

The Effect of Clinical Errors of Nurses in the Patient with Cardiac Pain

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Abstract

The current world is undoubtedly the world of organizations, and the custodians of these organizations are human beings; those who are in the body of the Soul Organization, they move it and run it. Clinical staff is the largest provider of services in the health sector and their quality is directly related to the health of patients. Regarding the costs involved in training them, it is imperative to pay attention to proper policies to keep these forces in the market, to motivate employees, and to use their experiences. Nursing errors are responsible for thousands of injuries, ill-health consequences and even death in America. Medication errors in different parts of the hospital are one of the most common types of nursing errors. One of the biggest problems of nurses in work environments is the situation created in the long hours of night shift. Problems caused during the long hours of the night for nurses, especially due to fatigue and other causes, can have an impact on the quality of nursing care. Almost every hospital has a night shift program. The findings of various researches on the impact of law enforcement on improving the efficiency of clinical staff of the health system on staff costs in hospitals show that law enforcement has a positive impact on personnel costs. Therefore, relevant administrators need to prioritize the mechanism of financing sources in different ways.

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Introduction

The current world is undoubtedly the world of organizations, and the custodians of these organizations are human beings; those who are in the body of the Soul Organization, they move it and run it. Organizations not only have no sense in terms of human resources, but also their administration. Even with the advent of organizations and their transformation into a bunch of hardware, the role of man as a critical and strategic factor in the survival of the organization is still evident.

Accordingly, human resources are the most valuable source of today's organizations because they are shaped by organizational decisions, solve the organization's problems and problems and make them more productive. The increased productivity of organizations and their ever-increasing development requires the growth and productivity of employees, as well as strengthening their motivation. Some intelligentsia think of management knowledge of motivation as a driving force or human induced force.

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The success of organizations depends to a great extent on the spirit, effort, motivation and satisfaction of their human resources. In other words, the efficiency and effectiveness of organizations are directly related to the efficiency and effectiveness of their workforce. The manpower must be motivated to provide the desired and desirable behavior in accordance with the goals of the organization, and this will not be realized except by identifying the behavioral choices or causes of the desire and motives of the employee's motivation and satisfaction in order to guide their behavior to The purpose of studying organizational goals and using them at the time is qualified and deserving managers to achieve a suitable environment [1].

What is important for human resource development is that improving human resources is not achieved through technical and specialized training, but should be expanded through various means. Therefore, if the organization's human resources management does not address this issue, then that organization is doomed. In this regard, one of the main strategies is to consider human resources as the most important capital of organizations and to plan in order to attract, provide and enhance the level of human resources skills through the new scientific methods of human resource management. The result is a systemic approach to human resources and strategic attention to achieve sustainable productivity in the country and high-quality production at the global level [2].

What is evident is the importance of human resources, both in the public sector and in the private sector, from the most expensive and most valuable production factors. Because the goal of all institutions, even in the production of service, the use of resources is in the most economical way possible. In the realm of healthcare that produces it is the physical, psychological and social health of people. The secondary goal is to prepare a person for more work and higher quality [3]. Reducing productivity is a complicated problem that all staff managers are discussing. Increasing productivity is a major goal in many organizations. However, the vaguest aspect of improving productivity is its definition of productivity and measurement [4].

Clinical staff is the largest provider of services in the health sector and their quality is directly related to the health of patients. Regarding the costs involved in training them, it is imperative to pay attention to proper policies to keep these forces in the market, to motivate employees, and to use their experiences. It is impossible to achieve such a goal without knowing the economic and non-economic factors that affect the decisions of this group [5].

The Law on Improving the Efficiency of Clinical Workers of the Health System, known as the Law on the Reduction of Nurses 'Hours, which was presented as a bill by the government to the parliament, in 2009, with the majority of the Deputies' (194 votes), passed by the Islamic Consultative Assembly and approved by the Council The guard was informed by the President of our country to the relevant authorities. Subsequently, the Ministry of Health and Medical Education, the Ministry of Health and Medical Education, has issued a law enforcement order from October 1, 2011 obliging the law to promote productivity, and the law came into force throughout the country. Accordingly, some universities of medical sciences implemented the Law on Productivity Improvement and paid overwork due to law enforcement, and even some reduced the staffing of this law [6].

Nowadays, due to the fact that the Ministry of Health and Medical Education, medical sciences universities has been advising the law enforcement authorities from the beginning of medical education and medical education since October, 2011, the main purpose of this research is to investigate the effect of this law on staff costs with Informing managers about promoting nursing care services.

Material and Methods

1. A descriptive study by Fatemeh Darabi with the aim of investigating the frequency of nursing and midwifery errors in referral files to the medical and medical center of Imam Reza (AS) in Kermanshah on all referral cases to the Medical Council of the province and Imam Reza Hospital (AS) during the years 1385-85. In this study, records of nurses and midwives who were called as informants or accused were examined and age, sex, work shift, clinical section, type of error and vote were issued and the information form was recorded and analyzed using SPSS software And analyzed. The findings showed that out of 1,500 referral cases to Imam Reza Hospital and Imam Reza Hospital, 82 cases were related to nurses and midwives records. The results showed that 40.2-24 percent of the errors were by nurses and 46.36 percent of the errors were made by midwifery staff. 28.4 percent of violations occurred in the evening shift [7].

2. A descriptive study by popular Sadat Yousefi., *et al.* With the aim of investigating the factors and factors affecting nurses' drug mistakes in various job shifts in internal and surgical wards of teaching hospitals affiliated to Shahid Beheshti University of Medical Sciences in Tehran, on 218 nursing staff of educational hospitals affiliated to Shahid Beheshti University of Medical Sciences in Tehran in 2012. In this study, a three-part questionnaire including demographic information, types of drug errors and causes of drug error. Validity of sampling was done by stratified sampling from 11 teaching hospitals affiliated to university in Tehran. The data collection tool was a content validity questionnaire and its reliability was determined by re-test method. Data were analyzed using descriptive statistics, t-test, and ANOVA and Pearson correlation coefficient by SPSS software version 18.

The findings showed that the median medication errors of each nurse during one month in internal and surgical wards were 31.6. There was a significant relationship between the two variables of gender and type of work shift with the number of drug errors. Mean medication errors in men were more than women. The average of drug mistakes was higher in the evening and afternoon shifts, and in the morning and in the afternoon. Also, the average errors in the shift in the night were no more than the shift in the morning and between morning shift and circulation was no different. The most common type of medication errors was when the medication was taken at the wrong time. The most important factors in the occurrence of drug errors from the viewpoint of nurses are large workloads, shortage of nurses in the patient and additional fatigue [8].

3. A descriptive study by Faezeh Khanani., *et al.* With the aim of determining the type of nursing error in insertion of gonadotropic tubes of premature infants of Sanandaj infants' neonatal intensive care units on 28 nurses working in neonatal intensive care units of Besat teaching hospital and social security in Sanandaj city. The year 1392 took place. In this study, the data collection tool was a researcher-made checklist and a method for collecting information, direct observation of nurses by the researcher. Nurses were selected by census. Each nurse was observed four times. Data were analyzed by descriptive statistics and SPSS software version 13. The findings showed that the most nursing errors in the insertion of the gut of the premature infants were observed in the three observation stages and in the process of implementation, the registration stage and the stage of preparation for the procedure for insertion of the gut tube in premature infants, respectively [9].
4. A study by Mohammad Gharehghie., *et al.* With the aim of investigating the incidence of reported medical and nursing errors during the hospital stay at Mashhad Sina Hospital and Maternity Hospital during the second six months of 2013. In this study, an error reporting form was designed for the implementation of the study, available to all medical staff, including physicians, nurses and anesthetic technicians, and the operating room. They were asked to see any errors during the admission of the referral patients and complete the failure and lack of attention to the form. After formulation by health care personnel, they were collected, their information extracted and analyzed by computer software SPSS 13. Negligent assignments, hospital problems, and ethics were the highest to the lowest percentages, respectively. The most reported errors and mistakes were related to nurses and the most common mistakes were reported by nurses. There was a significant relationship between the shift of night, morning and evening with the reported error [10].
5. A cross-sectional study by Masoumeh Bagheri Nesami., *et al.* With the aim of investigating the types of non-injectable drug errors of nurses of cardiac care units in Mazandaran province in 2014 in 12 specialize educational hospitals in CCU, ICU of Cardiac surgery. Out of 240 nurses working in these sectors, 192 participated in this study. Data gathering tool in this study were three questionnaires: Nurses' Demographics Survey Questionnaire, Medical and Demographic Information Survey Questionnaire for Patients, and Self Reporting Questionnaire on the Frequency of Types of Non-injectable Medication Errors and Related Factors by Nurses. "The data were reported using descriptive statistics (absolute frequency, relative frequency, mean and standard deviation) .The findings showed that 145 non-injectable drug errors during a 2-month period from the beginning of November to the beginning of January 1393 was reported by nurses. The most common non-injectable drug mistake of nurses was the amount of mistake With 56 cases (38.6%) [11].

6. A descriptive study by Amir Ashkan Nasiripour with the aim of influencing the law to improve the efficiency of health system staff on nurses' personnel costs. This study was randomly selected by random sampling from one of the hospitals affiliated to Shahid Beheshti University. The work orders included three categories of work entitlement, work shift, work hardiness, all nursing staff (181). The tool consisted of forms designed to collect information (work entitlement, work shift, hard work recorded in the terms of the staffing) and in the last quarter of 2011 (2011), the data analysis method was performed using t-test in SPSS program. The findings showed that the enforcement of labor law directly affects and increases staff costs, which imposes a large financial burden on overtime costs. [12].

Results

The issue of improving productivity on clinical errors in nurses during the late hours of night shift in a space that is difficult to meet the needs of nursing patients in health care centers is a matter of two-fold increasing attention to the implementation of any legal plan in terms of costs incurred. Considering that the medical and paramedical staff has more than 70% of the staffing of the hospital and accounts for about 65-70% of the cost of the hospital. The survey shows that the process is also true for the Iranian hospital. More importantly, according to statistical reports published by hospitals affiliated with the Ministry of Health, the bed occupancy rate in Iranian hospitals is only about the active bed of about 60% does not exceed. Obviously, this is about 50 percent less than hospital beds. Thus, the huge cost of human resources in the administration of hospitals and other health centers, the importance of addressing the issue of manpower clearly shows [13].

Given these roles and the importance of the nursing profession, it seems that this profession must have the facilities and benefits that a nurse can provide with the encouragement of the important role of caring for patients and playing their roles. On the other hand, we see high rates of errors for nurses and paramedics with a few years of work experience. Nurses who do not respond to the need for patient care due to overwork. Nurses' dissatisfaction with working conditions in hospitals and increased nursing errors are among the factors that led to such research [14].

Discussion

Nursing errors are responsible for thousands of injuries, ill-health consequences and even death in America. In a decade, nearly 2,000 deaths associated with nursing errors occur in 10,000 patients in the United States. Drug medication is probably the most important part of the nurse's job, and the mistake of doing it can have very bad consequences for the patient. Medication errors in different parts of the hospital are one of the most common types of nursing errors [8]. Studies show that issues such as lack of pharmacological knowledge, inappropriate drug calculations, non-compliance with planned protocols, bad writing of doctors and similarities in the form, packaging and names of drugs are among the issues that have contributed to nursing errors. Of course, factors such as lack of time, fatigue, insufficient numbers of personnel and lack of equipment are among those that can indirectly contribute to nursing errors [15].

One of the biggest problems of nurses in work environments is the situation created in the late hours of night shift. Problems caused during the late hours of the night for nurses, especially due to fatigue and other causes, can have an impact on the quality of nursing care. Almost every hospital has a night shift program. In some hospitals, medical and paramedical errors can increase by up to 40% in the late hours of the night. Aside from this, the magnitude of these errors is expected to increase further. Clinical staff is the largest provider of services in the health sector and their quality of work is directly related to the health of patients. Due to the cost of nurses and paramedics' errors, paying attention to proper policies to maintain the quality of the work of these forces in the workplace and to motivate employees and use their experiences in this regard is necessary. Achieving such a goal without knowing the economic and noneconomic factors that affect the decisions of this group is impossible [16].

Conclusion

The findings of various researches on the impact of law enforcement on improving the efficiency of clinical staff of the health system on staff costs in hospitals show that law enforcement has a positive impact on personnel costs. Therefore, relevant administrators need to prioritize the mechanism of financing sources in different ways.

References

1. Farrell M A and Oczkowski E.
2. Fedor D Maslyn J Farmer S and Bettenhausen K.
3. Taylor T. "Taylor fundamentals of nursing". (D.azizi, Trans). Tehran: Hayan 2006.
4. Behnodi A. "Health and stress. Tehran: Tohfeh Bashiri. 2004. [Persian].
5. Pay far M. Ways to reduce stress (control of stress) [], anari, Trans]. Tehran:Arasbaran 2003.
6. Knutsson A., et al. "Shift work, risk factors and cardiovascular disease". *Scandinavian Journal of Work, Environment Health* 25.2 (1984): 85-99.
7. Akerstedt T. "Psychological and psychophysiological effects of shift work". *Scandinavian Journal of Work, Environment & Health* 16 (1990): 67-73.
8. Anderson DJ and Webster CS. "A systems approach to the reduction of medication error on the hospital ward". *Journal of Advanced Nursing* 35.1 (2001): 34-41.
9. Alfredsson L Bach., et al. "Acute Myocardial Infarction in selected occupations in Sweden". *Nordic Council of Ministers.TemaNord* (1996): 507.
10. "Diagnostic and Statistical Manual of Mental Disorders, fourth edition". Washington, DC: American Psychiatric Association (1994): 424-429.
11. Angers Bach D., et al. "A retrospective cohort study comparing complaints and diseases in day and shift workers". *International Archives of Occupational Environmental Health* 45.2 (1980): 127-140.
12. Aron F. "An analysis of sources of police stress". Unpublished master's thesis, Rusell Sage College, Albany, New York (1992).
13. Pormojib and R Human. "Capital and knowledge management". *Automotive Magazine* 86 (2003): 34-40.
14. Management group of teacher. Efficiency in the management. Tehran: Center for management training: 1999.
15. Carlton G and Blegen MA. "Medication-related errors: a literature review of incidence and antecedents". *Annual Review of Nursing Research* 24 (2006): 19-38.
16. Hoseini A. "Physical and psychological work-related dementia and ways to prevent it". *Journal Principles of Mental Health* (1999): 65-79.

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