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ORIGINAL ARTICLE

Design and validation of a questionnaire on nursing competence in the notification of medication incidents[☆]



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KEYWORDS

Adverse drug reaction;
Medication error;
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Abstract

Aim: To design and perform a face and content validation of a questionnaire to measure the competence of hospital RN to report medication incidents.

Methods: Content and face questionnaire validation descriptive study. A review of the literature was performed for the creation of items. A panel of six experts assessed the relevance of the inclusion of each item in the questionnaire by calculating the position index; items with position index >0.70 were selected. The questionnaire was piloted by 59 RN. Finally, a meeting was convened with experts, in order to reduce the length of the piloted questionnaire through review, discussion and decision by consensus on each item.

Results: From the literature review, a battery of 151 items grouped into three elements of competence: attitudes, knowledge and skills was created. 52.9% (n = 80) of the items received a position index >0.70. The response rate in the pilot study was 40.65%. The median time to complete the questionnaire was 23:35 min. After reduction by the experts, the final questionnaire comprised 45 items grouped into 32 questions.

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Conclusions: The NORMA questionnaire, designed to explore the competence of hospital RN to report medication incidents, has adequate face and content validity and is easy to administer, enabling its institutional implementation.

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PALABRAS CLAVE

Reacción adversa a medicamentos;
Error de medicación;
Enfermería;
Validación;
Cuestionario

Diseño y validación de un cuestionario sobre competencia enfermera en la notificación de incidentes por medicamentos

Resumen

Objetivo: Diseñar y realizar una validación de aspecto y contenido de un cuestionario para medir la competencia notificadora de incidentes por medicamentos de los enfermeros hospitalarios.

Método: Estudio descriptivo de validación de aspecto y contenido de un cuestionario. Se realizó una revisión de la literatura para la creación de ítems. Seis expertos valoraron la pertinencia de la inclusión de cada ítem en el cuestionario mediante el cálculo del índice de posición; se seleccionaron aquellos con índice de posición > 0,70. El cuestionario fue pilotado por 59 enfermeros. Un grupo de expertos redujo la extensión del cuestionario pilotado mediante revisión, discusión y decisión por consenso de cada ítem.

Resultados: Tras la revisión bibliográfica se elaboró una batería con 151 ítems agrupados en 3 dimensiones competenciales: actitudes, conocimientos y habilidades. El 52,9% (n = 80) obtuvo un índice de posición > 0,70. La tasa de respuesta en el estudio piloto fue del 40,65%. La mediana de tiempo para completar el cuestionario fue de 23:35 min. Tras la reducción por expertos, el cuestionario definitivo se conformó con 45 ítems agrupados en 32 preguntas.

Conclusiones: El cuestionario NORMA diseñado para explorar la competencia en la notificación de incidentes por medicamentos por los profesionales de enfermería hospitalarios, presenta una adecuada validez de aspecto y contenido, además de fácil administración, lo que posibilita su implementación institucional.

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What is known?

Medication incidents are the most common safety problem for the patient in the hospital environment. Nursing professionals, together with the other health professionals, have a legal obligation to report medication incidents with damaging consequences or adverse reaction to medication to the spontaneous reporting systems in force. However, this is the professional group with the lowest official reporting of suspected adverse reactions to medication.

What does this paper contribute?

The electronic questionnaire NORMA, which is self-completion and of simple application, constitutes an unusual tool for measuring the reporting competence of medication incidents by nursing professionals and combines attitudes, knowledge and skills. Its use may help to assess the situation in this area within the health institutions, and to guide interventions of improvements whilst simultaneously measuring their impact.

1. Introduction

Patient safety, defined by the WHO as the reduction in the risk of unnecessary damage related to healthcare to an acceptable minimum, can be understood to be a right of each individual patient who places their trust in the care of their health into a health system.¹

The incidents associated with the use of medication or medication incidents (MI), in keeping with the definition of the International Classification for Patient Safety,² may be classified according to the result they have on the patient inquest incident, incident without harm and incident with harm. On communication to the spontaneous reporting systems in force, the MI are grouped into two categories: medication errors (ME) and adverse reactions to medication (ARM) (Fig. 1).

MI are the most common type of incidents associated with hospital care. The national study on hospitalisation-related adverse effects (NSHAE) calculated that 37.4% of incidents in hospitals are related to medication and that 4.1% of hospitalised patients present with some type of adverse effect related to the use of medication.³

Due to their simplicity and low cost, spontaneous reporting systems could be a more efficient source of information for knowledge regarding the MI.⁴ However, the under-

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