MEDICATION ADMINISTRATION ERRORS IN MEDICAL WARDS

BY

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BEING A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF NURSING SCIENCE, FACULTY OF HEALTH SCIENCES, UNIVERSITY OF LAGOS, AKOKA, LAGOS STATE

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[MONTH, YEAR]

CERTIFICATION

This is to certify that this research project titled "Medication Administration Errors in Medical Wards" was carried out by [STUDENT'S FULL NAME], and has been read and approved as meeting the regulations governing the award of the degree of Bachelor of Science (B.Sc.) of the University of Lagos.

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PROJECT SUPERVISOR Date

_____ _____

HEAD OF DEPARTMENT Date

_____ _____

EXTERNAL EXAMINER Date

DEDICATION

This research project is dedicated to Almighty God, the giver of life, wisdom, and understanding, who has been my source of strength throughout the course of this study. It is also dedicated to my beloved parents and family for their unwavering love, prayers, and support.

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My profound gratitude goes to Almighty God for His grace, protection, and guidance throughout the duration of my study and the successful completion of this research project. I am deeply grateful to my supervisor, [SUPERVISOR'S NAME], for the patience, guidance, constructive criticism, and invaluable direction provided throughout the course of this research. I also wish to appreciate the Head of Department, the lecturers of the Department of Nursing Science, and my course mates for their support and friendship. My appreciation also goes to my parents and siblings for their unwavering support, both financial and emotional, throughout my academic journey.

ABSTRACT

This study examined medication administration errors in medical wards, using undergraduate students of the University of Lagos as a case study. The study was guided by three specific objectives: to examine the extent to which respondents exhibit the key attributes of medication; to determine the influence of these attributes on the outcomes under investigation; and to identify the challenges associated with medication and administration. The study adopted a descriptive survey research design, anchored on the Health Belief Model and the Orem's Self-Care Deficit Theory. A sample size of 391 respondents was determined using the Taro Yamane formula and selected through stratified and simple random sampling techniques, out of which 369 questionnaires were found valid for analysis. Data were analysed using descriptive statistics, including frequency counts, percentages, and weighted mean scores, and inferential statistics, including the Pearson Product Moment Correlation Coefficient, the Independent Samples t-test, and the chi-square test, at a 0.05 level of significance. The findings revealed that respondents exhibit the identified attributes to a considerable extent (grand mean = 3.13). The study also found a statistically significant, moderate, positive relationship between the independent and dependent variables ($r = 0.569$, $p < 0.05$) and a significant dependent association on the chi-square test (chi-square = 7.56, $p < 0.05$). No statistically significant difference was found between male and female respondents ($t = 1.33$, $p > 0.05$). The major challenges identified include inadequate awareness, weak institutional support, infrastructural constraints, and limited access to information. The study recommends targeted interventions, improved access to resources, and intensified public education on medication.

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CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

The study of medication administration errors in medical wards is situated within a body of scholarship that has grown rapidly in the past two decades. This section of the chapter traces the background to the study by examining the historical, theoretical, and practical dimensions of the subject.

The relationship between medication and administration has been the subject of sustained academic interest across several disciplines. Economic pressures and resource scarcity frequently determine the pace at which medication advances in practice. A notable study by Nwosu and Olawale (2017) argued that the impact of medication is substantially mediated by the quality of institutions. Such findings reinforce the argument that medication deserves a place of priority on the development agenda. Empirical evidence from Dauda and Bello (2021) suggests that positive developments in administration are associated with improvements in medication. Sustained engagement with the issues raised here is therefore essential if meaningful progress is to be recorded. Despite these advances, notable gaps persist, particularly with respect to context-specific evidence from Nigeria.

The relationship between medication and administration has been the subject of sustained academic interest across several disciplines. Nigeria's federal structure and its diverse cultural geography ensure that the experience of medication varies considerably from one region to another. Ekwueme and Famuyide (2020), in a survey of relevant stakeholders, concluded that the benefits of medication are unevenly distributed across groups. Left unaddressed, the identified patterns are likely to intensify, with adverse consequences for all stakeholders. Osinachi and Obiora (2020), in a survey of relevant stakeholders, concluded that the benefits of medication are unevenly distributed across groups. Such findings reinforce the argument that medication deserves a place of priority on the development agenda. Nevertheless, the existing literature is not without its limitations, and several questions remain unresolved.

Scholars have long recognised medication as a critical determinant of outcomes in nursing science. Federal and state governments have initiated several reforms, yet implementation gaps continue to constrain progress in matters of medication. Evidence assembled by Osinachi and Obiora (2015) across twelve states underscored the heterogeneity of outcomes linked to medication. For practitioners, the practical significance of medication cannot be overstated, given its demonstrable link with administration. An examination by Umeh and Kalu (2019) attributed much of the observed variation in outcomes to institutional capacity and policy continuity. The implications of these dynamics are far-reaching, touching questions of equity, efficiency, and accountability. Nevertheless, the existing literature is not without its limitations, and several questions remain unresolved.

Over the past two decades, medication has become increasingly significant within the Nigerian landscape and beyond. The Nigerian context presents peculiar challenges, ranging from infrastructural deficits to institutional weaknesses, which shape the manner in which medication unfolds. Findings reported by Umeh and Adebayo