

Chapter 11

THE RELATIONSHIP BETWEEN CLINICAL DECISION MAKING STATUS AND MEDICAL ERROR TENDENCIES OF PEDIATRIC NURSES

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INTRODUCTION

Medical errors are a cause of unintentional disruption during the provision of health services, they are unexpected and adverse events which involve serious physical or psychological damage or the risk of such damage (Akalin, 2007). This concept was defined by the Joint Commission on Accreditation of Healthcare Organizations as “unsuitable and unethical behavior or inadequate and negligent behavior in professional practice by a professional providing health care resulting in harm to a patient (LeGros & Pinkall, 2002; Dikmen, Yorgun & Yeşilçam, 2013; Işık & al., 2012).

Nurses are part of the health care system, and they spend their utmost efforts to preserve and improve family and public health in the face of illnesses. Situations arising during nursing care such as departures from standard practice, inadequate knowledge or skills, carelessness, or not caring for patients are known as medical errors in nursing (LeGros & Pinkall, 2002; Değirmenci, 2007). Lack of knowledge and experience, physical tiredness, decreased motivation, medical equipment and environmental factors, or factors relating to education can prepare the way for medical errors (Makary & Daniel, 2016; Özdilek, 2006).

However, it is reported that most medical errors are not perceived as errors by the workers concerned, and for this reason the reporting rate is inadequate (Aştı & Acaroğlu, 2000; Güleç & İntepeler, 2013). It has been reported in studies that medical errors are constantly repeated and that patients can be harmed by these avoidable errors (Kılıç & Elbaş, 2014; Westbrook & al., 2010).

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Table 2. Working Conditions of Pediatric Nursing

	Min.	Max.	Mean	SD
Number of patients cared	2	30	9.10	5.78
Monthly working hours	120	230	172.78	16.54
Satisfaction with working conditions*	1	5	3.12	1.16
Satisfaction with working as a pediatric nursing*	1	5	4.06	0.93

* Pediatrician nurses' working in clinical settings and working as a pediatric nurse were defined as 5 with high level of dissatisfaction and 1 as dissatisfaction sub-score.

Table 3. Distribution of the Mean Scores for the CDMNS and its Subscales

CDMNS subscales	Min.	Max.	Mean	SD
Searching for alternatives or options	22	47	32.91	4.84
Investigation of objectives and values	27	45	35.71	3.28
Evaluation and reevaluation of consequences	21	48	33.46	5.08
Investigating information and unbiased adoption of new information	26	44	33.80	3.97
Total of CDMNS	106	175	135.72	13.03

Table 4. Distribution of the Mean Scores for the MEAS and its Subscales

MEAS subscales	Min.	Max.	Mean	SD
The cognitive item of attitude in medical errors	2	9	5.52	1.48
The emotional item in medical errors	16	30	24.10	2.74
The behavioral item in medical errors	24	38	30.42	3.15
Total of MEAS	44	75	60.05	5.03

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