

## Nurse-Reported Perceptions of Medication Safety in Private Hospitals in Gauteng Province.

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**Abstract :** Background: Medication administration errors remains a global patient safety problem targeted by the WHO (World Health Organization), yet research on this matter is sparse within the South African context. Objective: The aim was to explore and describe nurses' (medication administrators) perceptions regarding medication administration safety-related culture, incidence, causes, and reporting in the Gauteng Province of South Africa, and to determine any relationships between perceived variables concerned with medication safety (safety culture, incidences, causes, reporting of incidences, and reasons for non-reporting). Method: A quantitative research design was used through which self-administered online surveys were sent to 768 nurses (medication administrators) (n=217). The response rate was 28.26%. The survey instrument was synthesised from the Agency of Healthcare Research and Quality (AHRQ) Hospital Survey on Patient Safety Culture, the Registered Nurse Forecasting (RN4CAST) survey, a survey list prepared from a systematic review aimed at generating a comprehensive list of medication administration error causes and the Medication Administration Error Reporting Survey from Wakefield. Exploratory and confirmatory factor analyses were used to determine the validity and reliability of the survey. Descriptive and inferential statistical data analysis were used to analyse quantitative data. Relationships and correlations were identified between items, subscales and biographic data by using Spearmans' Rank correlations, T-Tests and ANOVAs (Analysis of Variance). Nurses reported on their perceptions of medication administration safety-related culture, incidence, causes, and reporting in the Gauteng Province. Results: Units' teamwork deemed satisfactory, punitive responses to errors accentuated. "Crisis mode" working, concerns regarding mistake recording and long working hours disclosed as impacting patient safety. Overall medication safety graded mostly positively. Work overload, high patient-nurse ratios, and inadequate staffing implicated as error-inducing. Medication administration errors were reported regularly. Fear and administrative response to errors effected non-report. Non-report of errors' reasons was affected by non-punitive safety culture. Conclusions: Medication administration safety improvement is contingent on fostering a non-punitive safety culture within units. Anonymous medication error reporting systems and auditing nurses' workload are recommended in the quest of improved medication safety within Gauteng Province private hospitals.

**Keywords :** incidence, medication administration errors, medication safety, reporting, safety culture

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