The Experiences of Final Year Nursing Students in Administering Medications

_Shifting Levels of Supervision_

By

Kerry Anne Reid-Searl

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ABSTRACT

Background

Unintended medication errors made by health care professionals continue to be a major concern in hospitals, medical centres and aged care facilities throughout Australia. Nurses play a vital role in preventing errors so consequently undergraduate nursing students are taught that to administer medications safely they must adhere to specific protocols and be personally supervised by a registered nurse. While safety measures may be reinforced to students, previous studies have not explained what occurs when students actually administer medications to patients in the clinical setting.

Aim

This thesis reports on a study aimed at identifying the experiences of final year undergraduate nursing students in administering medications.

Research Design

A grounded theory approach using constant comparative analysis was undertaken to develop a substantive theory to explain this process. A sample of 28 final year nursing students from an Australian university provided the data to permit the development of the theory.

Findings

This study identified that supervision was central to the medication administration experiences of students. Students were confronted with registered nurses who presented or provided them with shifting levels of supervision when administering medications to patients. Shifting levels included the registered nurse; being near, being over or being absent. The shifting levels failed to meet the supportive
supervision required of students and created internal conflict for them. Students responded to the conflict through a process of *Contingent Reasoning*. *Contingent Reasoning* involved students making a decision and then actioning behaviour which could be categorized into one of three levels. At level one the student would do whatever was asked of them, at level two they would negotiate so as to come to some agreement with the registered nurse and at level three they would refuse to administer medications unless personal supervision was available. The reasoning was driven by a desire of the student to *get through* meaning, to pass the clinical placement. However, in an effort to *get through* students were willing to accept levels of supervision from registered nurses that were less than ideal. In turn this influenced medication errors as reported by students.

**Conclusion**

In unveiling the substantive theory it became apparent that the central issue of *shifting levels of supervision* and students’ responses to this has significant implications for safe medication administration practices of undergraduate nursing students when undertaking clinical placements in health care facilities throughout Australia. Ultimately patient safety is at risk because inappropriately supervised undergraduate nursing students can make medication errors.
BONAFIDE DECLARATION STATEMENT

I, Kerry Anne Reid-Searl, declare that the work presented in this dissertation is, to the best of my knowledge and belief, original, except as acknowledged in the text, and that the material has not been submitted, either in whole or part, for a degree at this or any other institution.

Signed by Kerry Anne Reid-Searl  …………………………………

Date
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Phase Two: Decision made and action implemented - resulting in a particular pattern of behaviour

Levels of Contingent Reasoning

**Level One: Norming for Survival of Self**

‘Whatever the Registered Nurse Asks’

‘Fit in at Any Cost’

‘Not Rocking the Boat’

‘Suck Up/Shut Up/No Tell’

Consecutive Seeking Behaviours (Stage Two) at Level One

**Level Two: Conforming and Adapting for Self and the Benefit of Others**

‘Compromising to Meet Expectations’

Consecutive Seeking Behaviours (Stage Two) Level Two.

**Level Three: Performing with Absolute Conscience**

‘Saying No’

Conditions Influencing Contingent Reasoning

The Relationship with the Registered Nurse

Trust and Confidence Afforded by the Registered Nurse

The Registered Nurse as the Assessor in the Relationship

Individual Attributes

Being Confident

Age

Communication Skills

Consequences for Medication Safety at Each Level of Contingent Reasoning

Summary of Results

Validation of Results

Conclusion

**CHAPTER 5: DISCUSSION**

The Substantive Theory: Contingent Reasoning relating to Shifting Levels of Supervision for Medication Administration

Validation of the Substantive Theory

Levels of Supervision by the Registered Nurse

Conditions Influencing the Level of Supervision Performed or Provided by the Registered Nurse

Attitudes of the Registered Nurse

Wanting a Student/ Being Told

University Educated or Hospital Trained

What’s Expected of a Third Year

Communication from the University

Busyness / Having Time

Internal Conflict

Opposing Expectations-The Theory Practice Gap

Getting Through

Compromised Clinical Assessment

Compromised Patient Safety/ Making a Mistake

Contingent Reasoning- Dealing with the ‘Shifting Levels of Supervision’

Kohlberg’s Theory of Moral Reasoning

Professional Socialization

Do Whatever/ Fit In/ Suck Up/ Don’t Rock the Boat

Shut Up/ No Tell
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