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Mini Review

Reduce Nursing Interruptions and Disputes in Obstetrics and Gynaecology via Nursing Process Reengineering

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Abstract

Work interruptions are a common occurrence during the nurse administration process, which includes planning, managing, and documenting. These interruptions result in nursing administration errors, which in turn affect patient safety, increase the likelihood of nursing hazards, and cause unpleasant emotions. In order to reduce medical disputes, it is critical to investigate how nursing influences drug withdrawal conflicts in obstetrics and gynaecology. Medical dispute-related documents are obtained and linked to relevant professional information systems for the purposes of data collection and consultation in this study. The nurse administration process, which entails planning, managing, and recording, frequently involves work interruptions. These disruptions lead to nursing administration mistakes, which compromise patient safety, raise the possibility of nursing risks, and elicit negative feelings. It is crucial to look into how nursing affects drug withdrawal conflicts in obstetrics and gynaecology in order to lessen medical disputes. For the goals of data collection and consultation in this study, medical dispute-related records are acquired and linked to pertinent professional information systems.

Keywords: Nursing process, Obstetrics, Gynaecology Medical dispute, Drug, Prenatal care

INTRODUCTION

Patient safety is a crucial component of patient care and one of the criteria used to assess the level of care. One of the most frequent types of errors affecting patient safety is medication errors. The preparation, management, and documenting of medications are all done by nurses in a continuous process through a series of unbroken acts. The nurse administration procedure is still the nursing task that is most frequently interrupted globally. Nursing work interruptions are breaks in the flow of nursing tasks that cause the task to be suspended partway through due to the introduction of unanticipated secondary demands or duties (Nurfianti A, 2020).

Cases of nursing disputes have dramatically grown recently all across the world. There are more nursing disagreements happening more frequently. Nursing disputes do happen. Frequent conflicts have led to further deterioration in the nursing-patient interactions. Nursing disputes are currently a major source of social unrest and a brand-new social paradox. In addition, it has developed into a widespread issue that affects the legal and medical professions. Nursing disagreements have developed into a delicate topic for medical organisations that interferes with their everyday operations. This substantially conflicts with standard medical orders and places financial obligations on medical organisations. Medical conflicts have a negative psychological impact on medical employees and a positive social impact on medical workers. Medical disputes can result in violent injuries against medical professionals. Care interruption seriously lowers the nursing staff's productivity and jeopardises patient safety. Terminating nursing chores is an all-encompassing screening factor that will raise nursing risk incidence, procedural error risk by 12.1%, and clinical

error risk by 12.7%. Interfering with a nurse's work raises the possibility of mistakes, which could have catastrophic results (Choi E, 2019).

Both domestic and foreign experts have researched nursing disputes and developed preventative strategies with regard to the nursing process. Collected and examined information on pain management-related medical conflict cases from 2012 to 2016 via the Medical Dispute Mediation and Arbitration Institute. A total of 210 publicly publicised cases were found in the data, 36 of which involved pain management. The most pertinent field of medicine for these pain treatment situations was orthopaedics, and it took 8.0 to 17.5 months to settle disagreements, conducted a quantitative cross-sectional study employing quotas on 83 nurses and midwives (Rajabpoor M, 2018).

Data collection involved the use of structured questionnaires. SPSS was used for data analysis, and descriptive statistics were used to compile the results. The Pearson correlation coefficient was utilised to ascertain the relationship between various variables. The author used sampling strategies to choose 41 nurses working in the inpatient management department from two local hospitals using two sets of pre-test-post-test experimental designs. The range of 0.77 to 0.91 for Cronbach's alpha index was used to assess the data's dependability. Before the intervention, the average score for nursing process knowledge in the two groups was lower than the average level, but after the intervention, the average score for the experimental group was higher (Wakasiaka S, 2016).

Getnet and Bifftu did a cross-sectional study on 278 nurses to validate the content of the instruments that record the steps of the nursing procedure for inpatients in the intensive care unit (ICU). An odds ratio and a 95% confidence interval were fitted to a binary and multivariable logistic regression to determine the related factors. During the medicine delivery process, 1,152 work interruptions were recorded. In total, 17 hospitals in the Chinese city of Xiamen were chosen by the writers, comprising 8 tertiary hospitals and 9 secondary hospitals. Between 2012 and 2014, all nursing dispute instances were compiled using questionnaires. The risk factors for medical disagreements were found using multiple logistic regression analyses (Sezici E, 2017).

DISCUSSION

Medical disputes and patient safety should be viewed through a new lens, namely, patient autonomy, as it was reported that the primary cause of medical disputes was improper communication (24.0%). It was also investigated that most medical and nursing disputes are better resolved through alternative resolution mechanisms. The results of the tests are inconclusive because of the small sample size and short period, despite the fact that the existing studies have examined the reasons of nursing disagreements and given prevention solutions (Guerrero JG, 2019).

There are fewer studies on the precise medical behaviours that generate medical disputes and the law of occurrence of medical disputes than there are on the status quo of medical conflicts, their causes, and current solutions. This study suggests preventive measures and advice for medical facilities and nursing personnel based on an analysis of the pertinent aspects in medical conflicts. It offers a rationale based in science for resolving doctor-patient disputes and creating a medical dispute avoidance system. It also offers a method for fostering a positive doctor-patient connection and encouraging the growth of medical and health services, both of which improve the social environment (Thorat HV, 2020).

Medical conflicts typically refer to disagreements between patients and medical institutions or employees regarding the medical-legal requirements, procedures used anticipated outcomes, and comprehension of both sides' rights and obligations. The main grievance is compensation. Medical conflicts are typically civil in nature. There is no coercion when medical institutions give the patients with the appropriate medical care, and their medical-legal relationship is one of civil law. When it comes to resolving medical disputes, medical institutions frequently encounter obstacles such as a lack of trust between physicians, nurses, and patients, difficulties locating relevant documentation, a lack of security measures, and gaps in the application of medical law. These issues are very detrimental and are currently preventing healthcare institutions from becoming better (Kim K, 2017).

The violent conflicts brought on by medical disagreements make the medical and nursing staff feel insecure, put them under a lot of physical and psychological stress, lower their morale, and even make them resist clinical patients in times of emergency. Most doctors have a tendency to adopt "protective medical" behaviours, with many choosing to intentionally avoid high-risk procedures and worry about utilising immature new technologies and new methodologies. The medical dispute resolution process must be improved, and various settlement methods must be used for various sorts of medical conflicts, in order to most effectively reduce conflict between physicians, nurses, and patients and to create a harmonious relationship (Amirthalingam K, 2017).

The following are the primary causes of medical disputes: First of all, patients and their families typically lack clinical knowledge and are unable to completely comprehend the unique medical conditions and illness risks. Second, the smooth flow of doctor-patient contact is hampered by the dearth of moral education among patients and their families. Finally, the patients' and their families' expectations are very high. Fourth, a compensatory attitude exists in certain patients and their families. The effectiveness of doctor-patient communication is impacted by a knowledge gap on diseases that exists between medical professionals, nursing staff, and patients.

The usual job of medical professionals has been severely interrupted by the "perverted" culture that has developed around "medical concerns." While resolving medical issues, society as a whole has grown somewhat accustomed to "medical problems." Such medical disagreements are negotiated in an unreasonable setting, and the outcome will unavoidably be detrimental to one party's interests. Dealing with and resolving conflicts or disagreements between physicians, nursing personnel and patients is the essence of settling medical disputes. The confrontation between these parties is what is causing this disagreement. Conflict arose because these parties couldn't agree on the detrimental effects and root causes of the diagnosis and treatment procedure (Bahrudin M, 2019).

CONCLUSION

At current time, medical disagreements are a severe social contradiction everywhere in the world, and the social issues they cause are worth considering. This study emphasised the significance of nurses' job and successfully promoted the enhancement of nursing service quality by examining the significant roles that nurse’s play as educators, advocates, and psychological supporters. The patients were split up into various groups and attended to using various nursing techniques. The relationship between nursing practises and conflicts among various groups was calculated.

The findings demonstrated that it is possible to successfully lessen the medical conflicts brought on by nursing interruptions. When the suggested nursing processes are followed, the dispute rate is lowered by more than 10% and its likelihood of occurring by 15% when compared to standard nursing practises. The findings of this study may be useful in avoiding nursing disagreements in obstetrics and gynaecology. The suggested analysis falls short of fully elucidating the factors behind the disparities in nursing staff risk assessments of nursing interruption occurrences. The scale will be modified and changed in further development. The following stage will keep its attention on nursing interruption research and keep gathering and improving data.

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CONFLICT OF INTEREST

None

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