

**An Appreciative Inquiry into Medication
Administration by Registered Nurses: The Untold
Story**

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A thesis submitted
for the degree of Doctor of Philosophy
of the University of New England

December 2015

Abstract

Registered nurses (RNs) worldwide are educated and authorised to administer medications as part of their role. The framework used to guide the practice of safely administering the right dose of the right medication by the right route to the right patient at the right time is known internationally as the ‘five rights’. The five rights framework is pervasive in the nursing literature and has underpinned a plethora of research studies focused on medication error identification and management. Most of these studies seek error rates and causes and rarely explore the actions or experiences of nurses who administer medications, other than in relation to their adherence to the five rights framework. This study offers a different perspective. This two-phase qualitative, appreciative inquiry used Medication Services Queensland’s (2009a) rights framework as the basis for observing the medication administration practices of RNs in a regional hospital in Queensland, Australia. The five rights framework in this region has been extended for public health system employees by the addition of a sixth right that requires the nurse to offer the patient the right to refuse the medication. The observation phase provided a rich contextual backdrop for the next phase, in which the participants were interviewed about their experiences. The participants were asked to explain their observed practices. The study found that by taking an appreciative inquiry approach to medication administration, person-centred nursing practices that contribute to the safe administration of medication emerged. This alternate view of medication administration has the potential to encourage further research and development of hidden strengths in nursing practices such as coordination and management of medication related processes.

Certification of dissertation

I certify that the substance of this thesis has not already been submitted for any degree and is not currently being submitted for any other degree or qualification.

I certify that any help received in preparing this thesis and all sources used have been acknowledged in this thesis.



Julie-Anne Martyn

Acknowledgements

First and foremost, I would like to thank the RNs who generously gave their time and shared their experiences. This thesis is your story.

Next, I would like to thank my principal supervisor, Professor Penny Paliadelis. Your unwavering support and guidance from the start to the finish has been amazing. The immediate feedback kept me on track and motivated me. Your continued kindness, generosity and belief in me were critical to my PhD completion. When you reminded me that valuable nursing contributions can be hidden it made me feel that my research was worthwhile and important. To Dr Glenda Parmenter, you were the voice of reason when I had the PhD jitters and your valuable insight and support was vital. Penny and Glenda: I sincerely thank you both from the bottom of my heart.

I am grateful to my mentor, Dr Chad Perry. Your genuine interest and generous involvement were instrumental in the completion of this thesis. I am inspired by you and will pay it forward. I also acknowledge that this thesis was edited by Elite Editing, and the editorial intervention was restricted to Standards D and E of the *Australian Standards for Editing Practice*.

Thank you to my wonderful friends who helped to sustain me throughout this arduous PhD pathway. Your love and friendship comforted me during the best and worst moments of my life you. Thank you as well to my family and most importantly, to my daughter Kate, for your wise words when I needed them most. You reminded me: 'If PhDs were easy Mum, everyone would have one!'

Lastly, and most sincerely, my PhD is dedicated to Smiley Riley. My first-born grandson taught me to search for strengths when struggles appear. The life of Riley was a lesson of unconditional love and resilience. Riley has been my guiding angel from PhD start to finish and I am a stronger, wiser and more capable person because of him.

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List of abbreviations

ACSQHC	Australian Commission on Safety and Quality in Health Care
AHSP	American Hospital Society of Pharmacists
ANMAC	Australian Nursing and Midwifery Accreditation Council
ANMC	Australian Nursing and Midwifery Council
BCMA	Barcoded Medication Administration
BGL	blood glucose level
CARNA	College and Association of Registered Nurses of Alberta
CPOE	Computer Physical Order Entry
DON	Director of Nursing
EN	enrolled nurse
FMEA	Failure Mode and Effects Analysis
HEAPS	Human Error and Patient Safety
HREC	Human Research Ethics Committee
ICN	International Council of Nurses
ICU	intensive care unit
ICU/CCU	intensive care/coronary care unit
ISMP	Institute for Safe Medication Practices
IV	intravenous
IVC	intravenous catheter
MIMS	Monthly Index of Medical Specialities
NCC MERP	National Coordinating Council for Medication Error Reporting and Prevention
NCSBN	National Council of State Boards of Nursing
NG	nasogastric
NH&MRC	National Health and Medical Research Council
NIMC	National Inpatient Medication Chart
NMC	Nursing and Midwifery Council
NUM	Nurse Unit Manager
OSCE	objective structured clinical examination
PBL	problem-based learning

PCA	patient controlled analgesia
PICC	peripherally inserted central catheter
QUM	quality use of medicines
RN	registered nurse
VET	Vocational Education and Training
VTE	venous thromboembolism
WHO	World Health Organisation