

BARRIERS TO INCIDENT REPORTING BY REGISTERED NURSES: THE
INFLUENCE OF ATTITUDES, KNOWLEDGE, AND DEMOGRAPHICS ON
INTENT TO REPORT

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Purpose: To determine the willingness of registered nurses in Texas to report incidents and factors affecting their intent to report. The 1999 and subsequent IOM reports recommended shifting the focus of study for errors from blame of caregivers to system improvements. Achievement of this shift requires a complex process of assessment and change. The Texas Nursing Practice Act indicates that nurses must report minor incidents, with three incidents per year triggering peer review. This process and other environmental factors may result in less reporting. Determination of reporting barriers allows for system redesign to facilitate minor incident reporting and prevent more serious events.

Method: Questionnaires were mailed to a random sample of registered nurses from the Texas BNE roster. Follow-up packets were sent to non-respondents. Questionnaire packets included a demographic form, perceptions of the environment for reporting scales, a nurse practice act knowledge (NPA) test, and an intent to report error scale. Four hundred fifty four nurses responded.

Findings: Nurses' perceptions of the environment for reporting were that their environments were moderately punitive. The mean score for knowledge of the NPA was 42.6 or 76.07%. A majority of nurses indicated that they would report errors at each severity level, from no injury to death. For errors with no injury, caregiver status and perception of the environment were correlated with intent to report. For minor injuries, years since licensure and perception were correlated with intent to report. For moderate injuries, severe injuries, and death, only four nurses indicated that they would not report.

Discussion: Nurses as a group tend to be willing to report errors. Some nurses are less likely to report errors that cause no direct injury or minimal injury to the patient. Willingness of some nurses to report minimal to no injury errors may be affected by their perceptions of the reporting environment and thus risk of punishment. These findings are consistent with the IOM reports and other research and support a focus away from the individual for error reporting. Data from this study will be used to support development of a systems-based, non-punitive approach to error prevention. This study is part of a series of studies related to development of an anonymous reporting system.

Barriers to Incident Reporting by Registered Nurses: The Influence of Attitudes, Knowledge, and Demographics on Intent to Report

Area: Patient Safety/Advocacy

The purpose of this study is to determine the willingness of registered nurses in Texas to report incidents and the factors affecting their intent to report. The IOM report, 'To Err is Human,' recommended shifting the focus of study for errors from caregiver blame to system improvements. Achievement of this shift requires a complex process of assessment and internal and external change. The Texas Nursing Practice Act indicates that nurses must report minor incidents, with three incidents per year triggering peer review. This process and other environmental factors may result in less reporting. Determination of reporting barriers allows for system redesign to facilitate minor incident reporting and prevent more serious events.

Questionnaires will be mailed to a random sample of 4,250 registered nurses from the BNE roster to achieve a 1% sample of 1,275 from the population. Follow-up packets will be sent to all non-respondents. Data from this study will be used to support development of a systems-based, nonpunitive approach to error prevention. This study is part of a series of studies related to the development of an anonymous reporting system.