Nursing Negligence

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Nursing, like the medical profession, has always been extremely concerned with the growing complexities of modern health care. Today advancement in scientific knowledge and the impersonal medical technology has put the patient in a more difficult arena. It is the concerned and the caring nurse who has maintained the precious link of humanity with patients who so often feel rejected and dehumanized in the modern health care setting. She has been the symbol of hope for the sick and the frightened and the agent to bring them relief from pain, terror, anxiety and depression by her healing touch and sympathy and tender care.

For various factors or reasons it is apparent that there is a general tendency of apathy and negligence towards the delivery of health care to the clients by the practitioners of different categories of health care services. There is a growing concern among the medical and nursing personnel to the often reported incidences of negligence of care which on many occasions may even cost the life of the patient or leave a permanent bodily damage. It is not uncommon to know that at times the patient who has been under treatment for a simple ailment has developed more complicated health problems due to negligence on the part of the health personnel delivering the care.

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From very early times it has been the medical man (physician or surgeon) who has been regarded by the law as answerable for the want of care and skill in the exercise of his profession. But on occasions the nurse has also been held directly responsible for the negligence. Time is not far off, when the nurses will be made directly responsible for the negligence of nursing care, nursing functions and nursing practice. With better professional preparation her role has expanded and she is expected to shoulder more responsibility and be accountable for the care given. It is in this context, it is important for us to ponder over 'Nursing negligence', develop constructive plan of action, look into the causes of nursing negligence and think on the prevention and control of such negligence.

In strict legal analysis 'negligence' means more than heedless or careless conduct. It specifically connotes the complex trio of (i) duty to take care, (ii) breach of the duty, and (iii) damage thereby suffered by the person to whom the duty was owing. The concept of negligence shows that liability is dependent upon the duty to take care in the particular situation. Such a duty may arise from contract. It can also arise independent of contract.

The principles of liability for negligence are well known to many of the Nursing professionals. A qualified nurse who holds herself out and is ready to provide nursing care undertakes, by the implication of her professional conduct, that she is possessed of the skill and knowledge necessary for the purpose. Such a nurse owes the patient certain duties, namely, a duty of care in deciding whether to undertake the case; a duty of care in deciding what nursing care to be given, a duty of care in administering the nursing treatment, and a duty of care in answering a question put to her by a patient in the circumstances when she knows that the patient intends to rely on her to answer. A breach of any of these duties will support an action on negligence by the patient/client. The nurse practitioner must bring to her task a reasonable degree of skill and knowledge and must exercise a reasonable degree of care. A person is not liable to negligence because someone else of greater skill and knowledge would have prescribed a different method or performed in a different way. Nor is she guilty of negligence if she had acted in accordance with a practice accepted as proper by a responsible body of nursing experts, even though a body of adverse opinion also existed among the experts. Deviation from normal practice would be a negligence if the course which in fact adopted is the one which no professional nurse of ordinary skill would have taken, if she had been acting with ordinary care. That is why, it is always advisable and wise to take guidance and instructions from a senior person who takes over the responsibility for the case in difficult cases. This is specially so of very specialized units, like the dialysis units, intensive coronary care units, neonatal nurseries for sick babies, etc.

The charge of negligence against a trained professional nurse stands on a different footing from a charge of negligence against the technicians or orderlies. The consequences of nursing negligence are far more serious since they concern and affect her professional status and reputation. Of course, at times in spite of all her good wishes and intentions things do go wrong and a nurse cannot be held negligent simply because something has gone wrong. She is not liable for mischance or misadventure; or for an error of judgement where there is no negligence.

Area of 'Nursing negligence'

Although negligence can take place at any stage of patient care, however, these can be summarized briefly as fol-

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lows:

1. *Safe Environment*

The hospital, ward or health clinic should have safe and workable instruments. Supplies should be checked regularly to prevent accidents and mishaps. The nurses should keep the following in mind:

* Electrical appliances, oxygen cylinders should be maintained in a safe place.
* Patients who are unconscious or have tendency to fall from the bed should be provided with either raised beds or put on floor to prevent injuries, fractures, haematoma, etc.
* Restraints should be used with caution, particular attention should be given to proper circulation of blood to the affected area.
* While transferring a patient from O.P.D. or Wards, relatives should also be given proper instructions.
* The unit must be kept clean at all times.

2. *Procedures and Treatments*

* Maintenance of proper temperature for giving hot fomentations, douche, enaema, irritation must be checked. It is always better to review the procedure/treatment before performing.
* Application of a hot water bottle specially to an unconscious patient must be done with great care. Several burn cases have been reported due to use of improper temperature, leakage in hot water bag, application of the bag without proper cover, lack of observation at regular intervals to check for any change in local area.
* Use of unsterile dressing materials for surgical dressings or not doing the dressings on time will only hamper the patient's progress.
* Proper preparation of the patient for special investigation, i.e. Sonography, Barium anaema, Gastroscopy, etc.

3. *Recording and Reporting*

Proper recording of administration of drugs, procedures, patient's progress, vital charts, etc. is another area where negligence takes place very often. The following must be ensured:

* Proper maintenance of important documents concerning patients care.
* Reporting of pertinent changes in patient's condition, reaction to drugs, procedures.
* Reporting of emergency cases.

4. *Operation Theatres*

* Checking the relevant charts, documents, X-rays, consent for operation.
* Removal of dentures.
* Counting of sponges, mops, instruments, etc. used for an operation.
* Proper sterilization, disinfection of articles used for surgery.
* Care of the patient under anaesthesia or recovering from anaesthesia.

5. *Labour Room*

- Proper identification procedures for new born babies to avoid mixing of the new borns.
* Avoiding accidents during birth (falling of the baby in the bucket).
* Observation and monitoring of a mother in labour to avoid complications.
* Giving right information to the right person, e.g. birth of child, showing the sex of child.

6. *On Discharge*

* Handing over proper discharge slip.
* Giving correct information regarding revisits, further investigations, etc.

The above are only a few examples of areas negligence that can creep in or usually creeps in. The nurse should always try to perform her functions in a methodical manner and with judgement so that these mishaps can be avoided.

Teaching of Human & Moral Values in Nursing Training

One of the ways of avoiding negligence to clients and patients is to inculcate the right kind of moral values and principles in the nursing students. During her professional career, the nurse is likely to face many situations where she will have to take decisions not only on scientific basis but also on human and moral principles. Although the present system of nursing education imparts fairly good theoretical and practical knowledge on nursing practice, there is no formal education on human and moral values, except some informal briefing. Emphasis is being placed on learning the skill (how to give a gastric feeding, how to give an injection) but little importance is given to humanistic treatment of a patient as an individual. To teach and develop proper attitudes the teachers must make a special attempt. The spirit of nursing schools, colleges and its teachers thus becomes the basic factor in developing moral values. Human and moral values can be taught while discussing each patient's clinical problem. The teacher should be a 'role model' in exhibiting human values while treating a patient. She should regularly observe the students in different areas of clinical experience, i.e., wards, out-patient departments, labour rooms, special units, operation theatres, record patient-student encounter and discuss it with the student/s later emphasizing the need to adopt and practice humanistic approach and moral values. For example, the student may be taught how to give an injection, do a surgical dressing, deliver a child, etc. but seldom it is emphasized that she should alleviate the anxiety and fear of the patient, make an attempt to understand the feelings of the patient's family in regard to patient's illness, check the articles for proper functioning before use.

To summarize, the incidences of 'nursing negligence' can be greatly reduced with proper training and practice of moral and human values while providing patient care.

References

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