Missed Nursing Care: A Nurse's Perspective
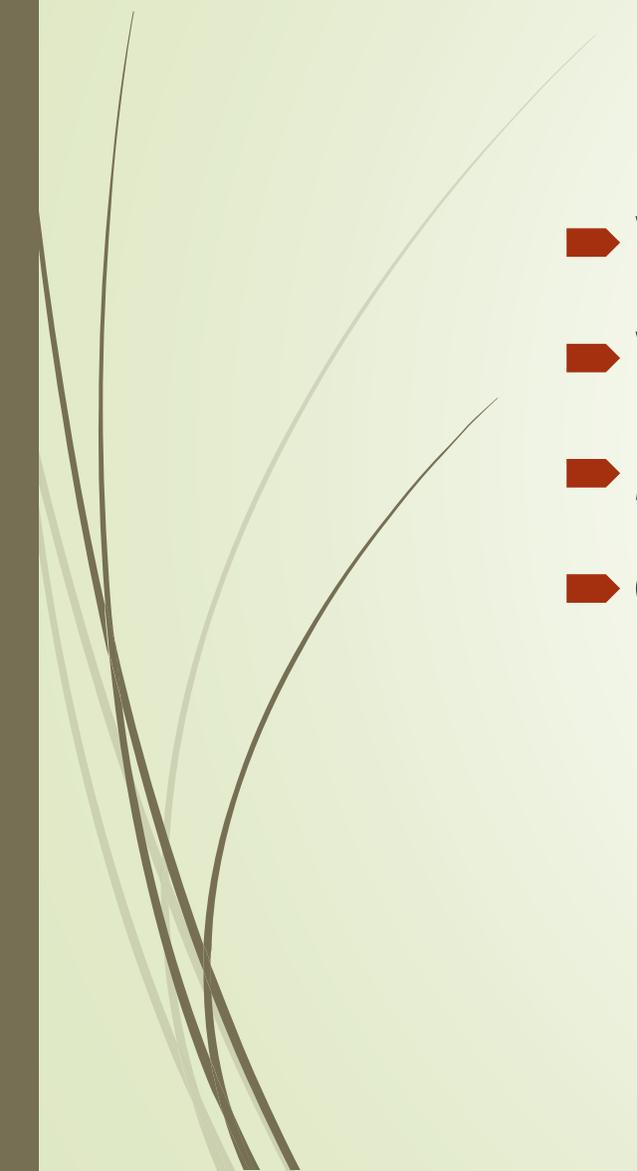
An exploratory study into the who, what and why of missed care.

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Introduction

- What is missed care?
- Who suffers if care is missed?
- My study
- Conclusion and future work

Definitions of Missed Nursing Care

- Missed Nursing Care: 'any aspect of required patient care that is omitted (either in part or in whole) or delayed' (Kalisch et al, 2009, p1510)

- Rationed Nursing Care: 'the withholding or failure to carry out necessary nursing tasks due to inadequate time, staffing level, and/or skill mix' (Schubert et al, 2008, p228)

  - The process of rationalising care is dependent on an individual nurse's process of clinical decision making and judgement in conjunction with the resources available to allow care to be provided (Schubert et al, 2007)

Missed Care – the evidence:

- Missed Nursing Care has repeatedly been associated with

  - Poorer patient outcomes (Cho et al,. 2015; Jones et al, 2015)

  - Increased length of hospital stay (Frith et al, 2010; Cho et al, 2003)

  - Decrease in patient reported satisfaction with their hospital care experience (Bruyneel et al, 2015; Zhu et al, 2012)

Missed Care – the evidence:

- The consequence of not being able to provide the care nurses believe their patients require has been shown to have a significant impact on nurses'

  - Level of job satisfaction (Bekker et al, 2015; Kalisch et al, 2011)

  - Intent to stay in their job (Ball et al, 2014)

  - Burnout (Neff et al, 2011; Stimpfel et al, 2012)

  - Quality with which they rate their personal lives (Huntingdon et al, 2011)

- Despite the evidence of impact on quality and safety of care, patient experience, nurse retention and well-being, there have been few Australian studies of missed nursing care

- There are few (if any) studies addressing missed nursing care in haematology or oncology

This study set out to:

- Identify the factors leading to missed nursing care

- Explore nurses' perceptions of the factors leading to missed nursing care

Methodology

- An exploratory mixed methods study

- **An on-line survey** (based on the UK RN4CAST and distributed via a link to RedCAP) of the nurses' views of factors leading to missed care

- **Focus groups** to explore factors that nurses believe result in missed care

Data Collection/Study setting

- Data were collected from a 32 bed haematology/oncology ward over a three week period in September, 2015

- 50 nurses eligible to participate in the study

- Information about patients consisted admission and discharge dates (& therefore length of stay), reason for admission, treating team, any adverse events, and discharge destination

Findings: ward and patient demographics

- Ward profile: 32 beds

- EFT: 42.75 - during the time of data collection there was a 6.55 shortfall

- 103 patients admitted as in-patients. 65 (63%) were male, 38 (37%) were female. The average age was 57.3 years.

- 100 were new diagnoses, disease progression/relapse, treatment side effects, transplantation, pain control…...

Findings: nurse demographics

	Male	Female
Eligible nurses: 50	9 (18%)	41 (82%)
Nurses responding to the survey: 17	4 (23.5%)	13 (76.5%)
Full time	2 (50%)	5 (38.5%)
Part time	2 (50%)	8 (61.5%)
Number of years on current ward:		
<1	1 (25%)	4 (30.8%)
1-5	3 (75%)	2 (15.4%)
6-10	0 (0%)	4 (30.8%)
11-15	0 (0%)	2 (15.4%)
16-20	0 (0%)	1 (7.6%)

Findings: Skill mix

- Every nurse indicated there was a Bank or Pool nurse working

- One shift had 5 Bank or Pool, one shift had 3

- Three shifts had an Agency nurse

- 15 nurses (88.2%) indicated a graduate nurse was working

- 14 nurses (82.4%) indicated there were undergraduate students on the shift

Patients requiring assistance

- Free question

- Toileting, showering, mobilisation

- 8 nurses (47.1%) indicated they required a second nurse to safely deliver the care

- 5 nurses indicated they cared for 3 patients, 2 of whom required assistance with ADLs

Practice Environment

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
Hospital expects high standards of care	0 (0%)	0 (0%)	7 (41.2%)	10 (58.8%)
Enough nurses to provide quality care	5 (29.4%)	11 (64.7%)	1 (5.9%)	0 (0%)
Enough staff to get the work done	5 (29.4%)	7 (41.2%)	4 (23.5%)	1 (5.9%)
Colleagues are clinically competent	0 (0%)	1 (5.9%)	11 (64.7%)	5 (29.4%)

Findings: teamwork

- 9 nurses (52.9%) strongly agreed and 7 nurses (41.2%) somewhat agreed doctors and nurses *have good working relationships*

- 17 nurses (100%) agreed *that doctors values nurses' judgements*

- Only 7 nurses (41.2%) agreed *that there were enough support services to allow then to spend time with their patients*

Findings: the ward environment

- All nurses would *recommend the hospital to family or friends if they required treatment*

- Only two nurses (11.8%) *would not recommend the hospital as a good place to work*

- 11 nurses (64.7%) felt *free to question those in authority about their decisions*

- 11 nurses (64.7%) *agreed the ward discusses ways to prevent errors from happening again*

- However, 7 nurses (47.1%) *felt their mistakes were held against them*

Commonly performed non-nursing duties

- *answering phones, clerical duties* (n=15, 88.2%)

- *delivering and retrieving food trays* (n=14, 82.4%)

- spending time *obtaining supplies and equipment including medications* (n=13, 76.5%)

Outcomes.

Care Left Undone
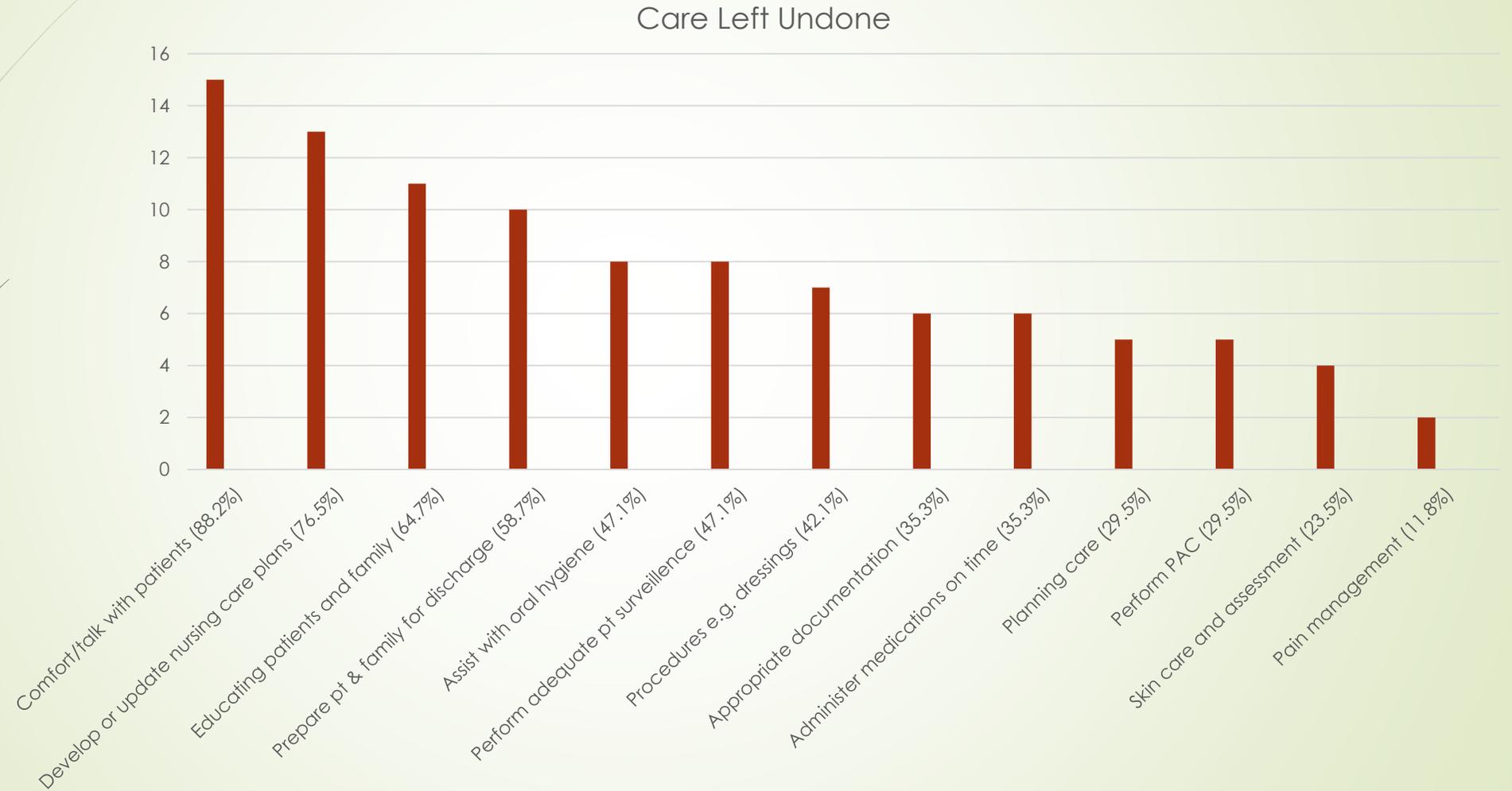
Focus Group Data – factors leading to missed care

Four themes emerged

- Systems and processes of care
- Culture – of the ward
- Impact of missed care
- Care but not caring

Systems and processes of care

- Care is missed or delayed because of inefficiencies in system-wide processes or local organisational challenges, or under or inappropriate utilisation of nursing skills and time

  - *There's SO much following up that slows down the delivery of care that you're chasing one thing you can't get to the one thing that's due. The thing you are trying to sort out might not be urgent, or you might get that done in time but you're hindered in other care by doing that…. It just slows you down chasing things all the time* (Focus group 1; ID 2)

Culture of the ward

- *I think it's a bit better now but there was a lot of care that was getting missed like when we had multiple pharmacists on different days, it was really inconsistent who was doing what, like TPN and you've got to hang it at four o'clock and it's not there and the pharmacist has not even ordered it, …..it's really frustrating having to follow that up. (Focus group 1; ID2)*

- *'Cos like every other discipline has a set like jobs to do and we're just trying to co-ordinate everything…… (Focus group 1; ID1)*

- *And I think like every other discipline as well can say like that's not my job but we're still expected to answer all the phones and organise all these things. (Focus group 2; ID2)*

Impact of Missed Care

➤ *Nurse 2: It's annoying because those things that you, WE, put as the lowest priority, the first things to get bumped, are actually the highest priority to the patients…. Like it's the thing that actually makes them feel good for the day.*

Nurse 3: And it's the nurse who will change the bed and do the wash and they're like "Oh, she's the best".

Nurse 2: And not the one who's given the

Nurse 1: Meds

Nurse 2: and gives the Antibiotics at the right time – exactly… they don't care that like I took their blood, they'd rather I emptied their catheter. (Focus group 1, IDs 1, 2, 3)

Caring but not *caring*

- Nurses spoke about not having time to spend with their patients just to talk

  - *Emotional support is probably the first or psychological care is probably the first thing to be missed.* (Focus group 2; ID 6)

- Skilled interaction and communication have been shown to have positive health outcomes but these skills are continually placed second to tasks such as medication administration (Markides, 2011)

  - *Sometimes it feels like we get into more trouble if we haven't done our paperwork that if we haven't had time to talk to our patients. (Focus group 2; ID 7)*

Conclusions and future work:

- Nurses valued and articulated a desire to deliver care structured around the needs of the patients but felt unable to do so because of the cultural expectation of 'getting through the work'

- Not being able to deliver care to the nurse's satisfaction impacts on the nurse's well-being which impacts on the nurse's professional and social relationships

- This study was conducted on one ward; multi-hospital studies are needed to capture how typical these findings are

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