

FACTORS IMPENDING NURSES TO REPORT INCIDENCE IN A TERTIARY CARE HOSPITAL LAHORE

Nadia Bashir^{*1}, Razia Faqir², Zunaira Amir³, Sayeda Sidra⁴

^{*1,2}BSN Post RN Student, Department of Nursing Superior University, Lahore, Pakistan

^{3,4}Nursing Instructor, Department of Nursing Superior University, Lahore, Pakistan

^{*1}nadiabashir0066@gmail.com

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Corresponding Author: *

Nadia Bashir

Abstract

Background: Patient safety and quality of care are fundamental priorities in healthcare systems worldwide, and incident reporting serves as a key mechanism for upholding these standards. By documenting adverse events, near misses, and medical errors, healthcare institutions can identify potential risks, strengthen clinical practices, and introduce preventive strategies to ensure safer patient care. Objective of the study is to identify the key factors that prevent nurses from reporting incidents in a Tertiary Care Hospital Lahore.

Methodology: A descriptive cross-sectional study was carried out at Lahore General Hospital between April and August 2025. The study included 200 registered nurses, selected through convenience sampling, who met the inclusion criteria of having at least six months of clinical experience. The sample size was calculated using Slovin's formula with a 5% margin of error. Data were collected through a structured, self-administered questionnaire designed to explore barriers to incident reporting. Ethical principles were maintained by ensuring informed consent and participant anonymity. Data analysis was performed using SPSS version 25, applying both descriptive and inferential statistics, including frequencies, percentages, and chi-square tests, to examine factors influencing reporting practices.

Results: The study included 200 registered nurses, most of whom were between 36 and 50 years of age (31.5%), followed by 30% in the 51–65 age group. The majority were female (71%) and held a Generic BSN degree (38%). Regarding professional experience, 37% had 5–6 years of clinical practice. Institutional barriers to incident reporting were prominent, with 85% citing an inadequate reporting system, 81% noting the absence of clear procedures, and 76.5% identifying staff shortages. On a personal level, 73% of nurses expressed concerns about anonymity, 61.5% reported uncertainty about what incidents should be reported, and 54% feared being blamed. Collectively, these findings highlight substantial institutional and individual challenges that hinder effective medical error reporting.

Conclusion: The findings reveal notable barriers to incident reporting among nurses, encompassing institutional challenges such as ineffective reporting systems and personal concerns including fear of blame and limited knowledge. Overcoming these obstacles is essential to enhancing the accuracy, transparency, and overall effectiveness of incident reporting within healthcare settings.

Introduction

Patient safety and quality of care are central to healthcare systems worldwide, and incident reporting plays a crucial role in maintaining these standards (Hamed & Konstantinidis, 2022). Reporting incidents, including adverse events, near misses, and medical errors, allows healthcare institutions to identify risks, improve clinical practices, and implement preventive measures to enhance patient safety (Zakeri et al., 2021). Nurses, as frontline healthcare providers, are integral to incident reporting systems. They are often the first to identify errors or potential safety threats due to their direct and continuous patient interactions (Alfulayw et al., 2021). In many healthcare settings, nurses encounter numerous barriers that prevent them from reporting incidents. These barriers may be personal, organizational, cultural, or systemic in nature (Tamata & Mohammadnezhad, 2023). Some nurses fear blames or punitive actions, while others may lack awareness of reporting protocols or perceive that reporting has no impact on improving safety measures (Kibunja et al., 2021).

Incident reporting is a fundamental component of patient safety and risk management. It facilitates learning from errors and near misses, leading to evidence-based changes in clinical protocols and hospital policies (Li et al., 2021). Effective reporting mechanisms can help healthcare institutions reduce preventable harm, improve patient outcomes, and strengthen accountability among healthcare professionals (Shah et al., 2021). However, despite international guidelines and best practices, barriers to reporting persist, particularly in developing healthcare systems (Alanazy & Alruwaili, 2023).

Several factors contribute to the reluctance of nurses to report incidents in hospital settings. These can be broadly categorized into different domains (Jang et al., 2022). Many nurses worry that reporting an incident may lead to disciplinary actions, job loss, or damage to their professional reputation. A blame culture, where individuals are penalized rather than focusing on system-wide improvements, discourages open communication and transparency in hospitals (An et al., 2022). Continuous education and training on incident reporting procedures are necessary to ensure nurses understand the

importance of the process and their role in it (Hill et al., 2022). Nurses often work under high-pressure conditions with demanding workloads, making it difficult for them to take the time to report incidents (Han et al., 2024). A lack of follow-up on reported incidents reduces trust in the system and lowers motivation to report future occurrences (Xu et al., 2024). Establishing a non-punitive environment that values learning from mistakes is essential to improving reporting behaviors (Wu et al., 2024). Simplifying and streamlining the reporting process can encourage more nurses to participate (Azyabi et al., 2021).

Material & Methods

A descriptive cross-sectional study was conducted at Lahore General Hospital, Lahore, over a period of four months from March to June 2025. The sample size of 200 registered nurses was determined using Slovin's formula with a 5% margin of error, and participants were recruited through a convenience sampling technique. Eligible participants included registered nurses with valid professional licenses, working in clinical areas such as emergency, ICU, medical-surgical, pediatric units, and OPD, with at least six months of clinical experience, and who voluntarily consented to participate. Nurses in administrative, research, or academic roles without direct patient care responsibilities, those on extended leave, and individuals with psychiatric disorders were excluded. Ethical approval was obtained from the institutional review board and hospital administration, and informed written consent was secured from all participants, ensuring confidentiality, anonymity, and the right to withdraw at any stage without penalty. Data were collected using a structured, self-administered questionnaire comprising a demographic tool and an adopted incident reporting questionnaire (Nzayinambaho et al., 2024), which included 12 items across two subscales: institutional factors (five items) and nurses' factors (seven items), with responses recorded on a dichotomous scale (Yes/No). The researcher remained available during data collection to clarify queries, and incomplete questionnaires were excluded from analysis. All data were stored securely, accessible only to the research team, and results were reported in aggregate form.

Data were analyzed using SPSS version 25, employing descriptive statistics (frequency, percentage, mean, and standard deviation) to summarize participant characteristics and reporting barriers, while chi-square tests were applied to explore associations between categorical variables such as fear of repercussions

and reporting behavior. A p-value of less than 0.05 was considered statistically significant, and findings were interpreted in light of relevant literature to provide insights into institutional and personal barriers hindering incident reporting among nurses.

Results

Table 1. Demographic characteristics of participants

Demographic Variables	Category	Frequency (f)	Percentage (%)
Age	21 – 35 Year	39	19.2
	36 – 50 Year	63	31.0
	51 – 65 Year	60	29.6
	>65 Year	38	18.7
Gender	Male	58	29.0
	Female	142	71.0
Education Level	General Nursing Diploma	61	30.5
	Generic BSN	76	38.0
	BSN Post RN	61	30.5
	MSN	2	1.0
Working Experience	1 – 2 Year	21	10.5
	3-4 Year	51	25.5
	5-6 Year	74	37.0
	>6 Year	54	27.0

Table 1 presents the demographic characteristics of the participants. Out of 200 nurses, the largest age group was 36–50 years (31%), followed by 51–65 years (29.6%). Most participants were female (71%). In terms of education, 38% held a Generic BSN, while

30.5% each had either a General Nursing Diploma or a BSN Post RN, and only 1% held an MSN. Regarding clinical experience, 37% had 5–6 years of practice, 27% had more than 6 years, 25.5% had 3–4 years, and 10.5% had 1–2 years of experience.

Factors affecting Incident Reporting

Institutional Factors

Table 2. Institutional Factors

SN	Factors	Frequency	Percentage
1	Complexity of work	159	79.5
2	Shortage of staff	153	76.5
3	Inadequacy of incident reporting system	170	85.0
4	Lack of procedures on reporting medical errors	162	81.0
5	Lack of time to fill in the incident reporting form	150	75.0

The table presents various institutional factors that may affect nurses' ability to report medical errors. The most commonly reported factor was

the inadequacy of the incident reporting system, mentioned by 170 nurses (85%). This was followed by a lack of procedures on reporting

medical errors (162 nurses, 81%), complexity of work (159 nurses, 79.5%), shortage of staff (153 nurses, 76.5%), and lack of time to fill in the

incident reporting form (150 nurses, 75%). These results highlight several key institutional barriers to effective error reporting.

Nurses' Factors

Table 3. Nurses' factors

SN	Factors	Frequency	Percentage
1	Fear of being punished	95	47.5
2	Lack of knowledge on what to report	123	61.5
3	Fear of being blamed	108	54.0
4	Difficulty in filling the form	36	18.0
5	Reporting errors is not anonymous	146	73.0
6	Reporting errors is not my responsibilities	51	25.5
7	Reporting errors is not a priority	66	33.0

Table 3 presents the various factors perceived by nurses that hinder the reporting of medical errors. The most commonly cited factor was the lack of anonymity in the reporting process, reported by 73.0% of nurses (n=146), indicating significant concern regarding confidentiality. This was followed by lack of knowledge on what to report, identified by 61.5% (n=123), and fear of being blamed, reported by 54.0% (n=108). Additionally, 47.5% of nurses (n=95) expressed fear of being punished as a barrier. Other notable factors included the perception that reporting errors is not a priority (33.0%), not their responsibility (25.5%), and difficulty in filling out the form (18.0%). These findings suggest that personal fears, knowledge gaps, and systemic issues contribute to underreporting, highlighting the need for a supportive and non-punitive reporting culture, along with targeted education and process simplification.

DISCUSSION

This study aimed to explore the factors influencing nurses' willingness and ability to report medical errors. The findings provide valuable insights into demographic characteristics, educational background, work experience, institutional barriers, and personal perceptions affecting error reporting practices. The majority of participants were female (71%), consistent with the gender distribution of the nursing workforce globally, where women dominate the profession (World Health Organization [WHO], 2020). Most nurses were between the ages of 36 and 50 years (31.5%),

followed closely by those aged 51–65 years (30%). This age distribution suggests a relatively experienced workforce, potentially influencing awareness and attitudes toward error reporting. Educationally, a significant portion of nurses held a Generic BSN (38%), with an equal proportion (30.5%) having either a General Nursing Diploma or a Post RN BSN. Only 1% had completed a Master of Science in Nursing. These findings indicate a moderate level of academic preparedness, aligning with studies by Vaismoradi et al. (2016), which emphasize the importance of higher education in promoting evidence-based practice and safety awareness. Work experience further supports the competency level of the participants, with the majority (37%) having 5–6 years of experience. Such experience levels are often associated with a better understanding of patient safety protocols and professional responsibilities. The most significant institutional barrier identified was the inadequacy of the incident reporting system (85%), followed by a lack of clear procedures for reporting (81%) and the complexity of work (79.5%). These findings echo the results of Aljabari and Kadhim (2020), who found that the absence of structured systems and clear guidelines often discourages error reporting. Similarly, research by Kim and Lee (2020) highlighted that nurses are more likely to report incidents when systems are user-friendly and embedded within a supportive environment.

Staff shortages (76.5%) and lack of time (75%) were also prominent barriers, reflecting

organizational workload issues. These institutional constraints are frequently cited in literature as contributors to underreporting (Mayo & Duncan, 2004; Chiang et al., 2010). High patient-to-nurse ratios and administrative burdens make it challenging for nurses to engage in timely reporting, even when they recognize its importance.

Personal and psychological barriers were also evident. The lack of anonymity in reporting (73%) was the most cited concern, followed by lack of knowledge on what to report (61.5%) and fear of being blamed (54%). These findings align with research by Alzahrani et al. (2020), which found that nurses were reluctant to report errors due to fears of punishment, blame, or legal consequences.

Fear of being punished (47.5%) was also notable, underscoring the prevailing punitive culture in some healthcare settings. Studies by Kaldjian et al. (2008) and Khalil & Mohamed (2021) also reported that nurses tend to avoid reporting when they perceive the environment as unsupportive or retaliatory.

Other factors included perceptions such as reporting not being a priority (33%), not their responsibility (25.5%), and difficulty in filling forms (18%). These barriers suggest a need for targeted educational interventions and streamlined reporting tools. As noted by Farokhzadian et al. (2018), clear role definitions, continuous training, and simplification of reporting processes significantly enhance compliance.

The findings of this study are consistent with multiple international studies that have highlighted similar barriers to error reporting. For example, Mohamed et al. (2019) emphasized the importance of non-punitive environments in increasing nurses' willingness to report errors. Likewise, Seys et al. (2013) pointed out that structured training programs increase nurses' knowledge and confidence in error reporting.

Conclusion

The study revealed that incident reporting among nurses is hindered by institutional barriers such as inadequate systems, lack of procedures, staff shortages, and time constraints, as well as personal factors including lack of anonymity, limited knowledge, and fear of blame or punishment. Addressing these issues

through supportive policies and improved systems is essential to promote accurate and transparent reporting.

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