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Exploration of dynamic healthcare roles in medical error: Improving patient safety through conversation and care consistency

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In order to keep pace with healthcare system demands, historical healthcare roles have been reconstructed, diversified or expanded. Outcomes of role expansion have resulted in professionals embracing numerous concurrent roles in care delivery or having to adopt roles previous held by other professional groups. For example, a physician or nurse practitioner educated and trained differently, now medically manage patients with very similar health care needs. Studies reveal these new roles improve care outcomes through timely care access. Conversely, new roles have created professional conflict, role patchwork, and significant role blurring of who is now doing what. Furthermore, new role demands may outweigh or outpace individual performance. Without explicit role clarity, role becomes uncertain. Each professional may believe he/she understands his/her role and the role of the other in patient care. However, professionals may no longer provide specific care or believe that they do. Assuming another will enact specific care, when that professional does not, may lead to gaps in care provision and professional acts of omission or commission. A qualitative study set to understand role perception across two healthcare professional groups working in a quaternary healthcare center was undertaken. Interviewed participants (n=20) shared the experience of role and medical error. Findings identified as influential in medical error included lack of role clarity, professional role accountability, care ownership and poor communication. Scholarly dialogue to improve safety must consider how professionals come to understand his/her role(s) and the role(s) of other professionals engaged in care provision within a dynamic complex healthcare system.

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