

INTRODUCTION

Malpractice is the “improper, unskilled, or negligent treatment of a patient by a physician, dentist, nurse, pharmacist, or other healthcare professional” (“Malpractice and its”, 2016, para. 3).

In addition to malpractice, there is also the tort liability system. This system is created for three reasons, to compensate patient who sustain injury from negligence, provide corrective justice, and deter negligence (Mello et al., 2020, para. 1).

In order to have a successful case for a malpractice suit, four elements must need to be proven to prevail. These include, causation, a duty to the patient, negligence or breach of duty and damages (Bono et al., 2020, para. 2).

According to this article, there has been a great increase in the number of malpractice suits within the last few years (Al-Haijaa et al., 2018, p. 81).

SIGNIFICANCE

- Medial malpractice related costs are close to \$60 billion, also 2 - 3% of all annual healthcare spending (Bono et al., 2020, Section Clinical Significance).
- In 2012 malpractice suits had an estimated payout of more than \$3 billion, which in return averages out to one payout every 46 minutes (“Malpractice and its”, 2016, para. 3).
- It has been reported that between the years of 1996 and 2006 there has been an increase in nurses' disciplinary actions from 11% to 19% with the number of reported violations from 7.737 to 12.786 (Al-Haijaa et al., 2018, p. 81).
- Many have contemplated at the idea of nursing homes closing or changing ownership due to the threat of litigation or malpractice. However, it has been proven in this article that the models do not show any statistically significant effect of malpractice on the closure of the facilities (Konetzka et al., 2018, para. 37).

POSITION STATEMENT

Malpractice is currently exhibiting a positive impact related to effective nursing practice.

SUPPORT FOR POSITION

Due to being more alert of lawsuits, nurses are becoming more aware of the care they are providing, thus making patients safer and giving the best quality of care possible to the patient.

- It is identified that “the use of malpractice concept in nursing risk management, and in raising the quality of nursing care” (Al-Haijaa et al., 2018, p. 82).
- According to Bono et al. (2020), due to malpractice threats, in order to enhance healthcare team outcomes, they must maintain open communication with all healthcare team members to avoid preventable problems before they occur, or to be able to address the problems more promptly (Section Enhancing Healthcare Team Outcomes).
- With knowing the idea of malpractice, nurses are more aware of their scope of practice. They are more likely to remain within their recommendation of practice, which includes, following their institutions practices and procedures, effectively communicate with not only patients but other members of the healthcare team, as well as proper assessment and monitoring of their patients (Al-Haijaa et al., 2018, p. 84).
- An article by Konetzka et al. (2018), they stated that results that found were consistent in the fact that nursing homes directly improve their quality of care in order to avoid lawsuits (para. 37).
- According to Sklar (2017), in order to improve on medical errors, or malpractice, healthcare workers, especially nurses, must learn from their mistakes and build further on them. Education from the mistake can provide additional knowledge, skills, and motivation for a successful advocacy approach (para. 18).

IMPLICATIONS FOR PRACTICE

One of the things nurses can do, is educate themselves. The article states that there are many educational institutions that provide a comprehensive look at legal, social and ethical aspects of the healthcare system. Thus, better preparing the individual for complications that can potentially occur (“Malpractice and its”, 2016, para. 11).

In order to avoid malpractice suits, is using a supervisor to train a new nurse. This will limit patient harm while still allowing for independence of the individual (Sklar, 2017, para. 10).

Al-Haijaa et al. (2016), also states that nursing administrators are vital in decreasing the number and severity of nursing errors (p. 84).

Some malpractice suits are necessary, but it is the responsibility of the clinician, to establish a relationship with the patient to manage the details of care to avoid complications (Bono et. al., 2020, Section Clinical Significance).



9 types of Nursing Documentation errors

Wolters Kluwer

- Sloppy or illegible handwriting
- Failure to date, time, and sign a medical entry
- Lack of documentation for omitted medications and/or treatments
- Incomplete or missing documentation
- Adding entries later on
- Documenting subjective data
- Not questioning incomprehensible orders
- Using the wrong abbreviations
- Entering information into the wrong chart

(“Nursing documentation”, 2018).

CONCLUSION

Malpractice, although it seems like something negative, is a positive in nursing practice. It allows nurses to overcome their mistakes and learn from them, Without it, nurses would not be able to continue learning and improving their quality of care.

In addition to the individual nurse, it is the responsibility of the administrators and supervisors to provide adequate education about patient care, as well as legal rights.

In order to provide the safest care possible, there needs to be clear communication with the nurse to patient. This includes, proper documentation, training and testing, as well as an understanding on their supervisors and when or how to get help when it is needed.

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