

Evaluation of Nurses' Attitudes and Knowledge Levels Regarding Safe Medication
Use Process
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Introduction

As technology develops, the element of quality in health service delivery is becoming increasingly prominent. One of the important elements in this regard is patient safety. The concept of patient safety is included in the understanding of "first do no harm", which was first expressed by Hippocrates and is the generally accepted principle of medicine. The aim of patient safety is to create a safe environment for patients and their relatives who receive healthcare services, to prevent, protect and treat them from worsening their current situation. One of the most important issues to achieve this goal is drug safety. This study is a descriptive cross-sectional study planned to determine the thoughts and knowledge of nurses about medication error reporting. The aim of this study is to determine the errors and knowledge deficiencies and to prevent medication errors and near misses.

Methods

This study is a descriptive cross-sectional study planned to determine the thoughts and knowledge of nurses about medication error reporting. The study included 105 nurses working in a private group hospital who agreed to participate in the study between November 28, 2023 and February 05, 2024 and completed two months of orientation training. Descriptive Characteristics Questionnaire, Thoughts on Reporting Medication Errors Form and Medication Error Knowledge Status Determination Form were used to collect the data.

Results

When the reasons for not reporting medication errors of the nurses participating in the study were examined, 8.8% (n=10) stated that it would be perceived as personal incompetence, 2.6% (n=3) stated that it would harm their professional life, 4.4% (n=5) stated that it would jeopardize their job, 4.4% (n=5) stated that reporting would not be useful, and 0.9% (n=1) stated that reporting was unnecessary, It was determined that 9.6% (n=11) did not know how to report, 28.9% (n=33) thought that they could solve it among themselves, 0.9% (n=1) thought that it would be recorded in the personnel file, and 30.7% (n=35) did not report because they had not encountered medication errors before.

Conclusion

It was found that there was no significant relationship between total experience, working time in the institution and educational status of the nurses participating in the study and medication error reporting, and the scores of the employees with a working time between 0-3 years in the institution were higher than those with a working time of more than 3 years. Among those who received medication safety education, 22.2% reported that they always reported medication errors and 83.3% reported that they never reported medication errors. No significant difference was found between nurses who received and did not receive medication safety education according to the reporting status of medication errors (p>0.05). A significant difference was found between nurses who perceived reporting of medication errors as a success criterion and those who did not (p < 0.05). In the trainings provided for reporting for patient safety, it is important to consider error reporting as an important part of the system and not as a punishment for the employee. It is recommended that institutional strategies should be developed and trainings should be planned to improve nurses' ability to reflect their knowledge on medication error reporting into practice.

Conflict of interest

There is no financial conflict of interest with any institution, organization, person related to our study titled "Evaluation of Attitudes and Knowledge Levels of Nurses Regarding Safe Drug Use Process" and there is no conflict of interest between the authors.

Keywords: Safe Medication Use, Nurse, Medication Error, Medication Safety

