# Nurses' experiences regarding adverse events in a public hospital in Gauteng.

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## Abstract

**Background**: Nurse related adverse events refer to any event leading to the injury of a patient. Adverse events have been a significant and worrying challenge within nursing practice both nationally and internationally. Involvement of nurses in adverse events who in most cases are rarely to blame, results in feelings of exhaustion, being emotionally drained, hospitals experiencing high nurse turnover and subsequent negative effects on the nursing care rendered. Most of the involved nurses struggle in isolation personally and professionally with a negative impact on colleagues, patients and the organizations. Existing literature has indicated that no current research demonstrating the nurse's experiences regarding adverse events exists in this specific public hospital.

**Purpose:** The purpose of this study was to explore and describe the experiences of the nurses regarding adverse events in this public hospital in Gauteng in order to develop recommendations to improve these experiences.

**Methodology:** A qualitative, explorative, descriptive and contextual research design was used. Data was collected by means of in-depth semi structured individual interviews, focus group interviews and the documentation of naïve sketches from a purposive sample of professional nurses, enrolled nurses and enrolled nursing assistants . Data was analyzed using Tesch's open coding protocol of qualitative data analysis. Lincoln and Guba's four principles were applied to ensure trustworthiness.

**Results***:* The findings of the study revealed one central theme reflecting that the participants experienced their involvement in nurse related adverse events negatively. Three main themes emerged namely negative emotional experiences, negative social experiences and inappropriate management experiences.

**Conclusion**: From the results, it became evident that the nurses experienced their involvement in nurse – related adverse events negatively.

**Keywords:** Nurse, Experiences, Adverse events, Public Hospital.

## 1. INTRODUCTION

Adverse events are defined as any event that occurs during a patient's stay in hospital which results in unexpected or unintentional physical harm, injury, disease or disability (Muller, Bezuidenhout and Jooste, 2011:487). Wakefield (2007, 12) describes nurse – related adverse events as any event leading to the injury of a patient and are nurse – related. In this study nurse related adverse events refer to patient falls, bed sores, phlebitis and abscondment. When care falls short of standards nurses shoulder much of the responsibility. The Institute of Medicine (IOM, 2000) reported that patient safety received national and international attention since the year 2000 with adverse events as the leading cause of death and injury.

The National Patient Safety Agency (NPSA) and the World Health Organization (WHO) have both identified intensive national and international endeavors on how best individuals and organizations can integrate and uphold best practices to detect, reduce, eliminate and lessen adverse events in health care (Muller et al. 2011:487). Swift (2013: 24) reported that while it's important to focus on adverse events and strategies to prevent them, it is unrealistic to think that they can all be eliminated. According to this study, humans are not flawless, and the general public perception is that nurses are above making mistakes and perfection in nursing is expected.

Adverse events occur frequently in hospitals both nationally and internationally with most of them resulting in increased patient's length of stay and disability, loss of productivity and personal costs related to care. The Institute of Medicine (IOM, 2000) and Claasen, Resar, Griffin, Federico, Frankel, Kimmel, and James (2011: 582) estimated that adverse events occur at an alarming increasing rate in 1/3 of all hospital admissions in the United States of America (USA); and that 44,000 – 98,000 of annual patients' deaths are attributed to adverse events allegedly by nurses.

Extensive efforts have been made in the healthcare environment to address the adverse events with many prevention strategies implemented to help reduce their frequency and improve patient safety. Despite these measures the adverse events still occur at alarming rates. Swift (2013:13) affirmed that as long as human beings are involved in providing care, adverse events are

inevitable and conscientious nurses will always be blamed for unintentionally inflicting potential or actual injury while caring for the patient.

Literature review to assess existing evidence on nurses' experiences after adverse event was published in the IOM report of 1999 and supported by Lewis, Baernhold and Hamric (2013:153). The review reported that adverse events allegedly resulted from human errors rather than systemic and other contributing factors, no mention was made regarding nurses' experiences. Runkel, Nel and Towel (2013: 19) conducted a study on the nurse's experiences following their involvement in adverse events in an intensive care of a private hospital in Gauteng and not from a public hospital.

The patient's and relatives experiences of adverse events were explored by Anderson, Frank, Sandman and Hansebo (2015:377) while Duarte, Stipp, da Silva and de Oliveira (2015:134) focused on the nurses' attitudes when faced with nurse related adverse events. The nurses' experiences regarding the adverse events were overlooked. Swift (2013:20) and Cabilan and Kynoch (2015: 63) affirmed that there was lack of empirical evidence related to nurses' experiences and the impact of their involvement in adverse events, adding that research studies are needed to investigate this impact from the nurses' perspective.

Findings on the nurses' experience of inpatient suicide in a general hospital were published by Matandela and Matlakala (2016: 58) with limited evidence from the nurses' point of view. Lewis et al. (2013: 154) suggested that increasing the understanding of the effects of the adverse events by the hospital management, can help the nurses to make constructive changes after their involvement instead of becoming burnt out, morally distressed or leaving the profession. Nurses had likelihood to be involved in repeated adverse events and thus healthcare organizations should seriously consider providing formal and informal support almost all the time. Mitigating experiences of involved nurses and obtaining knowledge and understanding of these experiences as well as strategies used by the nurses to prevent adverse events occurrences should be prioritized (Van Gerven, Sermeus, Euwema & De Hert, 2016: 7)

Perfection in the nursing profession has been reported as unrealistic and historically nurses who have been involved in adverse events no matter what external forces may have contributed, were blamed and subjected to punitive consequences. No one understood what the nurses experiences

were regarding adverse events because of scanty empirical evidence available. Some of the studies focused on the experiences of the physicians with reported diverse methodology and quality in relation to nurses (Lewis et al, 2013: 154).

The nurse' experiences of adverse events is a problematic issue in healthcare due to the provision of hands-on patient care that puts them in a difficult position after their involvement. Since it the nurse who has the responsibility to render patient care, the nurse is often assigned blame for the adverse events, which is seldom the case. One study reported a nurse who sadly ended her life reportedly due to guilt feelings experienced and lack of institutional support, following involvement in a nurse related adverse event that resulted in the death of a patient (Swift, 2013:20).

In an attempt to address the nurses' experiences regarding adverse events in healthcare, the Spanish Republic proposed a study on the response, assessment and developing measures to reduce the impact of nurse-related adverse events (Carrillo, Ferrus, Silvestre, Perez-Perez, Torijano, Iglesias-Alonso, Astier, Olivera, Maderuelo-Fernandez, 2016:1).

The researcher overheard how the nurses complained that when an adverse event occurs in this hospital, management were more concerned about the prompt documentation of the adverse events, the hospital's reputation and image. The observation made was that nurses' experiences regarding adverse events were ignored instead of being addressed and explored. It was therefore imperative to conduct this study as a need exists to develop recommendations to improve the nurses' experiences.

Due to the absence of research about the experiences of nurses regarding nurse-related adverse events in this hospital, the researcher decided to explore this phenomenon. The aim of this research study is to explore and describe the nurses' experiences regarding nurse-related adverse events in a public hospital in Gauteng, in order to develop recommendations to improve them.

The problem statement is presented next.

## 2. THE PROBLEM STATEMENT

Personal involvement in adverse events can be a demoralizing experience with resultant shame, loss of confidence and inability to admit to the events. Although mistakes do happen, hospitals can avert the occurrence of future mistakes by exploring and addressing these experiences. The nurses' experiences regarding adverse events in this public hospital have not been explored nor addressed.

The above problem statement gave rise to the following research question:

- What are the experiences of nurses regarding adverse events in this hospital?
- What can be done to improve these experiences?

## 3. RESEARCH OBJECTIVES

The study was guided by the following research objectives:

- To explore and describe the experiences of nurses regarding adverse events in a public hospital in Gauteng.
- To develop recommendations to improve these experiences.

## 3. RESEARCH DESIGN AND METHODOLOGY

A qualitative, exploratory, descriptive and contextual research design was used to explore and describe the nurses' experiences regarding adverse events in a public hospital in Gauteng (Burns, Grove & Grey, 2013: 359). The researcher sought to understand the whole by exploring the depth, complexity and richness of the nurses' experiences regarding adverse events. As the researcher's interest was vested in the understanding of the nurse's experiences, the information acquired in the study aided in the establishment of this understanding through what was verbalized by the participants during the process of data collection.

### 3.1 Population and sample

The population of this study is nurses (professional nurses, enrolled nurses and enrolled nurse assistants) who are registered under the Nursing Act (33 of 2005). The accessible population of this study consisted of forty nurses.

The target population was those nurses who had worked at this hospital for more than a year, had been involved in a documented nurse-related adverse event and who had volunteered to participate in the study. A purposive sample of 11 female and 7 male participants between the ages of 26 and 54 participated in the study.

### 3.2 Data Collection

Data were collected by the researcher by means of two in-depth semi –structured individual interviews, two focus group interviews of six and eight participants and two naïve sketches from the two participants. The interviews were conducted by the researcher as she is not known to the participants. Participants were invited and consent letters distributed after the briefing sessions with both the hospital management and nurses respectively.

The researcher had planned to conduct individual interviews with all the participants. However due to the request from some of the participants citing fear of recognition by the management and fear of victimization, in consultation with the supervisor and co-supervisor, focus group and naïve sketches were incorporated as additional data collection methods. This in essence allowed for triangulation of the data. A total of18 nurses who volunteered to participate were interviewed to explore and describe the nurse's experiences regarding the adverse events in this public hospital. The date, time and venue was decided and agreed upon by the participants and the researcher. The duration of each interview was approximately 30 – 45 minutes.

The research questions that guided the interviews were:

"How was it for you when you were involved in nurse-related adverse events in this specific public hospital?"

"What recommendations can be developed to improve your experiences?"

A neutral position was assumed by the researcher during the interviews related to the nurse's experiences regarding adverse events in this specific public hospital in Gauteng. The researcher recorded field notes to capture non-verbal aspects of the interviewing process which included stammering, tone of voice, gestures and emotions displayed by the participants, to enrich collected data. Communication skills such as clarifying, paraphrasing, probing and summarizing

were utilized to explore and describe the nurse's experiences (Murphy & Dillon, 2011: 161; Burns et al, 2013: 508).

The in-depth semi-structure individual interviews were simultaneously audio tape recorded with the permission of the participants to increase the study's credibility by precise capturing of the data. The data were collected until data saturation was reached as evidenced in repeating themes after the eighteenth participant (Burns et al. 2013:361). Data collected was transcribed as soon as possible after the interviews. All data is stored and will remain locked away for two years after the completion of the study and will be destroyed thereafter to augment confidentiality.

### 3.3 Data Analysis

Data analysis was conducted to organize and give meaning to the collected data (Burns & Grove, 2009:44). The transcriptions, naïve sketches and field notes were analyzed using Tesch's open coding method (Creswell, 2013:184). In ensuring credibility of the data, an independent coder who is a PhD graduate, was used to analyze the data independently. The researcher and the independent coder held a consensus discussion to reach an agreement on the identified themes and subthemes about the nurse's experiences regarding adverse events. Measures to ensure trustworthiness were taken as discussed below.

### 3.4 Measures to ensure trustworthiness

The researcher adopted Lincoln and Guba's four criteria of credibility, transferability, dependability and confirmability (De Vos et al. 2011: 419).Credibility was enhanced by having prolonged engagement with the participants during data collection, ensuring triangulation through focus group interviews, naïve sketches and field notes and by discussions of the research process and findings with the two experienced supervisors. Transferability was ensured through thick descriptive data from the participants and of the research methodology, analysis and supportive quotations from the participants.

A detailed description of the participants' demographic information was provided to achieve transferability. The researcher guaranteed that the weakness of one data collection method was compensated by the use of another additional method to achieve dependability, including the dense description of research methods and an inquiry audit by the independent coder to confirm

acceptability of the process and procedures. All transcripts materials and field notes will be kept as audit trail. An agreement into the research finding was reached after a consensus meeting between the researcher and independent coder (Lincoln & Guba, 1985: 331). Confirmability was ensured by a confirmability audit trail, reflexivity and the use of an independent coder.

### 3.5 Ethical Considerations

The researcher obtained both the approval of the research proposal from the Research Ethics committee and ethical clearance from the Ethical committee of the University of Johannesburg. Permission to conduct the study was sought and granted by the Gauteng Provincial Protocol Review Committee and the hospital management of the public hospital where the study was conducted. Participants were informed about the aims, purpose, objectives, methods and expectations of the study. Thereafter written consent to participate in the study and to be audiotape recorded during the interviews was obtained. In this study the researcher adhered to the ethical principles according to Dhai and McQuoid –Mason (2011:14) namely beneficence, respect for human dignity and justice.

### 3.7 DISCUSSION OF FINDINGS

The findings of this study revealed that there were no positive nurses' experiences regarding adverse events in this public hospital. One central theme was that nurses experienced the adverse events negatively. The major themes that emerged were negative emotional experiences, negative social experiences and inappropriate management practices.

The findings from the interviews are conceptualized within relevant literature to add richness and credibility of data as well as meaning to the findings. Theme and sub-themes are summarized in Table 1.1.

| CENTRAL THEME |
| --- |
| Participants experienced their involvement in nurse-related adverse events negatively |

| MAIN THEME | SUB THEMES |
| --- | --- |

| | |
|---|---|
| **1.Negative emotional experiences** | **1.1 Nurses undergo grieving process experiences**<br><br>**1.2 Nurses experience fear and anxiety**<br><br>**1.3 Feelings of guilt and worthlessness** |
| **2. Negative social experiences** | **2.1 Isolation**<br><br>**2.2 Blaming by colleagues and management**<br><br>**2.3 Victimisation/stigmatisation** |
| **3. Inappropriate Management Practices** | **3.1 Inappropriate management of reporting adverse events**<br><br>**3.2 Lack of managerial support**<br><br>**3.3 Job rotation as a punitive measure** |

### 3.7.1 Discussion of themes: Nurses experience the involvement in nurse related adverse events negatively.

Negative experiences may be described as those experiences that have a negative impact on one's developmental experiences (Warner, 2013: 23). From the collected data, the participants gave a detailed description of how negative their involvement in adverse events was experienced. Participant 5 stated "*It felt like the ground had fallen from under my feet*" with Participant 3 adding in support, "*I have always heard people say how they wished the earth could swallow them, that is exactly how I felt that morning*". Negative emotions can easily lead to negative outcomes and destructive changes which affect one's morale, productivity and motivation (McLaughlin and Garabalo, 2010:19). According to Lewis, Baernholdt and Hamric (2013:153) nurses are at a greater risk of having negative experiences due to their interaction with the patients, which is more of a hands-on provision of care. From the above it is evident that the

intervention studies need to be designed by management in order to decrease the nurses' negative experiences of nurse-related adverse events in this public hospital.

**Theme 1: Negative Emotional Experiences**

A negative emotion is described as an unhappy emotion that is provoked in an individual to show a negative affect towards an event (Andries, 2011:30). In this study, the negative emotion was provoked towards involvement in a nurse related adverse event. The participants articulated negative emotional experiences as the grieving process experience, fear and anxiety as well as feelings of guilt and worthlessness. Participant 1 affirmed "*I went through the same stages as a dying person. Shocked at what I had done, denied that it was me of all people, angry towards people for their reaction towards me, then wanted to make it right*. *Eventually I accepted my error*". Another annoyed participant added, "*Who in their rightful senses would leave their house to come and commit a crime, I did not leave my house to hurt any patient and yet I was made to feel as if I had a motive".*

The negative emotions experienced by the participants affected their ability to continue rendering quality nursing care thereby giving rise to absenteeism (Bach & Ellis, 2011: 58). Nurses who were involved in adverse events absented themselves from work as a result of the tension they experienced in the workplace from colleagues and management (Matandela & Matlakala, 2016:55). This is affirmed by these participants: "*I don't want to work here, I am in the wrong career. I wanted to resign immediately.* The other participant supported, *"I was so fed up with this place, I just came one day and stayed away for the whole week*". The participants had thoughts of considering career changes, some moved from one hospital to another in search of professional appreciation and job satisfaction while others started reviewing their reasons for becoming nurses in the first place (Chokwe & Wright, 2012:4; & Ullstrom,Sachs, Hanson, Ovreteit & Brommels, 2014: 3).

**Sub-Theme 1.1 Nurses undergo grieving process experience**

The participants alleged that their involvement in nurse related adverse events made them go through the grieving process experience. Grief is described as a highly individualized, pervasive and dynamic process prevalent in the healthcare disciplines (Kain, 2013: 1). The grieving process is described as a progression of feelings and emotional states one moves through,

characterized by feelings of denial, anger, depression, depression and finally acceptance with the acronym DABDA (Kubler Ross, 1969:n.p.). Although other authors have described the grieving process, the researcher chose the Kubler Ross Grieving Process because of it's classic nature and the sequence of steps identified, which are in line with the findings of this study.

**a) Stage 1: Shock or Denial and Isolation:**

Shock, denial and isolation were experienced by the participants after their involvement in nurse related adverse events. This was defined as paralysis or numbness at the realization of what has just happened, a first and immediate reaction to rationalize the overwhelming response to block out the words and buffer the shock. A participant stated in apprehension "*I was speechless as if my breath was stolen away, so ashamed and shocked at what I had done",* while another supported "*I could not move and felt paralyzed; I had to be pushed out of the way by colleagues".*

Feelings of shock and shame were affirmed in participants after involvement in adverse events (Harrison, Lawton, Perlo, Gardner, Shapiro & Armitage, 2015: 31; Matandela & Matlakala, 2016:57). Participants become apprehensive and tend to panic after adverse event involvement displaying the symptoms as indicated above. Others were unable to admit their involvement as evidenced by this statement of denial by Participant 3: "*I was unable to admit my error until six months later, denied that it was me of all people. I could not admit that it was my mistake*". Denial is normal but temporary defense mechanism related to a situation which in this study was the adverse event, which carries one through the waves of pain experienced in relation to the involvement (Chapman, 2013:4 & Axelrod, 2016:1).

**b) Stage 2:Anger**

The participants demonstrated anger following their involvement in nurse related adverse events. According to Patricelli (2016:1), when one is angry they start looking for someone to blame for their shortcomings, thus directing their anger to people or objects. These participants alluded, "*I was angry at the hospital for the shortage of staff experienced which led to my involvement in* the *adverse events and the system for allowing the allocation of new staff unsupervised when one needs guidance regarding the calculation of medication doses*". Kubler Ross (1969: n.p.) asserts

that the frustrated outpouring of bottled up emotions was common when one is overcome by anger.

Lewis et al. (2013:157) and Van Gerven et al. (2016:1) affirmed that experiences of anger were articulated by participants following their involvement in adverse events in support of the above quotations. Anger has the potential to harm the self and others, hence recommendations were made that it should be addressed at the earliest possible observation made thereof (Kotter & Chen, 2011:102).

**c) Stage 3: Bargaining**

Feelings of vulnerability and helplessness evidenced by the need to regain control were articulated by some of the participants in the study. A person who bargains begs their 'higher power' to undo the action or mishap, which in this case was the adverse event (Kubler Ross: 1969:n.p.). These participants asserted: "*I wanted to dress the bed sores three times a day just to speed up the healing process*". Another added in support, "*I prayed that the patient survives, I wanted to turn the clock back and make it right".*

The usual form of dialogue during the bargaining stage is an extension of life in exchange for a reformed behavior, focusing on what one could have done differently in order to escape from the present situation (Matzo & Sherman, 2014: 210; Patricelli, 2016:1).

**d) Stage 4: Depression**

Feelings of depression were expressed by participants, which is described as a mood disorder that causes persistent feelings of sadness, despair, helplessness, hopelessness and loss of interest following their involvement in nurse related adverse events in this hospital (Kneisl & Trigoboff, 2013:401). A participant stated, "*I was made to feel as if I am not good enough, that made me so depressed and miserable*". According to Schultz and Videbeck (2013: 170) depression is described as an affective state characterized by feelings of sadness, guilt and low self-esteem. A person who experiences this stage realizes that bargaining does not work which indicates that they have started to accept the reality of the situation, which is their involvement in nurse related adverse event. Some participants articulated being unable to sleep and experiencing nightmares:

*"I could not sleep for a long time afterwards, it was almost as if I was having a nightmare at that moment*", this frustrated participant stated.

**e) Stage 5: Acceptance**

This last stage of the grieving process is described as an action of consenting to undertake an offer through an expression or conduct, usually characterized by calm and withdrawal (Kubler Ross, 1969:n.p.). A participant affirmed moving beyond the feelings of loss after the involvement in the nurse related adverse events by the utterance, "*Eventually I accepted my error*". Acceptance is about taking and affirming responsibility for having committed a mistake, and indicates that one has worked through their feelings and is ready to move on ( Rana &Upton, 2013: 295; Swift, 2013:34 & Axelrod, 2016:n.p.). This final stage of the grieving process is experienced upon completion of the grief emotions and is an indication of neutrality and emotional detachment from the situation or circumstances (Chapman, 2013:1 & Patricelli, 2016:1).

The researcher is of the opinion that most of the participants went through the grieving process experience following their involvement in nurse related adverse events in this public hospital. Each individual experienced each stage differently and unique. The experiences were complex and affected the participants deeply.

**Sub-Theme 1.2 Nurses experience fear and anxiety**

Fear is described as a compelling and basic human emotion that warns us of existing danger (Andries, 2011:35 & Ankrom, 2016:1); while Sadock, Sadock and Ruis (2015:1) define anxiety as a dispersed reaction to a vague threat, often accompanied by uncomfortable sensations. The experiences of fear and anxiety were articulated by the participants following their involvement in nurse related adverse events in this public hospital. The experiences resulted in flashbacks, which is a replay of the adverse event in one's mind as verbalized by this participant: "*Every time I entered the ward I wanted to scream, I still shake when I open that medicine trolley up to this day".* The researcher is of the opinion that the adverse events which the participants were involved in were replaying in their minds and resulted in them experiencing the flashbacks. Involvement in a nurse related adverse appeared to have been a fearsome and anxiety –provoking experience for the participants as evidenced by the quotations above. Participant 4 stated "*I can*

*still see the picture when I close my eyes, like it happened yesterday you know, so clear*". It is evident from the above that measures should be put in place to remove a person from the actual place where the adverse event occurred to help the participants to heal and forget the experience.

**Sub-Theme 1.3 Feelings of guilt and worthlessness**

The interviews revealed that the participants felt guilty, worthless, powerless and incompetent following the adverse events. Guilt is defined as a feeling of self-discontent caused by the realization that there is discrepancy between accepted moral standards and negative emotions based on real wrongdoings as determined by ones' values, acted by words, body language and behavior (Makagon & Enikolopov, 2013:2 & Sala, 2015:1).

Kotter and Chen (2011:9) and Eckhardt (2014:162) describe worthlessness as a feeling that ranges from feeling inadequate, having unrealistic evaluation of self-worth, being valueless, useless, contemptible and despicable activating a sense of helplessness and powerlessness. Participant 2 stated "*I felt defeated and had lost my confidence*". Another added in support "*I kept asking myself am I careless or thoughtless? I began doubting myself and felt we had failed our patient and manager, so ashamed of my actions".*

It is evident from the above statements that the participants' feelings of guilt and worthlessness were so overwhelming that they blamed themselves. They felt personally responsible for the adverse events and thus questioned if the adverse event was a result of them being careless or otherwise. Thus they articulated that they felt powerless and helpless. The researcher is of the opinion that the admission of guilt experienced by the participants could play an important role in this study in assisting them to acknowledge the wrongdoing thereby instilling motivation to prevent future adverse events from occurring (Swift, 2013:34).

**THEME 2: Negative Social Experiences**

Negative social experiences are described as interpersonal experiences of low intensity and include insults and condescending remarks (Tremblay, Harris, Berman, MacQuarrie, Hutchinson, Smith, Braley, Kelley & Dearlove, 2010: 57). The negative social experiences prevent one from adapting to social circles (Verial, 2016: 14). These were articulated as feelings of isolation, being blamed by colleagues and management, victimization and stigmatization.

**Sub-Theme 2.1 Isolation**

Participant 7 affirmed feeling isolated after the adverse event, "*I felt isolated and realized I had no one to turn to. Even my supervisor distanced herself from me: I was all alone*". According to Grissinger (2012:2) feelings of being abandoned were common as articulated by participants in support of the above following the adverse events. The researcher observed that despite the feelings of isolation experienced by the participants, they also isolated themselves as they felt ashamed of the events. "*I felt so alone because even your best buddy does not want to be associated with you".* This resulted in a negative impact on the participant's interaction with colleagues and private life (Korkelia, Koivisto, Paavilainen & Kylma, 2014: 2).

**Sub-Theme 2.2 Blaming by colleagues and management**

Blame is described as a declaration that someone is responsible for a fault and assigning the responsibility for a bad situation to that person (De Freitas , 2011: 337). The interviews revealed that the participants articulated being blamed by both the colleagues and management. Participant 5 described her feelings: "*When the Matron arrived, all she could ask me was, why didn't you do this or that, and ended up saying I was negligent. After everything I had done, I was blamed?".* Blaming makes one to internalize the event while accounting for their actions and more vulnerable to personal distress (Harrison et al. 2015: 32 & Cabilon & Kynoch, 2015: 64).

**Sub –Theme 2.3 Victimization/ stigmatization**

Participants articulated being victimized by hospital management following the adverse events involvement. Victimization is described as treating someone badly because they are believed to have done something unacceptable (Collins English Dictionary, 2014:425). Participant 2 stated: "*Then the matron came over, criticized me and said how negligent I was. I could have done this and that".* From the above it is evident that nurses experienced tension, insensitive and critical judgemental comments colleagues and management after adverse events (Ullstrom et al. 2014:3).

**THEME 3: Inappropriate Management Practices**

Participants articulated that management practiced inappropriately when handling adverse events. Inappropriate management experiences are described as the inability to inspire others to

achieve the goals and objectives of the organization (Mbaskool, 2015: n.p.).These were expressed as inappropriate management of reporting adverse events, lack of managerial support and job rotation which was used as a punitive measure following the adverse event.

**Sub-Theme 3.1 Inappropriate management of reporting adverse events**

It became evident from the interviews that participants were uncertain of procedures to be followed in reporting adverse events due to insufficient communication and lack of guidance regarding this matter. This resulted in confusion and frustration among the involved nurses, as stated by Participant 2: "*I was alone when writing that statement and was expected to report and record. After writing three pages and reading through, it made no sense. I tore it all up and started all over with no one to ask or guide me for assistance".* The inconsistent and weakness in methodology appears to be the greatest deterrent to reporting and recording of adverse events in this public hospital. The researcher is of the opinion that the speedy implementation of the new adverse event reporting tool designed by the Gauteng Department of Health (DoH) will aid in correcting the weaknesses and inconsistency thereby halting the frustration and confusion among nurses.

**Sub –Theme 3.2 Lack of managerial support**

Participants reported that they felt management did not support them following their involvement in adverse events in this public hospital. This they articulated as lack of communication and being neglected under difficult situations. Participant 1 alluded "*It is not nice working here. I was not orientated, I knew nothing then I am told I must see to finish. How does a new person deal with this situation?"*

From the above it is evident that in this public hospital nurses identify immediate and continuous management support and caring after adverse event involvement as crucial to a healthy environment to enable them to deliver quality nursing care. Nurses should not be left to deal with feelings of guilt and inadequacy without management support.

**Sub –Theme 3.3 Job rotation as a punitive measure**

Job rotation is described as systemic movement of employees from a position or department to another, within pre planned intervals, in an effort to diversify activities in the workplace (Mahalakshi & Uthayasuriyana, 2015:2). Participant 3 articulated being moved from her department, abruptly and without consultation following an adverse event: *"I was called from home and told that from the following day onwards I should go work in another department, as if that medical ward is nice. I didn't want to work there"*. The manner in which the job rotation was carried out and communicated was perceived as punishment by the participant. The researcher is of the opinion that any movements between departments should be planned, communicated and discussed with individuals concerned and not coincide with adverse events involvement.

## 4. RECOMMENDATIONS

### Recommendations for future nursing research

Recommendations based on literature and findings from the study may be applied in nursing practice, nursing education and future research. A quantitative study is recommended to quantify the data on the phenomenon. The study was conducted in a public hospital in Gauteng, it would be interesting to explore the experiences of participants in various wards within private nursing institutions; and should incorporate nurses on night duty. Further investigation is necessary to pilot the newly developed tool by the Gauteng Department of Health (GDoH) for the reporting of adverse events in public hospitals. The voices of the managers regarding adverse events should be explored in both private and public institutions.

## 5. Limitations of the study

Quantitative data is unavailable and should be made available. Follow up interviews proved a challenge due to the nurses' duty schedule changes. Fear of victimization prevented some participants' freedom of speech. Night duty staff also experienced adverse events and these were not explored. Debriefing was unknown to most of the participants who were initially to partake in the study but declined citing 'opening of healing wounds'.

## 6. Conclusion

The findings indicated that adverse events were experienced negatively by the participants in this public hospital as none mentioned positive experiences. Nursing practice will benefit if the recommendations made are implemented. It can thus be concluded that the purpose of the study was achieved because the findings provide better understanding of nurse's experiences regarding adverse events in a public hospital in Gauteng.

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