POLICY BRIEF

EU COST ACTION CA15208

RANCARE

Rationing Missed nursing care

An international and multidimensional problem

IMPROVING PATIENT AND STAFF OUTCOMES BY ADDRESSING MISSED NURSING CARE

- Rationing of care is related to both economic and ethical dimensions of health care and service provisions, and is conceptualized within the elements of resource allocation, decision making and patient outcomes;
- This topic has been under the radar of the media, away from public debates and from the policy agenda.
- Policymakers and health stakeholders need to act and act fast. To ensure fair allocation and prevent injustice, policy makers need to consider fundamental care needs through dialogue with citizens and nurses as well as open discussions about priorities in nursing.

What is the issue?

Rationing of care is conceptualized within the elements of resource allocation, decision making and patient outcomes. Nurses often ration care without explicit principles, guidelines or institutional support and as a result fundamental patient needs may not be fulfilled and human rights linked to discrimination may be affected.

Missed Nursing Care (MNC) refers to health care that has been delayed, partially completed, or not completed at all. Similar to medical or nursing errors, these acts of omission are also a worldwide phenomenon, threatening patient safety either in hospitals, institutions or elsewhere, and increasing health care costs. Contrarily to other problems afflicting health systems, however, MNC has not yet received proper attention, and has been left out of the policy agenda and away from public debate. And yet, MNC is a public health issue.

Besides the direct implications to patient safety, the omission of care may also affect patient outcomes negatively. A wide array of evidence has shown that, for example, failure to ambulate and turn patients may result in new-onset delirium, pneumonia, in-creased length of stay and delayed discharge, in-creased pain and discomfort and physical disability. More worryingly, other research studies have shown that an increase in a nurse's workload by one patient and a 10% increase in the percent of missed nursing care were associated with a 7% and 16% increase in the odds of a patient dying within 30 days of admission.

MNC is a multifactorial problem and cannot be attributed to one single factor. The impact of work intensification deriving from patient acuity was found to be a relevant driver, which is deemed to aggravate further as populations age and the demand for health care services increases. In addition, staffing issues related to high nurse-to-patient ratios, inadequate skill mix in the teams, communication tensions between health professionals, changing workloads across shifts, and poor support from other staff have been also pointed out as relevant factors causing MNC.

Also, there is a lack of guidelines, standardization and support about how patient safety is taught to nursing students. This led to an unstructured, vague and non-standardized approach. Despite attempts to standardize nurse regulation and registration practices across Europe, great variation continues to exist.

Research studies indicate that care left undone was prevalent across European countries, and is not an isolated phenomenon. Some initiatives at the European level have been pursued to improve our understanding of MNC. In the same vein, RANCARE, a research project funded by the COST Action, made significant advances, including in making health care managers, policy makers, other health stakeholders and the general public aware of the relevance of this issue. **But more needs to be done at the policy level.**

Why is it important to put MNC on top of the policy agenda?

Ensuring all the necessary health care is provided to those in need can improve health outcomes, but also increase the efficiency of health spending and the well-being of the population. It contributes to less absenteeism and longer working lives, resulting in higher lifetime incomes.

Almost all European countries are facing ageing populations, whose future health needs will soon exert even more pressure on the health systems. Hence, MNC is particularly worrisome in the European context. If inpatients do not receive all the necessary care, the probability of a readmission increases, further aggravating the problem.

Having its roots in organizational and in agency factors, missed nursing care can be mitigated by the health care actors and stakeholders, provided they are aware of the problem, the right policies are enacted, and the issue is discussed overtly.

References and further reading

Aiken, Linda H. et al. (2014) Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. The Lancet, Volume 383, Issue 9931, 1824 – 1830

Ball JE, Bruyneel L, Aiken LH, et al. (2018) Post-operative mortality, missed care and nurse staffing in nine countries: A cross-sec-tional study. Int J Nurs Stud. 2018;78:10–15. doi:10.1016/j.ijnurstu.2017.08.004

Tønnessen S, Christiansen K, Hjaltadóttir I, et al. (2020) Visibility of nursing in policy documents related to health care priorities. J Nurs Manag. 2020;10.1111/jonm.12977 (forthcoming).

Henderson, H et al. (2016) Causes of missed nursing care: qualitative responses to a survey of Australian nurses. Labour & Industry: a journal of the social and economic relations of work, 26:4, 281-297

Jones T, Drach-Zahavy A, Amorim-Lopes M, Willis E.(2020). Systems, economics, and neoliberal politics: Theories to understand missed nursing care. Nurs Health Sci. 2020;10.1111/nhs.12700.

Kalisch, B.J., Landstrom, G.L. and Hinshaw, A.S. (2009), Missed nursing care: a concept analysis. Journal of Advanced Nursing, 65: 1509-1517

Kirwan, M., Riklikiene, O., Gotlib, J., Fuster, P., & Borta, M. (2019). Regulation and current status of patient safety content in pre-registration nurse education in 27 countries: Findings from the RANCARE COST Action project. Nurse education in practice, 37, 132–140

Papastavrou E, Andreou P, Tsangari H, Schubert M, De Geest S. (2014) Rationing of nursing care within professional environmental constraints: a correlational study. Clin Nurs Res. 2014;23(3):314-335.

Scott PA, Harvey C, Felzmann H, et al. (2019) Resource allocation and rationing in nursing care: a discussion paper. Nurs Ethics. 2019;26(5):1528-1539. doi:10.1177/0969733018759831

What should policy makers do?

- Consult with nurses and nursing organisations, and include a strong nursing voice in all decisions which impact nurses, nursing practice or patient care.
- Understand the critical role of nurses in maintaining and promoting patient safety as it is the largest human resource in health care and has the closest and the longest contact with patients.
- Monitoring patients and alerting health professionals is critical. Fostering R&D and deploying smart devices/IoT at hospitals can help taming missed nursing care by assisting health professionals. Self-reported questionnaires are important, but limited and retrospective. Indicators of MNC should be explicitly collected.
- Commission and develop a European-wide framework for studying, monitoring, measuring MNC and proxy indicators, such as staffing levels, across all European countries and health systems, while respecting the principle of subsidiarity and avoiding prescriptive policies and top-down impositions, which have been found to be ineffective.
- Promote safe staffing levels. Although not the only predictor of MNC, it is one of the strongest. Lack of human resources or with the wrong skill mix may lead to missed nursing care, which in turn leads to staff dissatisfaction and to negative patient outcomes.
- Nurse education programmes should include explicit and measurable patient safety content at undergraduate level.

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