Do Nurses Suffer from "Blame Worthiness"?

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① What is "Blame Worthiness"?

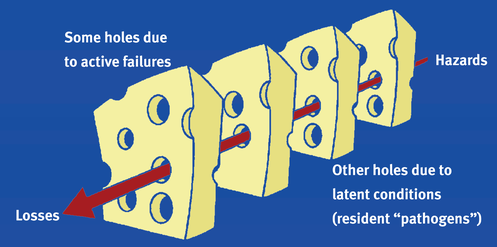
"Blame Worthiness" is the phenenomenon that sees clinical staff blaming themeselves when they are injured. This stops them reporting an injury and looking for ways to prevent its recurrence to themselves or their colleagues.

The concept comes from the psychology literature on "fundamental attribution error".[1]

This is the background to the new theory that "a culture of staff safety is a prerequisite to a culture of patient safety"[2] which was developed following observations of OR nurses in America and Australia.

② What is "No Blame Culture"?

The "No Blame Culture" is the exact opposite to the "blame worthy culture". It was developed by experts to improve patient safety. It is based on the observation that most poor patient outcomes are the result of a combination of systems failures. This is demonstrated by the Swiss Cheese Model.[3] Reporting errors or near misses, without fear of punishment, is required to identify these systems failures and engineer them out of the system.



Successive layers of defences, barriers and safeguards

The Swiss cheese model of how defences, barriers, and safeguards may be penetrated by an accident trajectory

③ Observations of OR nurses

OR nurses were asked to trial two new safety products: a reusable device for opening glass ampules and a single-handed device for removing used scalpel blades. Unexpectedly, the majority of staff were more impressed by the ampoule opener.

④ Intepretation of Observations

The suggestion was that intelligent clinicians were subconsciously more scared of cutting themselves with a glass ampule than a used scalpel blade, even though the used scalpel can cause a severe injury and/or potentially fatal infection.

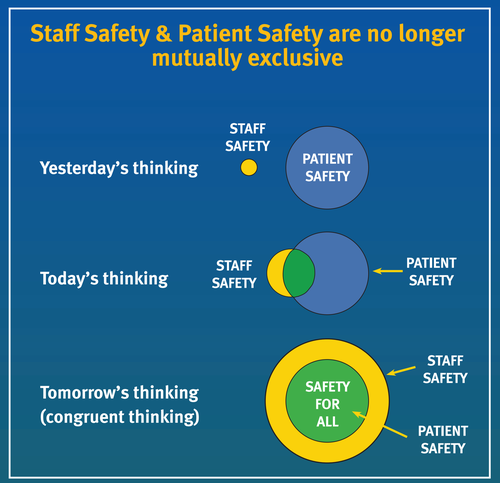
Cutting oneself on an ampule was considered to be "not my fault" (it happens to everyone), but cutting oneself removing a used scalpel blade with fingers or a hemostat was viewed as a personal failure. Self blame and failure to report follows. This is an example of "blame worthiness".

Conflict of Interest

Dr Sinnott is a cofounder of Qlicksmart Pty Ltd

⑤ New Theory

Staff safety and patient safety must operate in the same paradigm for both to be effective.[4]



⑥ Do you agree with this conclussion?

Nurses need to consider their personal safety with the same priority they have always given to patient safety. They need to be given permission and encouragement to use relevant staff safety devices.

It's not too hard to change -
just change before it's too late

YOU must lead the change in your own institution

References

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