension against disclosing of nursing practice error as high percentage of the study sample agreed for that. About 62.4% of them saw that the items of workload dimension were more important barriers against disclosing of nursing practice errors as the process of incidence report take too long time to be completed that result in decreasing the importance of reporting. Also care providers may forget to report the errors because they were busy with patient care and doctor orders during the shift.

The results of the current study are congruent with Hashemi et al., (2012), who found that high work load and responsibilities are of the central themes of barriers in disclosing errors. Also they reported that nurses did not perceive that they had the needed time to report errors due to work load. Hartnell et al., (2012) reported that nurses perceived disclosing process as an overload due to the detailed documentation associated with reporting.

The results of the current study indicated that the gender of the study sample affect their disclosure of errors. As female nurses agreed more for the following dimension as: fear, ineffective communication and misunderstanding and team work dimensions. From the researcher point of view, this may be due to multiple and complex roles that the women done such as wife, mother and employee.

The findings of the current study proved that the educational background of the study sample influence their disclosure of practice errors. As nurses with diploma of technical nursing institute agreed more for all dimensions related barriers against disclosure. This may be due to low educational level that lead to poor relationship with other health team members, low level of confidence and decreased the quality of provided care that result in underreporting of nursing practice errors.

The results of the current study are not matched with the results of Almutary and Lewis (2012) who found that the rate of disclosing was higher between nurses with higher level of education. Also Lin and Ma (2009) reported that nurses with higher nursing qualifications and training reported errors more frequently than nurses with less educational level.

Related to the study sample job title, the findings of the current study showed that the study sample job title influence their reporting of nursing practice errors. That was true with different dimensions such as organization and workload dimensions related barriers. This may be due to unclear definition of the organization related to error and there is no documented policy related to

error, how to report or how to deal with the occurrence with errors. Also the administrative process that was related to reporting and documenting error that take effort more in the administrative positions such as charge nurse and head nurse.

The findings of the current study matched with Bahadori et al., (2013) who found that there is a relationship between employment status and fear of consequences of reporting. Lin and Ma's (2009), reported that nurses with higher job title were more willing to disclose errors. Evans et al., (2006) found that senior nurses as nurse managers tended to report more than junior nurses. In contrast, Mostafaei et al., (2014) did not find a significant relation between job title of the study sample and disclosing errors.

Related to working unit, the current study findings showed that the working units of the study sample do influence their disclosure of practice errors. That was significant with different dimensions such as organization and workload dimensions related barriers. This may be due to the difference between the ward and ICUs as there were differences between the quality of the patients and therefore the quality of provided care as patients in ICUs were more critical thus the frequency and the severity of errors were more. Also there were stress and workload in both types of units but it was more among nurses in ICUs due to the quality of patients.

The findings of the current study matched with Blegen et al., (2004) who reported that more underreporting in ICUs compared with ward units. Mrayyan, (2012) found that there was difference between ward and ICUs nurses as ward nurses are more afraid of reporting due to fear of managerial actions or losing their job. In other hand, Toruner and Uysal (2012), reported that reporting frequency was higher among ICU nurses than among ward nurses.

Personal characteristics of the study sample do affect disclosure of nursing practice errors. That was apparent with characteristics such as: study sample age and years of experience. As the study sample age and years of experience increased, the disagreement with the organization and dissatisfaction from the nursing job and environment decreased due to accommodation with the current hospital affairs. Also as the age and years of experience increased, the workload associated with reporting errors as time and efforts decrease due to increase the experience related to the hospital routine related to reporting.

The results of current study are matched with Shanty (2011), who found that nurses with more years of experience agreed that fear was less likely to be a barrier for reporting. Also Evans et al., (2006) reported that nurses with more years of experience are more competent in completing incident error form.

In contrast, Tabatabaee et al., (2014) found that nurses with more years of experience had greater fear regarding the results of errors indicating that fear is a major barrier against disclosure. Also, Mayo and Duncan (2004) reported that inexperienced nurses report errors frequently more than expert nurses.

## Recommendations

**In the light of the findings of the present study, the following *are* recommended:**

- Decrease staff fears related to disclosure through modifying the culture of blaming and punishment and substitute this culture with staff training and continuous education.

- Providing regular feedback regarding staff performance and also related to reported errors.

- Improving the working environment to improve staff satisfaction and improving the quality of provided care.

- Establishing simple guidelines and procedure for reporting error.

- Developing strategies to solve the deficiency in the staffing numbers as using part time and on call system.

## References


Dorgham, M., & Mohamed A., (2012).Factors affect nurses error disclosure. Life Science journal.

Whithead, D., & Weiss, S., & Tappen, R. (2010).Essentials of nursing leadership and management.(5th ed.)united States Of America, Philadelphia

Greene, D., (2009) Nurses experience with the disclosure of errors to patients. Nursing dissertation.

Waite, M.,(2008). To tell the truth. The ethical & legal implications of disclosure of medical error. Health law journal, 13,2008.

Whitten, P., & Dutta, M., & Carpenter, S., (2007). Reporting adverse medical events in indiana. RCHE puplications (29).

Salah, M., (2013).Nurses knowledge and practice about administration of medication via naso-gastric tube among critically ill patients found that administration of medication via NGT.P 53,57.

Mohamed, S.,(2000). Assessment of nurses' medication error and factors causing them in the critical care units. P 77-78.

Toruner, E.K., Uysal, G., 2012. Causes, reporting, and prevention of medication errors from a pediatric nurse perspective. Aust. J. Adv. Nurs. 29 (4), 28–35.

Hashemi, F., & Nasrabadi, A., & Ashgari, F. (2012).factors associated with reporting nursing error in Iran.BMS Nursing.

Petrova, E., 2010. Nurses' perceptions of medication errors in Malta. Nurs. Stand. 24 (33), 41–48. Pluye, P., Hong, Q

Mostafaei, D., Barati Marnani, A., Mosavi Esfahani, H., Estebsari, F., Shahzaidi, S., Jamshidi, E., Aghamiri, S.S., 2014. Medication errors of nurses and factors in refusal to report medication errors among nurses in a teaching medical center of Iran in 2012. Iran Red Crescent Med. J. 16 (10) (e16600).

Blegen, M.A., Vaughn, T., Pepper, G., Vojir, C., Stratton, K., Boyd, M., Armstrong, G., 2004. Patient and staff safety: voluntary reporting. Am. J. Med. Qual. 19 (2), 67–74.

Almutary, H.H., Lewis, P.A., 2012. Nurses' willingness to report medication administration errors in Saudi Arabia. Qual. Manage. Health Care 21 (3), 119–126.

Aboshaiqah, A.E., 2013. Barriers in reporting medication administration errors as perceived by nurses in Saudi Arabia. Middle-East J. Sci. Res. 17 (2), 130–136.

Wolf, Z., & Hughes, R. (2008).Error report and disclosure patient safety and quality :An evidence based handbook for nurses,US :Rockville.

Kim, K.S., Kwon, S.H., Kim, J.A., Cho, S., 2011. Nurses' perceptions of medication errors and their contributing factors in South Korea. J. Nurs. Manage. 19 (3), 346–353.

Cook AF, Hoas H, Guttmannova K, et al. An error by any other name. Am J Nurs 2004;

Hartnell, N., MacKinnon, N., Sketris, I., Fleming, M., 2012. Identifying, understanding and overcoming barriers to medication error reporting in hospitals: a focus group study. BMJ Qual. Saf. 21 (5), 361–368.

Lin, Y.H., Ma, S.M., 2009. Willingness of nurses to report medication administration errors in southern Taiwan: a cross-sectional survey. Worldviews Evid. Based Nurs. 6 (4), 237–245.

Bahadori, M., Ravangard, R., Aghili, A., Sadeghifar, J., Gharsi Manshadi, M., Smaeilnejad, J., 2013. The factors affecting the refusal of reporting on medication errors from the nurses' viewpoints: a case study in a hospital in Iran. ISRN Nurs. 2013, 876563.

Evans, S.M., Berry, J.G., Smith, B.J., Esterman, A., Selim, P., O'Shaughnessy, J., DeWit, M., 2006. Attitudes and barriers to incident reporting: a collaborative hospital study. Qual. Saf. Health Care 15 (1), 39–43.

Shanty, J.A., 2011. The Influence of Perceived Safety Culture and Nurses' Work Environment on Medication Error Occurrence and Reporting. West Virginia University, Ann Arbor.

Mrayyan, M.T., 2012. Reported incidence, causes, and reporting of medication errors in teaching hospitals in Jordan: a comparative study. Contemp. Nurs. 41 (2), 216–232.

Tabatabaee, S.S., Kalhor, R., Nejatzadegan, Z., Kohpeima Jahromi, V., Sharifi, T., 2014. Barriers to medication error reporting from nurses' perspective: a private hospital survey. Int. J. Hosp. Res. 3 (2), 97–102.

Mayo, A.M., Duncan, D., 2004. Nurse perceptions of medication errors: what we need to know for patient safety. J. Nurs. Care Qual. 19 (3), 209–217.