E3-5: Predictors of Home Health Nurses Changes in Practice after Experiencing Care Errors

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Abstract:
Introduction: The Institute of Medicine (IOM) estimated that 44,000 to 98,000 people die yearly due to errors in hospitals, costing approximately $37.6 billion each year. However, limited data are available on the extent of health care errors outside hospitals and in home healthcare. The purpose of this study was to assess coping strategies nurses use to deal with care errors occurring in the home health setting and predictors of positive changes in the way they practice following the error experience.

Method(s): A prospective cross-sectional study was conducted to assess how home health nurses responded to errors. A sample of home health agencies (N = 33) of a southeastern state participated in the study. Packets containing sealed surveys, a flier, and a description of the study
were mailed to the nurses. Backward stepwise regression was used to identify predictors of constructive and defensive ways of practice as a result of making a care error. A response rate of 53% (203 surveys) was attained.

Results: A significant relationship was revealed between when the health care error was discovered and both the escape-avoidance coping scale \[F (3, 145) = 3.17, p = .026\] and overall effect on change in practice \[F (3, 152) = 2.82, p = .04\]. Results of the study on home health nurses’ predictors (N = 203) of constructive practice changes were accepting responsibility, inexperience, seeking social support, and emotional self-control. These predictors accounted for 34.7% of the variance of constructive changes in practice after the care error experience. Predictors of defensive changes in practice as a result of making the care error were planful problem solving, judgmental institutional response, increased information seeking, accepting responsibility, and emotional distress, while controlling for seeking social support. These predictors accounted for 39.8% of the variance in the defensive changes in practice.

Discussion & Conclusions: Managers of home healthcare need to support and foster positive coping strategies that leads to constructive changes in practice. Further patient safety studies are needed concerning type of agency supportive response and its effect on nurses coping and changes in clinical practice.

Abstract History:
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

Financial Disclosure:
No, I (or a member of my immediate family) have not received something of value* from or own stock (or stock options) in a commercial company or institution related directly or indirectly to the subject of my presentation.

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