Obstacles of Reporting Nursing Practice Errors in Port Said Governmental Hospitals

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ABSTRACT

Background: Nursing errors constitute the largest cause of mortality worldwide. Error reporting is critical for lowering the number of errors and enhancing patient safety. By understanding the circumstances of the error, changes to prevent similar errors from occurring can be introduced. ***Aim****:* The aim of this study was to identify the obstacles of reporting nursing practice errors in Port Said Governmental Hospitals. ***Setting****:* The research was carried out at all four government hospitals in Port Said that are linked with the Ministry of Health. ***Design:*** The current study employed a descriptive research approach. ***Sample:*** A total of 265 nurses from all hospitals were included in the study. ***Study tools:*** Obstacles of reporting nursing practice errors questionnaire. ***Result:*** Individual obstacles were 50.3±12.34, while, the Burden of Effort obstacles dimension was 13.86±3.78. Nurses should always be encouraged to report nursing practice errors" was the highest strategy used to improve the reporting of nursing practice errors 4.49±0.67, while the lowest strategy was "Reporting errors shouldn't be used against reporters" 3.74±0.94. ***Conclusion:*** Cultural & Information gap obstacles dimension was the highest mean percent score dimension of obstacles. While Individual obstacle was the lowest-ranked obstacle for reporting nursing practice errors. ***Recommendations:*** establish a clear guidelines and procedures for reporting errors and providing regular feedback regarding nurses performance and also related to reported errors.

Keywords: Obstacles; Nursing Practice Errors; Reporting Errors.

INTRODUCTION

Clinical nurses need to be assured that they will receive fair treatment when speaking up about safety near-misses, errors, and incidents. By understanding the circumstances of the error, changes to prevent similar errors from occurring can be introduced. Leaders need to understand the nature and scope of errors, actively redesign faulty systems, and value voluntary reporting. When leaders' and nurses' perceptions align, the organization can become highly reliable and reduce patient harm (Paradiso, & Sweeney, 2019). According to 27 studies in low and middle-income countries, medication errors among patients were because by the low nurse-to-patient ratios and higher nurse workload (Buchan, & Shaffer, 2022). In addition, reduced patient safety and adverse events, including medication errors might be linked to nursing burnout (Dall'Ora & Saville, 2021).

Reporting errors is essential for error prevention, which can improve patient survival rates, improve the quality of health care given, and improve patient safety. It is important to detect the causes and barriers for nurses for not reporting that error, as the disclosure of error is important for the total quality of health care provided by working on preventing the re-occurrence of that error by providing policies that control the error occurrence in nursing practice (Alarfj, 2020). Nursing errors can occur at any point along the healthcare process, resulting in catastrophic consequences. These errors endanger patients' health and wellbeing, and their recurrence lowers the quality of treatment given. According to a review of data from developed and developing nations, one or more adverse events impact up to 17% of all hospitalizations, with 30-70% of these being avoidable. Furthermore, patient safety incidents cost nations throughout the world trillions of money. Given that a large percentage of these accidents might have been avoided. Reporting errors has been demonstrated to be an effective method for reducing the number of errors that occur (Jaber & Mustafa, 2019).

The obstacles to reporting errors (inevitability of error, habit, collegial bond) include the following: individual (fear, motivation, health), and organizational (workload, personnel levels, rules, and procedures). Error reporting provides data that may be utilized to identify areas for improvement, but possibilities to improve patient safety are hampered without formal reports of errors. Understanding what prevents patients from reporting might lead to better patient care (Hartnell, MacKinnon, Sketris, & Fleming, 2012).

Many organizations have policies that describe the nonpunitive response to the error. This ideally creates an atmosphere of trust between the employee and employer and has a positive impact on staff members' willingness to report outcomes when results aren't as expected (Agim & Sheridan, 2013). However, obstacles to speaking up include negative responses and the risk of discipline from leaders (Famolaro, Yount, Hare, 2018). A "non-blaming, non-punitive" environment should facilitate the development of more acceptable quality and safety outcomes as advanced by various proponents of patient safety (Aboshaiqah, 2013).

The strategies of reporting nursing errors practice were described in different studies. For example, the most common strategies that help in reporting nursing errors are: Use computerized system, reporting errors shouldn't be used against reporters and staff should always be provided by feedback on what has been reported. Similarly, in the present study the result showed similar strategies helping in reporting nursing errors. Moreover, this study reported that the staff should always be encouraged to report nursing errors and there should be a clear guidelines and procedures for reporting errors (Banakhar, et al.,2017).

Various research has addressed the ways for reporting nursing errors in practice. The following are some of the most prevalent ways of reporting nursing errors: Reporting errors should not be used against reporters, and personnel should always be given feedback on what has been reported. Similarly, comparable measures were shown to help report nursing errors in the current study. Furthermore, workers should constantly be encouraged to disclose nursing errors, and clear standards and processes for reporting errors should be in place (Banakhar, Tambosi, Asiri, Banjar, & Essa, 2017).

Significance of the study:

Nursing errors have significant implications on patient safety. Error detection through an active management and effective reporting system discloses nursing errors and encourages safe practices and reporting errors is fundamental to error prevention. Error reporting is generally accepted as a basic initiative in improving patient safety. Nursing errors are a serious public health problem and a leading cause of death. It is challenging to uncover a consistent cause of errors, even if found, to provide a consistent viable solution that minimizes the chances of a recurrent event (Rodziewicz, Houseman, & Hipskind, 2021). Errors range from minor, with no harm, to major errors causing serious harm and death, and associated healthcare and wider costs. Error detection, which

is accomplished by active management and a good reporting system, exposes nursing errors and encourages safe behaviors, and reporting errors is critical to error prevention. Error reporting is often regarded as a fundamental step toward enhancing patient safety. The primary goal of error reporting systems is to learn from previous errors (Unal & Seren, 2016). As a result, the study's aim was to identify the obstacles of reporting nursing practice errors in Port Said Governmental Hospitals.

AIM OF THE STUDY:

This study aims to Identify the obstacles of reporting nursing practice errors in Port Said Governmental Hospitals.

Research questions:

1. What are the obstacles of reporting nursing practice errors as perceived by nurses in Port Said governmental hospitals?

2. What are the suggested strategies to be used to encourage and increase the reporting of nursing practice errors?

SUBJECT AND METHOD:

Research Design: The study employed a descriptive research approach.

Setting: The present study was conducted at all Port Said governmental hospitals affiliated with the Ministry of Health and it consists of four hospitals; Al-Salam general hospital where the number of nurses was 101, Al-Hayat general hospital where the number of nurses was 69, El-Nasser general hospital and the number of nurses was 53, and El-Zohor general hospital and the number of nurses was 42.

Subjects: Included all available nurses who are working in previously mention hospitals according to sample size.

Sample size: The sample size included **265** nurses who are working at selected hospitals according to the following equation (Daniel, 1999).

$$n = \frac{N \times P\,(1-P)}{N-1 \times (d^2 \div z^2) + P\,(1-P)}$$

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$$n = \frac{849 \times 0.5(1-0.5)}{849-1 \times (0.05^2 \div 1.96^2) + 0.5\,(1-0.5)} = 265$$

N = 849	Total population
z	Class standard corresponding to the level of significance equal to 0.95 and 1.96
d	The error rate is equal to 0.05
p	Ratio provides a neutral property = 0.50

According to the equation of Daniel WW (1999). Biostatistics: A Foundation for Analysis in the Health Sciences. 7th edition. New York: John Wiley & Sons.

From El-Salam hospital (256) = 101

From El-Hayat hospital (181) = 69

From El-Nasr hospital (141) = 53

From El-Zohor hospital (121) = 42

Total 265

A) Tools for Data Collection: The study tool consisted of:

Obstacles of Reporting Nursing Practice Errors Questionnaire

It consists of three parts:

Part I: Socio-demographic datasheet:

Researchers created this section to collect information on nurses, such as their age, gender, marital status, qualifications, total years of experience, working area, and position.

Part II: Obstacles of Reporting Nursing Practice Errors Questionnaire:

Developed by researchers based on literature Wakefield (2008); Alduais, Mogali, Al Shabrain, Al Enazi, Al-awad (2014); Shahzadi, Afzal, Kousar, and Waqas (2017); Ajri-Khameslou, Aliyari, Pishgooie;6 Jafari-Golestan, and Afshar (2018) to identify the

impediments to reporting nursing practice mistakes. Strongly agree, agree, neutral, disagree, and strongly disagree is the tool replies.

Scoring system:

The scoring system is based on a statistical cut of points divided into three categories, low level of obstacles related to nursing practice errors (<50%), moderate level of obstacles related to nursing practice errors ranging from (50-75%), and high level of obstacles related to nursing practice errors (>75%).

Part III: Strategies to encourage reporting of nursing practice errors Questionnaire:

Developed by Alduais et al. (2014) it is used to identify possible strategies to encourage reporting nursing practice errors.it consisted of eight statements. and tool responses are (strongly agree, agree, neutral, disagree, and strongly disagree)

1. **Scoring system:**

A scoring system based on the statistical cut of points is divided into two categories as (>60%) highly used strategies & (≤60%) low used strategies.

2. **Validity:**

The tools were translated into Arabic by the researcher. A team of five professionals in key fields of nursing administration assessed the face validity to ensure that the content will assess what the researcher wants to measure. It was done to see if the tools were acceptable, thorough, and relevant, as well as to get their feedback on the structure, layout, and consistency of the tools. The appropriate changes were made as a result.

3. **Reliability:**

It was founded by alpha. The internal consistency of the research instruments was assessed using Cronbach's test. The Cronbach's Alpha test was performed on both portions of the data collecting tool, with results of (0.797 for the first component and 0.841 for the second part), indicating strong tool reliability.

B) Pilot study:

Pilot research was conducted on ten percent of the nurses (10 nurses) chosen from each hospital. It was carried out to determine the tool's relevance, clarity, application, practicality, and objectivity, as well as to estimate the time required to complete the questionnaire sheets. Because of changes made to the questionnaire sheet, some of the statements were reworded, and the nurses who participated in the pilot research were

removed from the main study group. The final form of the tools was developed, as well as the time required to complete them. It lasted one month, from February to March of 2021.

C) Field Work:

The information was gathered over two months. From the beginning of March (2021) until the end of April (2021), the real field of work was carried out (2021). collected data from one to two hospitals per day, three days per week from 9 am to 2 pm. The average number of nurses taken per day was 10 nurses at each time of data collection. Each nurse was interviewed using the previously mentioned study tool for 20 to 30 minutes according to the suitable time.

D) Ethical Consideration:

The scientific ethical research committee of Port Said University's college of nursing authorized the study protocol. The nurses gave their informed consent to participate in the study. The study's goal was conveyed to each participant so that they understood the significance of their involvement. The nurses in the study were advised that participation in the study is entirely voluntary and that they can withdraw at any moment. The information collected is kept secret, and anonymity is assured.

E) Statistical Design:

Using SPSS software, the acquired data was organized, tabulated, and statistically evaluated (Statistical Package for the Social Sciences, version 23, SPSS Inc. Chicago, IL, USA). Number and percent (frequency) designs were used to show and compute the majority of the data. The independent t-test was used to compare two groups using mean and standard deviation (t). The p-value of the ANOVA-test was used to compare more than two sets of parametric data (f). For statistically significant interpretation of findings of tests of significance, significance was set at p 0.05. The correlation significance test between the dependent and independent variables was performed using Spearman's test.

RESULTS

Table (1): showed the personal characteristics of the surveyed nurses. The ages of 43.8 % of them ranged from 25 - to <30 years, and 72.8 % of the studied nurses were married. Regarding the educational level, 39.2 % of nurses hold a Diploma, and nearly a quarter (24.5 %) of the surveyed nurses had nursing experience ranging from 10 – 15 years. The present research investigated nurses working in various hospital units, mostly in medical

units (41.1%), Intensive care units (ICU) (13.6%), and operations (13.2%). In addition to other units, such as orthopedic, dialysis, maternity, pediatrics, and emergency.

Table (2): showed the perception of nursing staff regarding obstacles to reporting nursing practice errors. According to the value of the mean, individual obstacles were the highest mean score (50.3±12.34), while the lowest mean score was for Burden of Effort obstacles (13.86±3.78). Organizational obstacles were merged into one dimension, as these obstacles belong to the hospital job framework, and represented the second-highest recorded obstacle.

Table (3): shows the perception of nurses regarding obstacles to reporting nursing practice errors, according to the table Organizational obstacles were the highest dimension of obstacles with a high score (54.0%), while the lowest obstacle dimension in the high occurred category was the Individual obstacles (31.3%). Finally, the total score of obstacles was achieved high category (38.1%).

Table (4): shows the comparison between hospitals regarding the perception of nurses about Obstacles to reporting nursing practice errors. According to the table, there was no statistical difference between all hospitals in all dimensions of obstacles except in Cultural & Information gap obstacles (p=0.003*).

Table (5): shows strategies used to improve the reporting of nursing practice errors reported by nursing staff, according to the table "Nurses should always be encouraged to report nursing practice errors" was the highest strategy used to improve the reporting of nursing practice errors (4.49±0.67), while the lowest strategy was "Reporting errors shouldn't be used against reporters" (3.74±0.94).

Table (1): Socio-demographic data sheet of the studied sample (n=265)

Variable	Sample (n=265)	
	No	**%**
Age in Years		
Less than 25 years	35	13.2
25 : < 30	116	43.8
30 : 35	61	23.0
More than 35 years	53	20.0
Mean±SD	29.51±5.42	
Marital status		
Single	59	22.3
Married	193	72.8
Divorced	4	1.5
Widowed	9	3.4
Gender		
Male	36	13.6
Female	229	86.4
Hospital name		
Al-Salam hospital	101	38.2
Al-Nasr hospital	53	20.0
El-Zohor hospital	42	15.8
El-Hayat hospital	69	26.0
Educational level		
Nursing school diploma	81	30.6
Diploma of nursing institute	108	39.2
Bachelor degree	80	30.2
Experience in nursing		
Less than 5 years	96	36.3
5 : < 10 years	52	19.6
10 : 15	65	24.5
More than 15 years	52	19.6
Mean±SD	7.96±**6.03**	
Job-status		
Staff nurse	224	84.6
Charge nurse	20	7.5
Head nurse	21	7.9
Unit name		
Orthopedic	6	2.3
Dialysis	5	1.9
Maternity	20	7.5
Pediatrics	23	8.7
Emergency	31	11.7
Operation	35	13.2
Intensive care units	36	13.6
Medical units	109	41.1
Experience in the unit		
Less than 5 years	197	74.3
5 : < 10 years	53	20.0
10 : 15	10	3.8
More than 15 years	5	1.9
Mean±SD	3.88±**3.89**	

Table (2): Obstacles of reporting nursing practice errors as perceived by the studied sample (n=265)

Dimensions	Mean ±SD	Rank
Individual obstacles	50.3±12.34	1
Obstacles related to lack of Understanding	20.63±4.78	4
Organizational obstacles	35.24±7.38	2
The burden of Effort obstacles	13.86±3.78	5
Cultural & Information gap obstacles	25.03±5.82	3
Total	145.07±29.21	--

Table (3): Levels of obstacles to reporting nursing practice errors as perceived by the studied sample (n=265)

Dimensions	Low		Moderate		High	
	No	%	No	%	No	%
Individual obstacles	54	20.4	128	48.3	83	31.3
Obstacles related to lack of understanding	18	6.8	123	46.4	124	46.8
Organizational obstacles	20	7.5	102	38.5	143	54.0
Burden of Effort obstacles	50	18.9	115	43.4	100	37.7
Cultural & Information gap obstacles	23	8.7	101	38.1	141	53.2
Total	18	6.8	146	55.1	101	38.1

Table (4): Obstacles of reporting nursing practice errors as perceived by the studied sample following the studied hospitals.

Dimensions	Al-Salam hospital	Al-Nasr hospital	El-Zohor hospital	El-Hayat hospital	F (p) value
Individual obstacles	49.26±**13.4**	52.45±**11.5**	52.86±**10.1**	48.62±**12.2**	1.821 (0.144)
Obstacles related to lack of Understanding	21.28±**5.1**	20.94±**4.3**	19.26±**4.5**	20.29±**4.6**	1.971 (0.119)
Organizational obstacles	34.6±**8.1**	35.92±**6.8**	36.67±**6.4**	34.78±**6.9**	1.017 (0.386)
Burden of Effort obstacles	13.72±**4.1**	14.21±**3.4**	13.62±**3.5**	13.94±**3.6**	0.261 (0.854)
Cultural & Information gap obstacles	26.48±**5.5**	25.4±**6.4**	23.69±**5.3**	23.46±**5.5**	4.731 (0.003*)
Total	145.3±**30.5**	148.9±**28.1**	146.1±**26.5**	141.1±**29.8**	0.750 (0.523)

***Significant (P<0.05)** **F: ANOVA test**

Table (5): Strategies used to improve the reporting of nursing practice errors as perceived by the studied sample (n=265)

Strategies	Mean ±SD	Rank
Use a computerized system.	4.34±0.71	6
Forms and other documentation should be clear.	4.49±0.66	2
Nurses should be encouraged to disclose faults in nursing practice at all times.	4.49±0.67	1
Feedback on what has been reported should always be given to nurses.	4.39±0.76	4
For reporting mistakes, there should be clear norms and processes.	4.43±0.74	3
Reporting errors should be mandatory.	4.32±0.81	7
Nurses should be trained in reporting nursing practice errors.	4.35±0.89	5
Errors in reporting should not be used against the reporters.	3.74±0.94	8
Total	34.54±3.74	---

DISCUSSION

Reporting nursing practice errors among nursing personnel can help to enhance patient safety and nursing care quality. The hospital's quality improvement and risk management activities place a strong emphasis on preventing mistakes. Because identifying and reporting nursing errors is a non-automated and voluntary procedure, it's critical to

understand how many errors aren't reported (Alarfj, 2020). The goal of this study was to determine the obstacles to reporting nursing practice errors in governmental hospitals in Port Said by assessing the barriers to reporting nursing practice errors as perceived and identifying possible strategies to encourage reporting nursing practice errors.

The entire amount of There were 265 nurses in the current research. More than a third of the participants in the study were in the age range of 25 to less than 30 years. Furthermore, the bulk of them were married women. While more than a third of them work at Al-Salam Hospital, another third have a nursing technical institute diploma and have less than five years of experience. The bulk of the nurses surveyed were staff nurses, with more than a third working in medical units. Almost all of them have fewer than five years of experience in the unit. In terms of individual hurdles, the current study found that just around a third of staff nurses believed that reporting nursing errors was difficult and that this dimension of obstacles placed fifth among the other dimensions. This finding might be attributed to one of the following reasons: "Fear of legal responsibility," according to staff nurses, "causes disclosure of errors to patients to result in litigation." In addition, staff nurses reported not receiving feedback on their work on the ward, and nurses complained about a lack of time.

These findings are backed up by the findings of a research conducted in the north bordering area of Saudi Arabia at Arar Central Hospital, which included all healthcare personnel and found that fear is a significant barrier to reporting drug mistakes. Fear of punishment, blame, the influence of medication mistake reporting in yearly evaluation, and the revelation of medication error to the patient and his/her family and their reactions make up this element. Fear of disclosing any practical blunder to the patient and his or her family, as well as their emotions (Alarfj, 2020). On the other hand, Blegen et al. (2004) discovered that fear of health team members and their reprimands was less commonly viewed as a barrier, which contradicts the current study findings. Surprisingly, another research found that fear of being blamed was not cited by nurses as a deterrent to reporting errors in hospital units. The findings also indicated that fear of being penalized was not used by nurses as a deterrent to reporting errors in hospital units. The targeted healthcare institution may be developing a non-blaming culture among its employees (Ala'a, Aljasser, & Sasidhar, 2016; Banakhar et al ., 2017).

Concerning obstacles related to a lack of understanding, the study findings revealed that approximately half of the nurses have a positive attitude toward these challenges, with this dimension of obstacles ranking fourth among the other dimensions.

This higher percentage could be due to confusion and misunderstanding of nursing practice errors, nurses' bias about which incidents should be reported, nurses' belief that reporting errors have no benefit, and nurses' lack of understanding. These results were similar to that of Abd ElMoniem and Fekry (2017) who discovered that inefficient communication and misunderstanding-related obstacles were the second most important barriers to admitting nursing practice mistakes, with a large majority of the research sample agreeing. Approximately half of the participants believed that the items on this dimension were disclosure obstacles. This might be due to a lack of organizational feedback on reported errors, and there is no perceived value to revealing because the sole feedback is punishment and a wage cut for the nurse who made the error. In contrast to the United States, Aljabari and Kadhim (2021) found that fear of repercussions and misunderstanding of errors are more frequent in East Asia and the Middle East. Work climate/culture, on the other hand, is more frequently reported as a barrier in centers across the United States; differences are likely due to differences in management strategies, reporting systems, workplace culture, and whether or not patient safety is a priority for the hospital administration.

In terms of the weight of effort hurdles, the present survey found that more than a third of nurses have a positive attitude toward them and that this dimension of obstacles is placed third among others. This proportion might be attributed to staff nurses believing that verbal reporting to physicians or calling the doctor takes too long, as well as nurses forgetting to make a report or being too busy owing to workload. These findings were in line with Ball, Murrells, Rafferty, Morrow, and Griffiths (2014), who discovered that a lack of time and high burden efforts play a significant role in the avoidance of reporting errors in the study context, which is caused by heavy workload due to staff shortages, which nurses in the particular face on general care wards. As a result, it was discovered that a shortage of time made it difficult to report such minor errors as patient care that was left undone or ignored due to a lack of time, especially when nurses were assigned to a shift with a large number of patients. On the contrary, a study conducted at King Fahd University Hospital found that while both doctors and nurses have adequate workloads and clearly defined job roles, they suffer from a lack of understanding of what constitutes errors because they bear so much responsibility, job stress, and anxiety, and a lack of effective communication. To increase incident reporting among them, it is necessary to clarify which occurrences should be reported, simplify the procedure, and provide feedback to reports (Dorgham & Mohamed, 2012).

According to the current study findings, more than half of nurses have a high perception of organizational obstacles, and this dimension of obstacles ranked second among other dimensions. This higher percentage may be due to staff nurses' belief that reporting errors will not result in any improvement, the persistence of the blame/shame culture, and blaming the individual. Also, the overemphasis on the rate of nursing practice mistakes as a quality indicator of care. Finally, staff nurses express dissatisfaction with the work's intricacy. In a similar vein, the findings of a study conducted in Iraq's Kirkuk city hospitals revealed that under-reporting of errors is caused by a lack of feedback and management's failure to provide any positive feedback, as well as a senior administrator's tendency to not understand the concept of patient safety and not participate in the implementation of procedures. At the same time, the physicians and nurses in the research reported that when they did disclose errors, they did not receive adequate assistance from the hospital management (Soydemir, Seren Intepeler, & Mert, 2017). Saleh and Barnard (2019), who conducted research in Saudi Arabia on the hurdles that nurses face in reporting drug delivery errors, disagreed with this conclusion. According to them, "nursing administration" refers to the positions of Head Nurse, Nursing Supervisor, and/or Nursing Director. Surprisingly, 72.5 percent of nurses did not consider nursing administration to be a obstacles to reporting nursing errors. The chi-square goodness of fit test shows that the actual and predicted values for this question were substantially different.

Concerning the individual obstacles, the current study findings showed that more than half of nurses have a high perception of these obstacles, also this dimension of obstacles ranked as the first obstacle among other dimensions, this higher percent may be due to staff nurses does not know proper channels to report the incidence of an error, some nurses also have difficulty in filling in the form, then other nurses suffer from lack of knowledge on what should be reported, finally, some nurses complained from the communication between doctors and nurses is not good. The findings of a qualitative study performed in Izmir, Turkey, at a teaching and research hospital, which employed in-depth interviews with physicians and nurses, backed up these findings. Despite the availability of a reporting system in the institution, they both claimed that errors were seldom reported owing to a lack of a reporting culture and that as a result, the reporting system's use was restricted. In addition, information was scarce for nurses (Soydemir et al., 2017).

Similarly, a lack of knowledge and cultural differences were shown to be substantial obstacles to reporting drug errors. The largest loading in this element is the difficulty in spotting medication errors, which is regarded as an essential item. Other factors in this aspect were a lack of knowledge about the need of reporting drug mistakes. The medication error form is too difficult, there isn't enough information on how to report a medication error, and the medication error form isn't available, to name a few issues (Alarfj, 2020). In another way, in another study participants' responses about cultural barriers and lack of available information toward error reporting found the field of cultural barriers was significantly less than 0.05 which means the participants did not agree about this topic. According to the results, the culture of blame did not exist and nurses feel free to disclose their errors and report them (Jaber & Mustafa, 2019).

According to the total obstacles, the current study found that more than a third of nurses have a high perception of overall obstacles. This percent may be because staff nurses face a high number of obstacles, which range from personal to organizational and labor-intensive, and all of these factors contribute to an increase in the percent of overall obstacles. With the good agreement, the qualitative study of Soydemir et al. (2017) found that the level of the overall obstacle was high, Some nurses indicated that they did not report the problems they saw because the facility did not have a reporting mechanism in place at the time the errors occurred. Even after the hospital's reporting system was implemented, physicians and nurses felt it was too complex to use, and its lack of functionality was one of the reasons they chose not to report problems. One of the most major system-related causes for the lack of reporting, they said, was a lack of awareness of the system.

In terms of strategies used to improve the reporting of nursing practice errors by nursing staff, the findings of this study revealed that nurses should always be encouraged to report nursing practice errors was the highest-ranked mean in all strategies, followed by clear forms and other documentation, and finally, clear guidelines and procedures for reporting errors. This current result could be due to the suffering of nurses and their families. A good agreement with the conclusion of Aljabari and Kadhim (2021) who discovered that some causes of fear, such as fear of being blamed for an error or fear of losing one's job, are changeable. To overcome this obstacle, employers must change their working culture and techniques for reporting nursing errors (NE). It's critical to have a workplace culture that prioritizes patient safety, fosters error reporting, and executes system adjustments. Fear that stems from anxiety about patients' and their families'

reactions to medical errors, on the other hand, is neither adjustable nor predictable. Some of these non-modifiable anxieties can be alleviated by educating physicians on the necessity of ME disclosure to patients/families. The establishment of a patient safety culture is the most difficult and likely most successful shift to overcome obstacles to reporting medical mistakes. Employees who report and act on nursing errors are rewarded and empowered in patient safety culture. (Is there a safety culture that helps employees overcome their fear of repercussions and creates a work environment that encourages mistake identification and reporting (Unal & Intepeler, 2020).

As regards Obstacles reporting nursing practice errors reported by nursing staff according to hospitals, Al-Nasr hospital achieved the highest mean, while El-Hayat hospital has got the lowest mean, also there was a statistical difference between all hospitals in only the dimension of Cultural & Information gap obstacles. Finally, there is no statistical difference between all hospitals in the overall Obstacles to reporting nursing practice errors. The finding of the present study may be occurred due to some hospitals like El-Hayat hospital providing a safety culture with no blame culture to improve the reporting process of errors. In a study conducted by Dorgham and Mohamed (2012) it was discovered that nurses at El-Behara hospitals were more afraid of being blamed, punished, and facing career-threatening disciplinary actions, as well as possible malpractice litigation and liability, due to an unclear policy about reporting errors, than those at Fahd hospital. Experienced participants at Fahd hospital, on the other hand, revealed that when they report an error, they are incompetent and harm their professional reputation, especially if their hospital does not provide feedback on reported errors and responds exaggeratedly regardless of the severity of the error, and their leaders may not protect reporters of errors from negative consequences.

AbuAlRub, Al- Akour, and Alatari (2015) conducted a study on registered nurses' and physicians' perceptions of reporting practices and barriers to reporting incidents in accredited and non-accredited Jordanian hospitals. The study's findings revealed that nurses were more aware of the incident reporting system than physicians. Physicians were 50% or more the timeless likely to report any occurrence. The main three hurdles to reporting occurrences were the belief that reporting near misses was pointless, a lack of feedback, and the fear of disciplinary punishment.

CONCLUSION

More than a third of the surveyed nurses confront high difficulties when it comes to reporting nursing practice errors. Individual obstacles were the first ranked obstacles reported by the studied nurses. Nurses' encouragement was the highest strategy that ranked to be used for improving the reporting of nursing practice errors. There was no statistically significant relationship concerning obstacles to reporting nursing practice errors between the four selected hospitals in all dimensions of obstacles except in cultural & information gap obstacles. Consequently, the present study clarified that nurses must report any errors in nursing practice in an environment free of sanction measures or blame culture. Therefore, the establishment of a good reporting system for nurses would facilitate the collection of data for root cause investigation of errors and would help nurses to become more reliable. This will improve a systemic approach to dealing with reporting nursing practice errors and concerns without concentrating on the person. Furthermore, policymakers, managers, and nurses should agree on a uniform definition of what constitutes nursing practice errors to enhance nurses' ability to report.

RECOMMENDATION

For Hospital Managers:-

- Hospital managers should be focused on providing positive work environment with no blame culture.
- Hospital Managers should closely and regularly monitor the process of reporting errors and analyzing factors impacting it.
- The hospital must use clear forms and other documentation.
- The hospital must allow an open feedback system for motivating or rewarding nurses for reporting errors.

For Nurse Manager:-

- Attend the nurse manager special workshops regarding positive attitude and problem solving.
- Regular scheduled meeting of the nurse manager with the nursing staff in order to open discussion and maintain communication, encourage staff nurses for expressing their obstacles associated with work, and be a good listener.

For Nursing Personnel:-

- Staff nurses at any level must behave securely with no fear of punishment or blame for disclosing the nursing practice errors.
- Provide educational programs about the legal aspects of documenting errors.

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معوقات الإبلاغ عن أخطاء ممارسة التمريض فى مستشفيات بورسعيد الحكومية

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الـــخـلاصـــــة

أخطاء التمريض تشكل أكبر سبب للوفيات في جميع أنحاء العالم. يعد الإبلاغ عن الأخطاء أمرًا بالغ الأهمية لتقليل عدد الأخطاء وتعزيز سلامة المرضى. من خلال فهم ظروف ارتكاب الخطأ ، يمكن إدخال تغييرات لمنع حدوث أخطاء مماثلة. وتهدف هذه الدراسة إلى اكتشاف معوقات الإبلاغ عن أخطاء ممارسة التمريض في مستشفيات بورسعيد الحكومية ، واستخدام الاستراتيجيات الأكثر ملاءمة لتشجيع وتحسين إجراءات الإبلاغ عن أخطاء الممارسة التمريضية. تم إجراء البحث في جميع المستشفيات الحكومية في بورسعيد المرتبطة بوزارة الصحة. و استخدمت الدراسة الحالية نهج بحث وصفي. يحتوى على 265 ممرضة من جميع المستشفيات في الدراسة. أدوات الدراسة كانت استبيان معوقات الإبلاغ عن أخطاء الممارسة التمريضية ، واستراتيجيات تشجيع الإبلاغ عن أخطاء الممارسة التمريضية. النتيجة: كانت العوائق الفردية 50.3 ± 12.34 ، بينما كان حجم عوائق جهد الجهد 13.86 ± 3.78. يجب دائمًا تشجيع الممرضات على الإبلاغ عن أخطاء ممارسة التمريض "كانت أعلى إستراتيجية مستخدمة لتحسين الإبلاغ عن أخطاء ممارسة التمريض 4.49 ± 0.67 ، بينما كانت أقل إستراتيجية هي" الإبلاغ عن الأخطاء لا ينبغي استخدامها ضد المراسلين "3.74 ± 0.94. الخلاصة: كان بُعد عوائق فجوة الثقافة والمعلومات هو أعلى متوسط درجات درجات المعوقات. بينما كانت العقبة الفردية هي العقبة الأقل مرتبة للإبلاغ عن أخطاء ممارسة التمريض.وكانت التوصيات: هى وضع معايير وعمليات واضحة للإبلاغ عن الأخطاء وعدم الدقة. تقديم ملاحظات منتظمة حول أداء الممرضات وكذلك على أي أخطاء تم تسجيلها.

الكلمات المرشده: المعوقات ، أخطاء الممارسة التمريضية ، الإبلاغ عن الأخطاء .

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