

Patient Rights Breaches by Aotearoa New Zealand Paramedics and Nurses: An Exploratory Study

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Background: Due to high-pressure, stressful, and challenging work environments, paramedics and nurses may make errors in patient care which may lead to patient harm. Fear, as well as punitive and hierarchical organisational structures, are proven factors that discourage error reporting. All healthcare service provision in Aotearoa New Zealand must be consistent with the Code of Health and Disability Services Consumers' Rights, which outlines ten rights that health consumers are entitled to when receiving healthcare. Breaches of the code are published on the Health and Disability Commissioner (HDC) website. In 2024, an exploratory study was designed that aimed to quantify and compare the number of reported breaches between paramedics and nurses. **Method:** A subsequent descriptive statistical analysis of HDC breach decisions (published 2014–2024 inclusive) across both professions was undertaken. The severity of the breaches was also assessed using HDC severity assessment codes (SAC) scores based on the resulting patient harm. **Results:** Nine paramedics and 100 nurses were found to have breached the code; however, per 1,000 practitioners, paramedics were three times more likely to breach the code than nurses and were also more likely to breach the code at a higher severity rate than nurses. Across both professions, the most prevalent breach was of right 4, the right to receive services of an appropriate standard. Study findings support those of international studies whereby healthcare errors go underreported; however, study results add nuance to the body of literature that does exist by adding literature from an Aotearoa context and by comparison between professions. **Implications:** Findings are valuable in that they may be used to raise awareness of professional healthcare errors, as well as inform potential interventions aimed at reporting and reducing these mistakes.

KEYWORDS: health error; near-miss healthcare; nursing care; paramedics; patient safety

CITE THIS ARTICLE: Wijland, Y., Broadbridge, C., Field, V., Hawes, P., Haggerty, C., Packer, A., & Smith, L. (2026). Patient rights breaches by Aotearoa New Zealand paramedics and nurses: An exploratory study. *Whitireia Journal of Nursing, Health and Social Services*, 33, 27–41. <https://doi.org/10.34074/whit.3303>

BACKGROUND

Aotearoa New Zealand's population of approximately 5.3 million people (Stats NZ, 2025) is serviced by two ambulance providers: Wellington Free Ambulance and Hato Hone St John. At the end of 2024, there were 2,627 registered paramedics in Aotearoa, which is roughly 1% of the health workforce (Kaunihera Manapou Paramedic Council, n.d.). For the same period, there were 78,700 registered nurses, constituting slightly over 50% of the nation's healthcare workforce (Te Whatu Ora, 2024). The nursing workforce is made up of enrolled nurses (18 months' training), registered nurses with bachelor's degrees (three years' training), and nurse practitioners who have prescribing rights (master's degree and extensive training). Nurses must be registered with Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand (NCNZ) to practice, while paramedics must also be registered with Te Kaunihera Manapou Paramedic Council (Te Kaunihera Manapou) to be able to practice.

Paramedicine and nursing share several commonalities. Both can provide primary healthcare, in pre-hospital and hospital settings respectively (noting that not all nurses are employed in public hospitals). In Aotearoa, paramedics and nurses often train in the same tertiary education institution, while in Australia and some European countries, there are paramedic nurses who graduate with the skills and competencies of both professions (Australian Catholic University, n.d.; Metropolia, n.d.). Like all healthcare professionals in Aotearoa, paramedics and nurses must provide a standard of care that meets the Code of Health and Disability Services Consumers' Rights (Code of Rights). The Code of Rights lists 10 rights that all consumers of health are entitled to, one of which is the right to receive services of an appropriate standard. However, given paramedicine and nursing are high-pressure occupations, errors do occur, which are usually a result of a combination of personal (e.g., fatigue), organisational (e.g., understaffing), and design flaws (e.g., equipment malfunctions and other material factors) (Brabcová et al., 2023).

Given the professional backgrounds of the research team (paramedics and nurses), a small exploratory study was designed that aimed to investigate and compare the number of proven breaches of the Code of Rights, published by the Health and Disability Commissioner (an independent organisation whose role is to uphold and protect the rights of all consumers, and to investigate and resolve complaints). The research question guiding the study was how the breaches of the Code of Rights by paramedics and nurses compare.

LITERATURE REVIEW

Paramedic errors

International studies maintain that because of the high-stress, acute, unpredictable, and challenging pre-hospital environment, paramedics can make errors with medication, patient assessments, reporting, communications, and driving (Poranen et al., 2025; Williams et al., 2021). Medication errors include giving the wrong dose, administering a drug that causes an adverse or allergic reaction, incorrect timing of a drug dosage, and administering a drug incorrectly (e.g., via the wrong route) (Walker et al., 2023). In a systematic review of research on paramedics and patient safety, Strandås et al. (2024) report that "role ambiguity, role conflict, role overload, role identity, and role insufficiency in the dynamic nature of prehospital care" (p. 1,385) also result in paramedic errors. Studies focusing on paramedic errors generally centre on their mistakes with medication, while other forms of paramedic errors are scarcely reported (Meadley et al., 2023). See Williams et al. (2017) for an exception.

International research also maintains that instances of paramedics reporting errors are low. For example, a study conducted in the United States found that of 352 anonymous paramedic respondents to a survey, 9% indicated that they had made a medication error, yet only 4% reported their mistake (Meadley et al., 2023). Meadley et al. (2023) maintain that in the United States, paramedics are reluctant to report errors for fear of negative repercussions.

In an Irish study, the number of self-reported errors by paramedic participants was far less than what was expected. This is evident in the statistics of the one ambulance service studied, which attended over 300,000 people, yet only 11 medication errors were reported (Byrne & Bury, 2018). The identified barriers to reporting incidents included fear of negative repercussions and mockery; perceived legal, professional, and financial repercussions; and “procedural ambiguity, lack of feedback, and a perceived lack of both consistency and confidentiality” (Byrne & Bury, 2018, p. 867). In a separate United Kingdom study of ambulance employees, including paramedics and others, over half the survey respondents (the number of respondents was not reported) felt unable to raise incidents of concern due to perceived cliques, bullying, discrimination, a lack of confidentiality, and a culture of distrust in their workplace (National Guardian, 2023).

A systematic review of international research on patient safety incident reporting in pre-hospital settings found an average of 5.9 patient safety incidents per 100 patients (O'Connor et al., 2021). In 2022, one Aotearoa ambulance service attended 498,605 patients (Hato Hone St John, 2023) and reported four paramedic clinical errors, a rate of 0.0014 incidents per 100 patients (Te Whatu Ora, 2022). In 2024, there were seven incidents and near-miss incidents reported per 539,732 patients treated or transported by the same ambulance service—0.0013 incidents per 100 patients (Hato Hone St John, 2023).

Nursing errors

In a systematic literature review of 31 international research studies that focus on nurses' error reporting, Woo and Avery (2021) found that like their paramedic counterparts, nurses' errors were significantly underreported. Factors that led to this underreporting included a fear of being blamed and distrusted, a shaming organisational culture, lack of managerial support, and unfavourable reporting systems. Personal qualities (e.g., dis/honesty) and level of experience (novice and beginning nurses are less

likely to report errors than more experienced nurses) are also factors that have been identified as impacting nurses' error reporting (Braiki et al., 2024).

The most commonly identified nursing errors include misdiagnosis, incorrect treatment, preventable patient falls, needle stick injuries, and charting and medication errors (Rodziewicz et al., 2024). Factors leading to these errors include burnout, stress, and overwork due to inadequate nurse/patient ratios (Pappa et al., 2023; Leaf & Murray, 2023). Some errors may go unnoticed by nurses and paramedics alike; other errors can cause severe harm including death (Meadley et al., 2023). Nurses who have made errors can also suffer poor mental health (anxiety, depression, and suicidality) and consequently exit the profession, adding to the global nursing shortage (Pappa et al., 2023).

There is no recent easily accessible nationwide Te Whatu Ora Health New Zealand data that reports errors across the national healthcare sector, likely due to the sensitive nature of this data (Macdonald, 2025). Older data from 2009/2010 reports that there were 374 hospital patients involved in serious or sentinel events, of which 127 died as a result (New Zealand Nurses Organisation [NZNO], n.d.). A serious event is not life-threatening or leads to ongoing reduced function but involves medical care (NZNO, 2023). A sentinel event is where death or severe loss of function has resulted from an error (NZNO, 2023). The Capital, Coast, and Hutt Valley region of Te Whatu Ora released regional data reporting that 104 serious adverse events (SAE) had occurred in their region in 2024 (Te Whatu Ora, 2025). The percentage of SAEs involving nursing errors cannot be determined; however, it is likely that a number involved nursing errors, given that nurses comprise over half of the nation's healthcare workforce.

The NCNZ mandates several competencies that nurses must embody in their practice. One of these competencies includes engaging in evidence-informed practice to “diagnose, plan care, identify appropriate interventions,

lead the implementation, and evaluate care provision and outcomes” (Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand [NCNZ], 2025, p. 4). Nurses must also show leadership and proactively initiate change as needed in patient care, and “intervene, speak out, and advocate to escalate concerns on behalf of colleagues or recipients of care” (NCNZ, 2025, p. 4). Paramedics also have a professional Code of Conduct, which they must employ in their practice. Within this code they must “maintain consumer trust by providing safe and competent care” (p. 4). Paramedics and nurses, like pilots, teachers, and farmers, are fallible human beings and make mistakes (Meadley et al., 2023). Reporting errors is necessary because it leads to improved patient care and better health processes, systems, and practices (Kumah, 2025; Meadley et al., 2023).

The Code of Rights and complaints

As stated, all patient healthcare provision in Aotearoa must comply with the Code of Rights (Table 1). Under right 10 of the Code of Rights, all health consumers, their families and friends, staff providing or witnessing care, or anyone more generally, have the right to make a complaint (Health & Disability Commissioner, n.d.). They can complain to the healthcare provider, e.g., aged-care residence, GP clinic, or Te Whatu Ora (any of whom must assist the consumer); the healthcare provider’s employer or the regulatory body; or the Health & Disability Commissioner, who must, as soon as practically possible, make a decision regarding how to deal with the complaint. Under section 33 of the Health and Disability Commissioner Act 1994, the commissioner will decide whether to take no action; to refer the complaint to an agency, person, or an advocate; to call a conference with parties concerned; or to investigate the complaint personally (Health and Disability Commissioner Act 1994, s. 33).

Investigations where health practitioners have been found to have breached the Code of Rights are published (with names redacted) on the HDC website. It should be noted that few

of the complaints reported to the HDC result in a breach finding. In 2024, the HDC received 3,148 complaints, of which only 127 (4%) were found to be breaches (Health & Disability Commissioner, 2024). Consequently, results should be viewed as a small fraction of the errors that paramedics and nurses may make in providing care.

RESEARCH DESIGN

Accessing the data

As Code of Rights breach decisions are publicly available on the HDC website, ethics approval was not required. However, institutional departmental approval was sought. Given the exploratory nature of the study, descriptive statistics were employed, and data was presented in tables and graphical formats for ease of interpretation (Divecha et al., 2023). Descriptive statistical data analysis was chosen so that findings would be accessible to a wide audience, given patterns are easier to visualise and understand than complex inferential statistics (Cooksey, 2020).

Published Code of Rights breaches on the HDC website date back to 1998; however, to reflect current practices this research is limited to the 10-year period of January 2014 to September 2024 inclusive. Each HDC decision is made up of multiple pages outlining the background of the complaint, the investigation, breached rights, and recommendations. Decisions were filtered by the terms ‘paramedic’ and ‘nurse’, which resulted in 98 decisions for ‘paramedic’ and 1,226 for ‘nurse’. Decisions focused on organisations and non-clinical staff (e.g., ambulance dispatchers) were excluded from the analysis. Each of the ten rights has multiple clauses, so for ease of analysis they were grouped under the primary right.

Data analysis

The Health Quality & Safety Commission utilises Severity Assessment Codes (SACs) to indicate the harm experienced by a patient due to clinical error (Te Tāhū Hauora Health Quality & Safety Commission, 2024). SAC1 is the most severe harm, which results in death, loss of function, or the

need for lifesaving interventions. SAC2 is major harm, including major permanent or temporary loss of function, where significant intervention is needed. SAC3 is moderate harm, including temporary loss of function, where moderate intervention is required. SAC4 is minor harm resulting in little or no amount of function loss, where minimal or no intervention is required. SACs are employed by national health providers to categorise errors and are likely familiar to healthcare providers, which is a reason they are employed in this study (Te Whatu Ora, 2025).

Two members of the research team read each full decision on the HDC website and separately assigned SAC scores depending on the severity of harm resulting from the error. Individual results were subsequently compared, with most SAC

scores being found to be consistent. When SACs were inconsistent, a third member of the research team acted as an intermediary, and scores were discussed until a consensus was reached.

Descriptive statistics (small data summaries) were compiled that included the sum of published breach findings against paramedics and nurses, and the total number of breached rights per profession. The percentage of rights breaches per 1,000 registered paramedics and nurses was also calculated. Given that in Aotearoa there are more registered nurses than paramedics, this allows for more accurate comparison. Finally, a tally of the range of SAC scores per 1,000 nationally registered paramedics and nurses was undertaken with results presented in the following section.

FINDINGS

Table 1

Frequency of rights breached by paramedics and nurses

Right	Paramedic (n = 9)	Nurse (n = 100)
1. Right to be treated with respect	0	2
2. Right to freedom from discrimination, coercion, harassment, and exploitation	0	4
3. Right to dignity and independence	0	1
4. Right to services of an appropriate standard	8	124
5. Right to effective communication	0	1
6. Right to be fully informed	1	7
7. Right to make an informed choice and give informed consent	0	9
8. Right to support	0	0
9. Rights in respect of teaching or research	0	0
10. Right to complain	0	1
Total	9	149

From 2014 to 2024, nine paramedics and 100 nurses were found in breach of the Code of Rights. Nine paramedics were found to have breached nine times, while 100 nurses were found to have breached the Code 149 times. A single HDC decision may result in multiple rights breaches by the same practitioner. On average, for each HDC decision, there were 1.49 breaches per nurse; in contrast a 1:1 ratio is observed for paramedics. Based on the number of registered professionals, this equates to 3.67 breaches per 1,000 registered paramedics, and 1.22 breaches per 1,000 registered nurses. In other words, paramedics were found to be in breach of the

Code of Rights three times more often than nurses, on a per-1,000-registered-practitioner basis. Table 1 highlights that right 4 was the most frequently breached right for both paramedics (88.9%, $n = 8$) and nurses (83.2%, $n = 124$). This equates to 3.26 per 1,000 registered paramedics and 1.51 per 1,000 registered nurses, as seen in Figure 1. Rights 1, 2, 5, 7, and 10 were breached in a small number of decisions regarding nurses but were absent from paramedic breaches. No paramedics or nurses were found to have breached right 8 (the right to support) or right 9 (rights in respect of teaching and research).

Figure 1

HDC breaches by paramedics and nurses per 1,000 practitioners

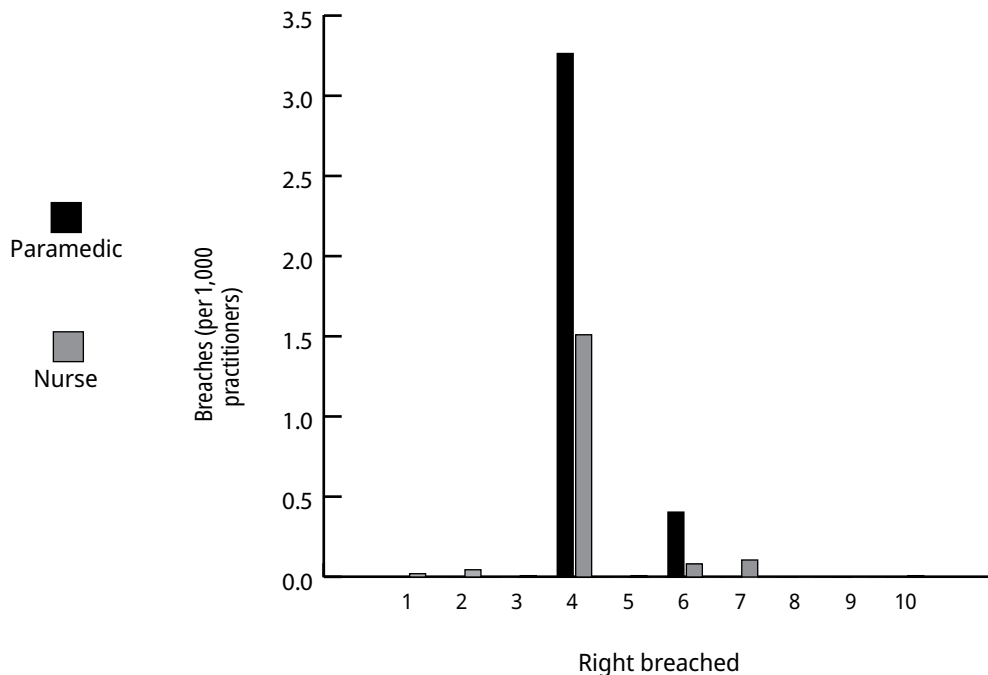


Figure 2 reports the distribution of SAC scores assigned to paramedics and nurses per 1,000 practitioners. Amongst paramedics, the SAC1 category had the most breaches (2.44), followed

by SAC2 (0.81), then SAC4 (0.41). Paramedics had no breach at SAC3 severity. Nurses had breached the range of SACs at SAC1 0.54, SA2 0.09, SAC3 0.22, and SAC4 0.35 breaches.

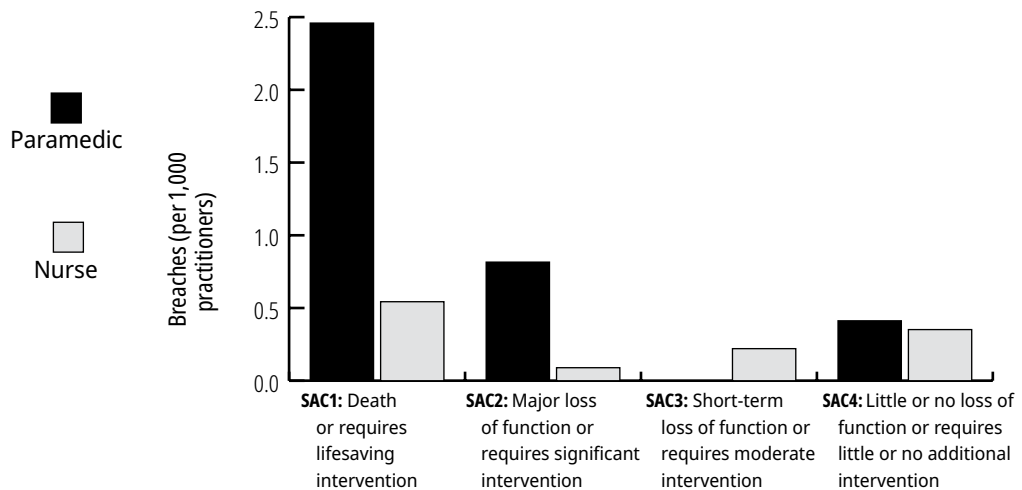
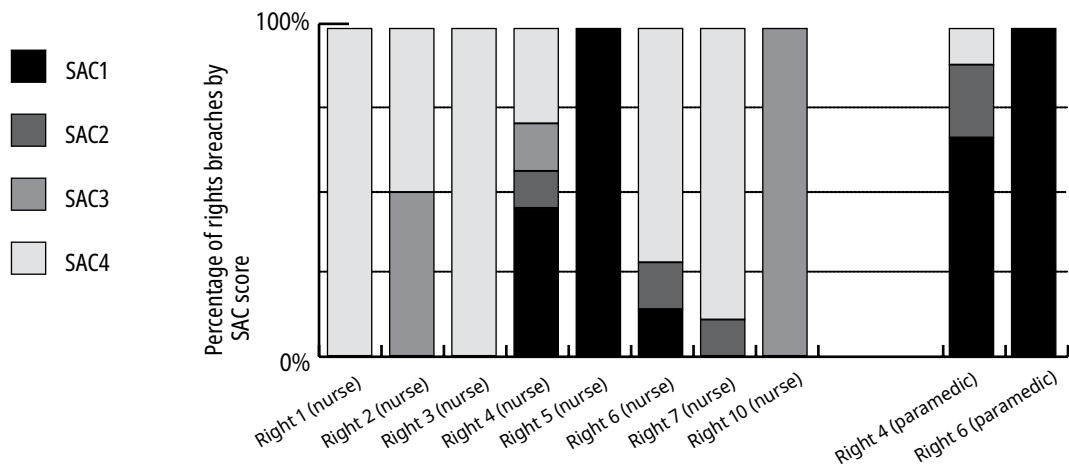
Figure 2*Severity of rights breaches by paramedics and nurses per 1,000 practitioners*

Figure 3 highlights that nurses had more low-acuity (referring to the level of severity of a patient's unwellness) breaches at SAC3 and SAC4 across a broader range of rights than paramedics. For both nurses and paramedics, the high harm incidents, at SAC1 and SAC2 level, predominantly occurred in right 4, the right to services of an

appropriate standard, and right 6, the right to be informed. A single nurse was found in breach of right 5 at a SAC1 level also. A breach of the Code of Rights resulting in the most serious levels of harm (SAC1) occurred more frequently in paramedics ($n = 6$, 66.67%) than nurses ($n = 45$, 45%).

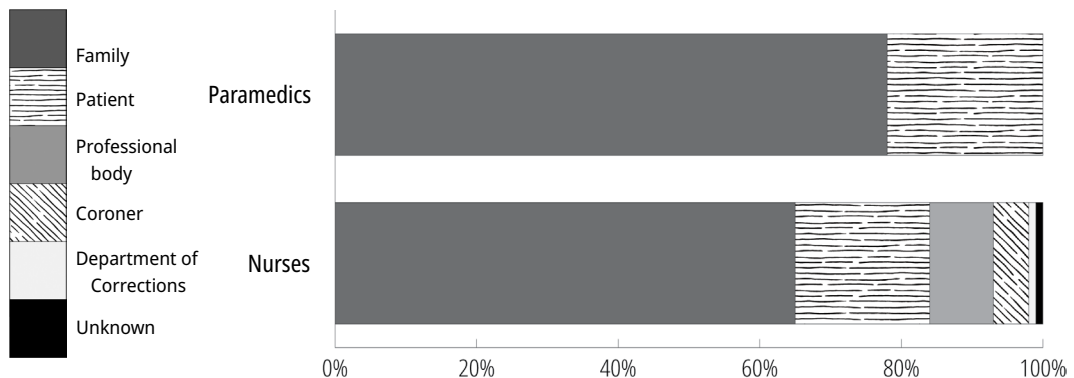
Figure 3*Relationship between SAC score and rights breached by nurses and paramedics*

All complaints against paramedics were from patients ($n = 2$, 22%) or their families ($n = 7$, 78%). Of the 100 complaints against nurses, 19 (19%) were from patients and 65 (65%) from patients' families.

Additional complaints were from the NCNZ ($n = 9$, 9%), coroners ($n = 5$, 5%), the Department of Corrections ($n = 1$, 1%), and one unknown source ($n = 1$, 1%) (see Figure 4).

Figure 4

Origin of complaints against paramedics and nurses



DISCUSSION

This study aimed to provide an overview and comparison of breaches of the Code of Rights by paramedics and nurses, over the 10-year period of 2014 to 2024 inclusive. During this period nine paramedics were found to have breached the Code of Rights (nine rights breaches), while 100 nurses were determined to have breached the Code of Rights (149 rights breaches). This appears to be relatively few breaches compared with the number of patient interactions that occurred over the same period. During 2023–2024, 21.3% of Aotearoa children and 17.8% of the adult population visited an emergency department, where they likely interacted with a nurse (Manatū Hauora Ministry of Health, 2024). In 2024, Hato Hone St John (2025) and Wellington Free Ambulance (n.d.) had 905,201 call outs where paramedics likely treated patients. Given that O'Connor et al. (2021) found an average of 5.9 patient safety incidents per 100 patients, then breaches of patients' rights associated with paramedic and nursing errors should be much higher than reported. Although O'Connor et al.'s (2021) ratio was formulated in

the absence of Aotearoa studies, it is unlikely that Aotearoa health practitioners make fewer errors than their international counterparts.

Paramedics

Although the number of breaches by paramedics was relatively low, compared to nurses on a per-1,000-practitioner basis, paramedics were three times more likely to be found in breach of the Code of Rights, and at a higher SAC severity level than nurses. This finding is consistent with a United Kingdom study, which found that compared to other health professionals a disproportionate number of patient complaints made to the Health and Care Professions Council were about paramedics and social workers (Lucas et al., 2023). Our study's findings were consistent with another national study where complainants were statistically more likely to complain if they or their family member had experienced severe or major harm from an error (Bismark et al., 2006).

All but one breach of the Code of Rights found against paramedics related to the right to services of an appropriate standard. This finding

contrasts Mehtonen et al.'s (2025) Finnish study, where complaints about paramedics centred on inappropriate behaviour (such as not listening and dismissive attitude), lack of timely care, and non-conveyance of patients to hospital when the complainant deemed it necessary. Statistics from 2015–2017 also report that most complaints made to Hato Hone St John and Wellington Free Ambulance were about the attitude and communication style of paramedics (Manatū Hauora Ministry of Health, 2020). Given that 85% of Aotearoa ambulance responses are to low-acuity patients (Todd et al., 2022), then it is somewhat surprising that no breaches by paramedics were in relation to right 5, centred on effective communication. Perhaps these complaints were dealt with through the ambulance service provider's internal complaints processes. However, it is also possible that right 5 is generally breached less often, as only one nurse was found in breach of right 5 in ten years of published breach decisions.

Another reason to explain the narrow range of reported rights breaches by paramedics may be because they are viewed as heroic, since they provide emergency lifesaving care (Lucas et al., 2023). This elevated status may cause a reluctance to report perceived instances of low-acuity breaches.

In Aotearoa, ambulances are frequently called for coughs, colds, sprains, and other minor ailments not requiring emergency care (Lotter, 2009). Paramedics also experience violence or objects being thrown at them while attending emergency call outs (Otago Daily Times, 2019), all while there is a high demand for their services. Given the stress of the profession, often combined with a dysfunctional, high-blame culture (Lucas et al., 2023), it was surprising that paramedics were not found as being in breach of the Code of Rights more often.

International research has reported that near-miss and error reporting amongst paramedics is low (O'Connor et al., 2021; Vilke et al., 2006). The findings of this study suggest that this is also the case in Aotearoa. Nevertheless, paramedics were three times more likely to have breached

the Code of Rights on a per-1,000-registered-professional basis than nurses. If all errors were to be reported, it is possible that the number of paramedic breaches of the code could be higher.

Nurses

Perhaps because nursing is a more established profession, an abundance of literature acknowledges that nurses are human beings and may make mistakes (Koehn et al., 2016). Many articles also list prevention strategies for reducing these errors (e.g., Coelho et al., 2024; Heydarikhayat et al., 2024; Raines, 2000). Yet Raines (2000) reports that a professional culture of blaming, shaming, disapproval, and ostracism means that these errors remain underreported. Nursing errors are exacerbated by chronic understaffing (NZNO, 2024), which leads to "higher mortality rates, morbidities, [and] adverse events" (Henderson, 2013, para. 1). Chronic understaffing must be addressed so nursing errors can be reduced and a better standard of patient healthcare can be provided.

Nurses, like paramedics, were found to have breached right 4 more often than other rights. However, they breached a wider range of rights than paramedics, albeit in small numbers. This may be because nurses generally have more ongoing contact with patients than paramedics (Bouchrika, 2025). For instance, they may work in oncology, mental health, or geriatrics, as well as hospitals, aged care, and GP clinics, amongst other settings. Nurses also act as liaisons with the wider healthcare team on the patient's behalf and are often a patient's first point of contact in a health setting (Ohri et al., 2022). Nurses therefore may commit breaches across the range of patient rights, compared to paramedics, who may deliver short-term emergency interventions (Bouchrika, 2025).

The diversity of nursing workplaces and specialities may also account for why there were less SAC1 and SAC2 acuity breaches by nurses than paramedics. For example, a breach by a nurse working in a smoking cessation health programme is probably less likely to lead to serious harm than a paramedic making an error

in delivering rapid lifesaving care. Though, if a nurse made an error in the emergency department or surgery, then it could lead to severe patient harm including death.

Some reported breaches of the Code of Rights by nurses can also be considered problematic, and in some instances illegal, rather than errors per se. For instance, one breach details how a nurse sexually assaulted two patients (breaching rights 3, 4, 6, and 7) and another breach details how a nurse attempted to groom a former mental health patient (breaching right 4). These acts cannot be described as errors in healthcare provision but as illegal and abuses of power by health professionals. Given these proven incidences of Code of Rights breaches were reported on the HDC website, then they are included here. It is unclear whether these behaviours resulted in criminal prosecution.

Complaints

Most complaints about a health professional are made by the patient or their family (Bismark et al., 2006). Although 84% of the complaints against nurses originated from patients and their families, it is interesting to note that 9% originated from the NCNZ. Te Kaunihera Manapou made no complaints against paramedics. This may be because many of the breaches predate the establishment of Te Kaunihera Manapou in 2020. Perhaps because of this relative newness, patients and their families may have been unaware of the professional body's existence. At the same time, no paramedic providers were the originators of complaints against those found to be in breach of the Code of Rights. This finding is interesting given these services are required to report SAC1 and SAC2 incidents by law, which all paramedic breaches were found to be (Manatū Hauora Ministry of Health, 2020). It is also possible that Te Kaunihera Manapou, Hato Hone Saint John, and Wellington Free Ambulance did bring or refer complaints to the HDC, and that these complaints did not result in a breach finding.

Five percent of complainants against nurses were coroners. Coroners can undertake

their own investigations of unexplained or unexpected deaths (Te Whatu Ora, 2025). A prison and another unreported source were also complainants against nurses, which highlights the diversity of settings in which nurses are employed, unlike paramedics.

In summary, this study has reported several similarities and differences in the breach findings for paramedics and nurses. Firstly, the most common right breach by both professions was right 4, the right to healthcare of an appropriate standard. Nurses were found to have breaches across all but two rights, while paramedics in contrast, were only found in breach of two. Although the reasons for this disparity in the number of rights breached cannot be ascertained, it is perhaps because of the differences in nurse specialities and their ongoing involvement in patient care across diverse healthcare settings. Paramedics' primary role is to provide pre-hospital emergency care, which is also likely why paramedics were found to have higher acuity breaches than nurses. The high stress of both health professions means that both paramedics and nurses may make mistakes and may be fearful of reporting them given their punitive working environments and fear of judgement. International research highlights how fear of repercussions and hostile working environments may lead to underreporting, although no national literature exists to support this finding. However, a recent national study reported that in paramedicine, women were discouraged from reporting sexism, homophobia, and harassment by their senior colleagues and managers (Wynch, 2025). Such a culture is unlikely to result in an environment where paramedics feel safe enough to report errors that can lead to improved care.

Evaluating the research

This study has several strengths and limitations. Firstly, published research studies specifically exploring breaches of patient rights by nurses and paramedics are not currently available. This study helps bridge this research gap by exploring the total of patient rights breaches reported on the HDC website. It also provides data on

the severity of the impacts of these errors on patients, which allows comparison across professions. This is an important foundation for future inquiry into an area that remains significantly underexplored in the Aotearoa context.

Complaints in this study are from patients, their families, the NCNZ, and external parties, rather than paramedics and nurses themselves. Many errors are unlikely to be reported to healthcare providers, professional registration bodies, or the HDC, leaving the true scale of error and clinical risk impossible to estimate. Consequently, breach findings reported on the HDC website are likely to be 'the tip of the iceberg' when it comes to health practitioner errors.

The relatively low number of paramedics found to have breached the code means some statistics can be misread. For instance, the one paramedic's breach of right 6 corresponded with a SAC1 score, although this is reported as 100% of paramedics who breached right 6. Reported statistics must be examined with caution, and findings cannot be generalised to the wider population of registered nurses and paramedics.

Since published HDC decisions do not include formal SAC ratings, scores were assigned by the research team based on their interpretation of the events described in the reports, involving subjective interpretation. The reason SACs were initially established was to reduce inconsistencies in classifying, reporting, and learning from adverse health events that cause patient harms (Te Tāhū Hauora Health Quality & Safety Commission, 2024). Arguably, the HDC should include a SAC rating in their breach

findings so that future researchers can gain a better insight into the severity of patient harm resulting from health professional errors.

CONCLUSION

This study has provided information on published breaches of the Code of Health and Disability Services Consumers' Rights and errors in healthcare provided by paramedics and nurses, while exploring the patient harm resulting from these errors. The study is exploratory in scope and was undertaken to partially address the relative lack of Aotearoa literature exploring and comparing paramedic and nursing errors.

Aotearoa healthcare providers, Te Kaunihera Manapou, and the NCNZ should ensure there is a culture where paramedics and nurses are able to safely report errors in their practice. As employers and licensing bodies, these organisations have a responsibility to provide competent health professionals who need support to improve their practice, rather than reprimand their employees if they make mistakes in high-pressure situations. Many errors reported in this study have resulted in proven publicly published breaches; however, it is likely that many others may go unnoticed and unreported. Uncovering the reasons for these errors, learning from them, and developing solutions for overcoming them in future healthcare services is more important than blame. Having a formalised pathway for reporting errors is one way.

DECLARATIONS

The authors report no conflicts of interest, and no funding was received for this research.

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