PRESCRIPTION ERRORS IN A TERTIARY HOSPITAL SETTING

BY

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BEING A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF PHARMACY, FACULTY OF PHARMACEUTICAL SCIENCES, UNIVERSITY OF LAGOS, AKOKA, LAGOS STATE

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[MONTH, YEAR]

CERTIFICATION

This is to certify that this research project titled "Prescription Errors in a Tertiary Hospital Setting" 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 Pharmacy, 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 prescription errors in a tertiary hospital setting, 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 prescription; to determine the influence of these attributes on the outcomes under investigation; and to identify the challenges associated with prescription and errors. The study adopted a descriptive survey research design, anchored on the Technology Acceptance Model and the UTAUT. A sample size of 397 respondents was determined using the Taro Yamane formula and selected through stratified and simple random sampling techniques, out of which 379 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 = 3.1). The study also found a statistically significant, moderate, positive relationship between the independent and dependent variables ($r = 0.559$, $p < 0.05$) and a significant dependent association on the chi-square test (chi-square = 7.88, $p < 0.05$). No statistically significant difference was found between male and female respondents ($t = 1.08$, $p > 0.05$). 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 prescription.

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CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

The study of prescription errors in a tertiary hospital setting 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 salience of prescription in national discourse has grown steadily, driven by changing social conditions and technological penetration. Globalisation and technological change have intensified both the opportunities and the challenges associated with prescription. Findings reported by Dauda and Ogbeide (2018) observed that respondents with greater exposure to prescription recorded markedly different results. For practitioners, the practical significance of prescription cannot be overstated, given its demonstrable link with errors. Research by Famuyide and Bamgbose (2021) using mixed methods provided particularly rich insight into the mechanisms connecting prescription and errors. The practical import of these findings extends well beyond the academic sphere into everyday institutional practice. Despite these advances, notable gaps persist, particularly with respect to context-specific evidence from Nigeria.

The salience of prescription in national discourse has grown steadily, driven by changing social conditions and technological penetration. Public institutions at the federal, state, and local levels have developed programmes that seek to mainstream prescription into routine governance. Findings reported by Famuyide and Bakare (2018) observed that respondents with greater exposure to prescription recorded markedly different results. The weight of evidence therefore points toward a renewed commitment to evidence-based decision-making. Research by Adebayo and Eze (2021) using mixed methods provided particularly rich insight into the mechanisms connecting prescription and errors. The cumulative effect of these dynamics is a situation that demands urgent and coordinated intervention. A recurring weakness in the literature concerns the difficulty of isolating the precise influence of {k0} from confounding factors.

Few subjects attract as much policy interest in contemporary Nigeria as the question of prescription. The Nigerian context presents peculiar challenges, ranging from infrastructural deficits to institutional weaknesses, which shape the manner in which prescription unfolds. Adebayo and Eze (2020), in a survey of relevant stakeholders, concluded that the benefits of prescription are unevenly distributed across groups. These developments carry important implications for policy and practice in pharmacy. The work of Famuyide and Ogbeide (2023) extended earlier analyses by demonstrating that errors reinforces the effects of prescription. Sustained engagement with the issues raised here is therefore essential if meaningful progress is to be recorded. The reviewed studies, while valuable, are frequently dated, small in scale, or confined to a single locality.

In recent years, prescription has emerged as a central theme in scholarly discourse on pharmacy. Nigeria's federal structure and its diverse cultural geography ensure that the experience of prescription varies considerably from one region to another. Studies conducted within the West African subregion by Adigun and