

STORIES UNTOLD – THE IMPACT OF ADVERSE EVENTS IN NURSING IN SUB-SAHARAN AFRICA

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RCN Research Conference

Birmingham 2018



BACKGROUND

- The causes and implications of Adverse Clinical events well researched
- Impact on the people involved (and especially nurses) less so
- Cultural issues in SSA often confound an already challenging situation



AIM OF THE STUDY

- To determine the impact of adverse events on nurses practising in sub-Saharan Africa.



RESEARCH METHODS

- Smith & Liehr's (2008) five steps used to guide enquiry viz: gathering a story, deciphering the challenge, describing the story, identifying movement towards resolving the problem and synthesizing the findings to address the research question.



RESEARCH METHODS

- Stories collected from 18 nurses from 5 different sub-Saharan countries viz.: South Africa, Nigeria, Congo (DRC), Ghana and Zimbabwe.
- “Please tell me about an incident that caused you distress at some time during your nursing career.”
- Analysed by means of summative content analysis (Hsieh & Shannon, 2005)



(SOME OF) THE STORIES



**CULTURAL
ISSUES**



(SOME OF) THE STORIES



White medical doctor brought 12 year old daughter into labour ward to witness a delivery. Challenged by black midwife. Confrontation resulted. Midwife walked away.



Caring for child oncology patient. Relatives arrived with charms, concoction and traditional medicine and tried to make incisions on patient. Ignored attempted intervention by nurse. Supervisor refused to intervene. Nurse refused to continue to nurse patient.



Inadequate medicines to treat patients. All patients given multi-vitamin injection and allowed to believe they were appropriately treated. Nurse raised this as an ethical issue with management. Told the practice was traditional and acceptable.



(SOME OF) THE STORIES



FAMILY ISSUES



(SOME OF) THE STORIES



Patient brought to casualty with traumatic amputation of hand. Policy states must be at referral hospital within 2 hours to reattach limb. Ambulance failed to arrive in time. Patient lost limb. Nurse felt guilty as health service failed patient.



Pregnant woman given 'muti' by mother, a traditional healer to result in contractions. Patient brought to clinic with septic shock. Died while waiting for transfer to hospital 45 minutes away. Relatives blamed nurses as transfer took so long.



Nurse caring for unconscious patient with had injury. Difficult care as incontinent. Cleaned her several times during night. Relatives arrived and found patient in soiled bed. Complained to matron who was a family friend. Nurse disciplined.



(SOME OF) THE STORIES



SUPERVISION ISSUES



(SOME OF) THE STORIES

Labouring patient had epidural catheter inserted. Anaesthetist mixed the Repivacaine and instructed nurse to connect it. Connected it to IV line in error. Nurse had never previously erred.



Student nurse instructed to change IV infusion vacolitre. Picked up one used previously but not discarded with Potassium Chloride additive. Student allowed infusion to run freely. Patient collapsed and died.

Morphine went missing in ward. Night staff discovered it and reported it to day staff who did nothing. Later discovered that day nurse was addicted and colleagues covered for her.



THEMES & CATEGORIES

THEME	CATEGORY
Impact on/of patients and family members	Power corrupts Culture complicates
Impact on/of the nurses	Coping or escaping Everlasting trauma
Impact on/of the health services	Person vs system failure Disillusioned workforce



POWER AND CULTURE

- The influence of power is so pervasive that we find it at the core of the nursing profession (Akioyamen, 2014)
- Conflict between professional knowledge and 'traditional' culture

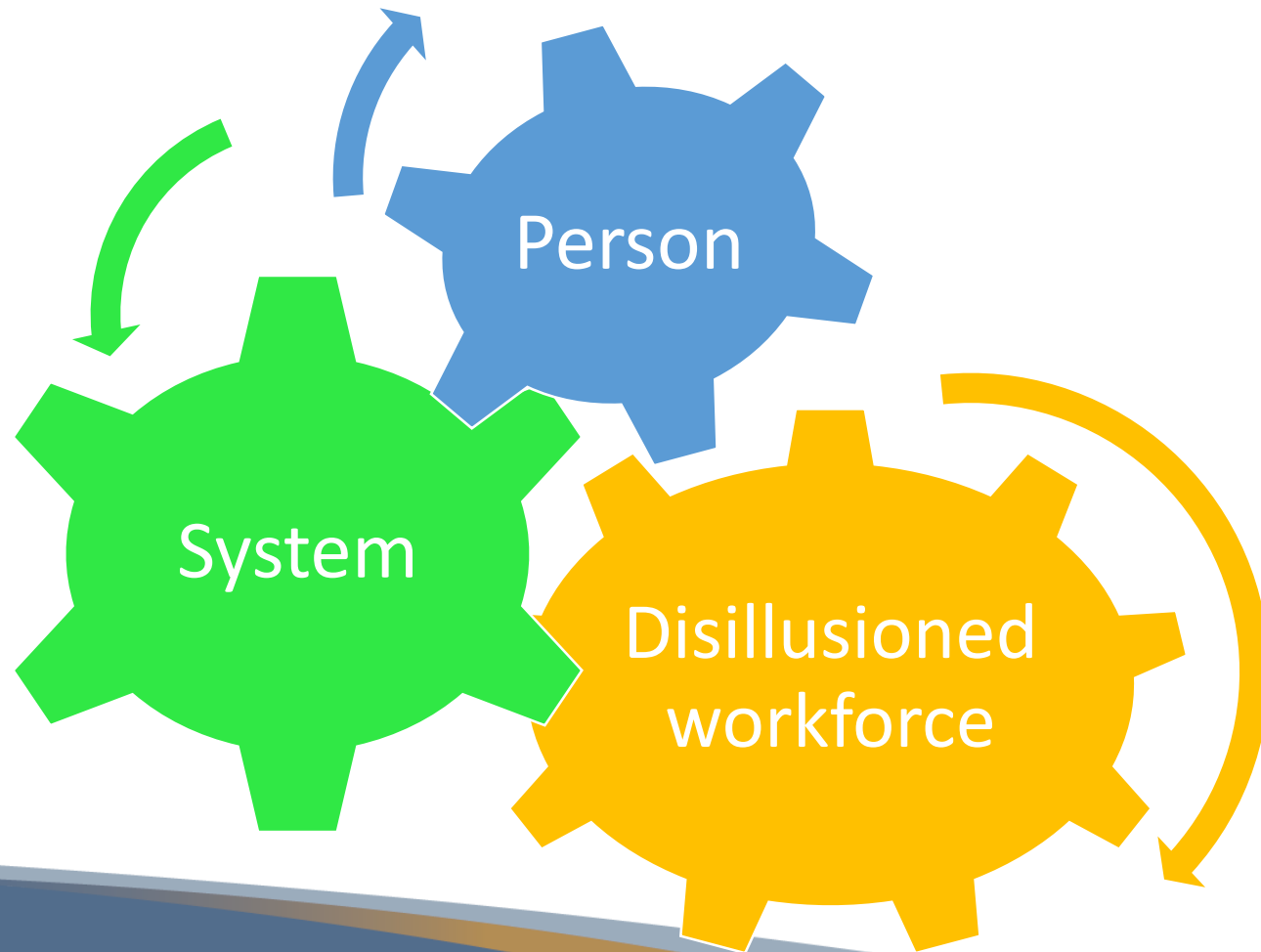


COPING OR ESCAPING THE EVERLASTING TRAUMA

- Resilience develops with experience (Maloney, 2018) but ...
- Avoidance seems a dominant defence mechanism
- Personal 'never forget' experiences



SYSTEM OR PERSONAL FAILURE



REFLECTIONS ON THE STORY TELLERS

- For many, this was the first time the nurse had ever shared the story
- The level of moral distress experienced by nurses is profound
- Debriefing is essential
- Opportunities for sharing knowledge and beliefs with patients and family need to be encouraged



REFLECTIONS ON THE STORIES

- Classic cases of nurses eating their young (and juniors)
- Many studies on bullying from 1990's onwards but still we have the problem
- And yet we are all suffering from similar systems issues or is it because we are?



CONCLUSION

- Storytelling is a very useful method of gaining the 'real' data
- Impact of adverse events has far reaching and long-term consequences on individuals and the profession as a whole
- These stories are from sub-Saharan Africa but are sadly universal in nature.

