

## Knowledge Of the Most Common Causes of Malpractice Among Medical Practitioners and Nurses at the Enugu State University Teaching Hospital, Enugu, South East, Nigeria

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### **Abstract**

**Aim;** To assess the most common causes of litigation among medical practitioners and nurses at the Enugu State University Teaching Hospital, Enugu, South East, Nigeria **Method;** A total of 300 health care workers comprising 274 medical doctors and 26 Nurses working with the Enugu State University Teaching Hospital (ESUTTH) were studied during the period February to June 2021. Their age, marital status and number of years of practice were taken. They were questioned on their knowledge of the main causes of litigation in medical practice. **Results;** 150 (50%) of the participants agree and strongly agree that Medical error is due to Inexperienced health care providers. 234 (78%) of participants agree and strongly agree that Medical error is due to reduced healthcare providers to patients` ratio. While 201(67%) agree and strongly agree that medical errors are largely due negligence by healthcare providers. **Conclusion;** The results show that the greatest proportion of medical errors (78%) is due to the reduced health care provider to patient ratio. This factor puts so much workload on the health care providers with the result that fatigue and “burn out” creates an ever increasing opportunity for medical errors to occur. It is therefore a very good idea that the Nigerian government is working hard to address the problem by rolling out a National policy on Health Care work force which when implemented may address this problem of emigration of highly qualified health care personnel outside the country.

**Key words;** Knowledge, Common causes of Malpractice, Medical practitioners, Enugu State University Teaching Hosp. Enugu State. Nigeria.

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**Introduction;** Medical malpractice refers to professional negligence by act of omission by healthcare provider in which care provided deviates from accepted standards of practice in the medical community and causes injury or death to the patient, with most cases involving medical error<sup>1</sup>. Medical malpractice is closely linked to medical errors. And Medical error is defined as a preventable adverse effect of care, whether or not it is evident or harmful to the patient. This might include an inaccurate or incomplete diagnosis or treatment of a disease, injury, syndrome, behavior, infection, or other ailments. Medical errors are often described as human errors in

healthcare<sup>2</sup>. However, medical error definitions are subject to debate as there are many types of medical error from major<sup>3</sup> to minor and causes is often poorly determined.

The impact of medical errors can be great; eg In the US, medical errors are estimated to result in 44,000 to 200,000<sup>4</sup> unnecessary deaths, in hospitals settings and 1,000,000 excess injuries each year<sup>5,6</sup>. A conservative average of both the Institute of Medicine and Health Grades reports indicate that there have been 400,000 – 1.2 million error-induced deaths during 1996-2006 in the United States. Findings of the Institute of Medicine, 1999 show that all in US hospitals, the increased costs of preventable medication errors cost the economy about \$2billion each year<sup>7</sup>. Medical errors affect one in 10 patients worldwide. One extrapolation suggests that 180,000 people die each year partly as a result of iatrogenic injury. The Zhan and Miller study supported the Institute of Medicine (IOM) 1999 report conclusion, which found that medical errors caused up to 98,000 deaths annually and should be considered a national epidemic. A 2006 follow-up to the 1999 IOM study found that medication errors are among the most common medical mistakes, harming at least 1.5million people every year<sup>8</sup>.

Studies to determine the prevalence of medical error have been conducted in Federal Medical Centre, Umuahia, Abia State. The study was cross sectional and conducted in the year 2017. The prevalence of medical errors was 42.8%. The three most common errors committed by the participants were an error of medication prescription (95.2%), error of radio-laboratory investigation ordering (83.9%), and error of physicians diagnoses (69.4%). Sixty-two (100%) of the participants who committed medical errors had a negative attitude to error disclosure to the patients and their families. Of the 62 participants who committed medical errors, 33.8% were depressed. Among those that committed medical errors, none was involved in a lawsuit for medical error. Committal of medical errors was associated with years of practice <10 years ( $p= 0.011$ )<sup>9</sup>.

Medical errors are associated with inexperienced physicians and nurses, new procedures, extremes of age, complex care and urgent care<sup>10</sup>. Poor communication, improper documentation, illegible handwriting, inadequate nurse-to-patient ratios and similarly named medications are also known to contribute significantly to medical errors<sup>11</sup> The causes include: Healthcare complexity, System and procedure design, Competency, education and training and Human factors and ergonomics<sup>12</sup>.

**Material and Methods;** A total of 300 health workers comprising of 274 Doctors and 26 Nurses working in the various clinical departments of the Enugu State University Teaching Hospital GRA Enugu were used for this study. These Nurses and Doctors were selected to ensure a good coverage of all the clinical departments in the teaching hospital comprising Accident and Emergency, Obstetrics and Gynaecology, Internal Medicine, Surgery, Pediatrics, Laboratory Medicine and Community Medicine. After obtaining permission from the ethical committee of the hospital, a self-administered questionnaire was issued to the participants. The questionnaire contained questions on designation of the participant (i.e. doctor or nurse), age in years, number of years in practice and their knowledge of the main causes of malpractice. The years of practice were restricted to between 1 and 20 years mainly because those with above 20 years of practice were mainly consultants and medical elders who were too busy to respond to our questions. The age category ranged from 20 to 59years because 60years is the age of mandatory retirement from service. Those participants who for one reason or the other were not willing to participate in the study were excluded from the study. **Statistical Analysis;** Data from the questionnaire was analyzed using the statistical package for social sciences (SPSS) software version 11.0. Information was presented in the form of tables, pie charts.

**Results;** during the period of this study, a total of 300 participants comprising 274 doctors and 26 nurses took part in the study. The table below shows the age distribution of the participants;

**Table 1: Age category**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20-29 years	53	17.7	18.2	18.2
	30-39 years	194	64.7	66.4	84.6
	40-49 years	41	13.7	14.0	98.6
	50-59 years	4	1.3	1.4	100.0
	Total	292	97.3	100.0	
Missing	System	8	2.7		
Total		300	100.0		

The most predominant age group is 30-39years (66.4%) while the least is 50-59years (1.4%)

**Table 2: No of years of Practice.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-5 years of practice	80	26.7	26.9	26.9
	6-10 years of practice	130	43.3	43.8	70.7
	11-15 years of practice	80	26.7	26.9	97.6
	16-20 years of practice	7	2.3	2.4	100.0
	Total	297	99.0	100.0	

Missing	System	3	1.0
Total		300	100.0

The most predominant no of years is 6-10years while the least is 16-20years. The younger doctors who are mainly house officers, senior house officers and junior residents make up about 26.7%. They are those who are within the age range of 1-5 years in medical practice. Some young nurses also fall into the same practice year group.

**Table 3: Designation of the healthcare providers**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nurse	26	8.7	8.7	8.7
	Doctor	274	91.3	91.3	100.0
	Total	300	100.0	100.0	

About 274 (91.3%) of participants are medical doctors while 26 (8.7%) are nurses

**Table 4 Common causes of Litigation in Medical Practice**

Variables	Frequency of responses				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Medical error is due to Inexperienced health care providers.	8	89	53	144	6
Medical error is due to reduced healthcare providers to patients` ratio	26	22	18	125	109
Negligence by healthcare providers is a common cause of litigation	24	34	40	164	37

Table 4.11 shows a total of 150(50%) of respondents either agree (144) or strongly agreed (6) to medical errors to be as a result of inexperienced healthcare providers, 234(78%) either agree (125) or strongly agree (109) that reduced healthcare providers to patients' ratio is a can be attributed to medical errors. A total of 201 (67%) either agree (164) or strongly agree (37) to negligence by healthcare providers as a common cause of litigation in the health sector.

**Discussion;** According to the national academy of science publication in 2006, Medical malpractice refers to professional negligence by act of omission by healthcare provider in which care provided deviates from accepted standards of practice in the medical community and causes injury or death to the patient, with most cases involving medical error<sup>1</sup>. Medical malpractice is therefore closely linked to medical errors. In this study, the greatest proportion of respondents (86.4%) is within the age range 20 to 40 years (Table 1). This is to show that the older doctors

were either much fewer in the hospital or they were too busy to participate in the study. Also over 70% of the respondents have less than or equal to ten years experience (Table 2). Again in (table 4) about 150 of respondents agree and strongly agree that medical errors are due to inexperience in medical practice. These strongly agree with the findings in the study done at Federal Medical Center Umuahia where the researchers found that committal of medical errors was associated with years of practice <10 years ( $p= 0.011$ )<sup>9</sup>. Also a similar study done by Michael L Milenson found that Medical errors are associated with inexperienced physicians and nurses, new procedures, extremes of age, complex care and urgent care<sup>10</sup> Another factor which was revealed by this study is that shortage of physicians is a contributory factor to committal of medical errors. About 125 (agree) and 109 (strongly agree) that reduced health care providers to patients' ratio are a major contributory factor to medical errors and malpractice. This is more pronounced in Nigeria where medical doctors and nurses are fleeing the country in droves in search of greener pastures abroad (This is now generally referred to in Nigeria as the "JAPA SYNDROME"). The impact of medical errors can be deduced from the following findings; In the US, medical errors are estimated to result in 44,000 to 200,000<sup>4</sup> unnecessary deaths, in hospitals settings and 1,000,000 excess injuries each year<sup>5,6</sup>. A conservative average of both the Institute of Medicine and Health Grades reports indicate that there have been 400,000 – 1.2 million error-induced deaths during 1996-2006 in the United States. Findings of the Institute of Medicine, 1999 show that all in US hospitals, the increased costs of preventable medication errors cost the economy about \$2billion each year<sup>7</sup>. Medical errors affect one in 10 patients worldwide. It is therefore very important that we take the issue of medical errors and malpractice very serious.

### **Conclusion;**

The study found out that the prevalence of medical malpractice and occurrence of medical errors cannot be ascribed to one single reason. From low "Healthcare providers to Patients" ratio to inexperienced medical practitioners. The Health care system in Nigeria has been plagued by the exodus of highly trained health care personnel to western countries. Negligence of duty occasionally becomes the norm for the fact that the few number of health care personnel left behind in the country suffer what is called the "burn-out" syndrome and often break down in health. The Federal Government of Nigeria has however realized the need to address this issue by coming up with what they call the national policy on human resources for health. There is therefore the need for the government to expedite action on the implementation of this policy so as to address this national problem.

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