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Nurses and midwives perceptions of missed nursing care – A South Australian study

Claire Verrall, Dip App Science (Nursing), RN, BN, MN^{a,*},
Elizabeth Abery, BHSc (Honours)^b, Clare Harvey, PhD, RN, MA^c,
Julie Henderson, PhD, BA (Hons), Grad Dip (Information
Studies)^a, Eileen Willis, PhD, BEd, MEd (Sociology)^b,
Patti Hamilton, RN, PhD, MS (Nursing), BS (Nursing)^d,
Luisa Toffoli, PhD, RN, MN^e, Ian Blackman, EdD, RN, RPN, Grad
Dip (Health Couns)^a

^a School of Nursing and Midwifery, Faculty of Medicine, Nursing and Health Sciences, Flinders University, Adelaide, South Australia, Australia

^b School of Health Sciences, Faculty of Medicine, Nursing and Health Sciences, Flinders University, Adelaide, South Australia, Australia

^c Eastern Institute of Technology, Napier, Hawke's Bay, New Zealand

^d Texas Woman's University, Denton, TX, United States

^e School of Nursing, University of South Australia, Adelaide, South Australia, Australia

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Summary

Background: Budgetary restrictions and shorter hospital admission times have increased demands upon nursing time leading to nurses missing or rationing care. Previous research studies involving perceptions of missed care have predominantly occurred outside of Australia. This paper reports findings from the first South Australian study to explore missed nursing care.

Aim: To determine and explore nurses' perceptions of reasons for missed care within the South Australian context and across a variety of healthcare settings.

Method: The survey was a collaborative venture between the Flinders University of South Australia, After Hours Nurse Staffing Work Intensity and Quality of Care project team and the Australian Nursing and Midwifery Federation, SA Branch.

Electronic invitations using *Survey Monkey* were sent to randomly selected nurses and midwives and available online for two months. Three hundred and fifty-four nurses and midwives responded. This paper reports qualitative data from answers to the open questions.

* Corresponding author at: School of Nursing and Midwifery, Faculty of Medicine, Nursing and Health Sciences, Flinders University of South Australia, GPO Box 2100, Adelaide, South Australia 5001, Australia. Tel.: +61 8 8201 3869; fax: +61 8 8276 1602.

E-mail addresses: verrall@flinders.edu.au, claire.verrall@flinders.edu.au (C. Verrall), elizabeth.abery@flinders.edu.au (E. Abery).

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Findings: Three main reasons for missed care were determined as: competing demands that reduce time for patient care; ineffective methods for determining staffing levels; and skill mix including inadequate staff numbers. These broad issues represented participants' perceptions of missed care.

Conclusion: Issues around staffing levels, skill mix and the ability to predict workload play a major role in the delivery of care. This study identified the increasing work demands on nurses/midwives. Solutions to the rationing of care need further exploration.

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Introduction

Australia as with many western countries has seen an increase in the acuity of patients admitted to hospital and this, compounded by shortened lengths of stay intensifies nurses' workload which in turn has a significant impact on how they manage their time and prioritise patient care (Willis, 2009). Current issues within the Australian health-care system such as the size, composition and age of the nursing workforce provide the Australian nurse with a variety of challenges (Preston, 2009). Australia faces an ageing nursing workforce alongside of increased demand for nursing services arising from an ageing population (O'Brien-Pallas, Duffield, & Alknis, 2004). Staff shortages at the macro-level have been associated with calls for greater flexibility in staffing health services (Productivity Commission, 2005). Jacob, McKenna, and D'Amore (2013) argue for a manipulation of skill mix as a means of addressing staffing issues but also as a response to budgetary restraints contributing to increased employment of enrolled nurses and unregulated health professionals, e.g. nurse assistants to provide nursing care. Restructuring and budgetary constraints, irregular staffing levels and skill mix, set the scene for potential missed nursing care (Henderson et al., 2013).

Background

The notion of missed nursing care was first explored by Beatrice Kalisch in 2006. Kalisch and colleagues refer to missed care as "any aspect of required patient care that is omitted (either in part or in whole) or delayed" and acknowledged that it is a response to "multiple demands and inadequate resources" (Kalisch, Landstrom, & Hinshaw, 2009, p. 1509). Missed nursing care has been linked to negative patient outcomes (Schubert, Clarke, Glass, Schaffert-Witvliet, & De Geest, 2009) and attributed to a variety of causes from the work environment, to patient care demands and staffing issues (Aitkin, Clarke, & Sloane, 2002; Kalisch, Doumit, Lee, & Zein, 2013; Kalisch et al., 2009; Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002; Papastavrou, Panayioti, & Georgios, 2013). Current research suggests that when a nurse's work load increases, there is less time to care for individual patients (Schubert, Glass, Clarke, Schaffert-Witvliet, & De Geest, 2008).

Kalisch in a qualitative study in 2006 identified a range of core nursing tasks that were routinely omitted. These tasks included discharge planning and patient education, emotional support, hygiene and mouth care, documentation of fluid intake and output, ambulation, feeding and general nursing surveillance of the patient. The nurses in her study

identified inadequate staffing levels and skill mix, unexpected workload increases, too few or lack of resources, poor handover and inadequate teamwork and orientation to the ward as key determinants of missed care. Her study led to the development of the MISSCARE survey instrument to formally measure common elements of missed care and the rationales behind them (Kalisch & Williams, 2009). Subsequently, Kalisch and her colleagues associated missed care with three primary antecedents in relation to patient care: (1) the availability of labour resources; (2) access to the material resources, and (3) relationship and communication factors (Kalisch et al., 2009; Kalisch & Williams, 2009). In more recent years, Kalisch has explored more specific aspects of the nursing work environment and its impact on missed care. Findings from these studies have identified a range of factors that contribute to and impact upon missed care. In 2009, Kalisch et al. examined the impact of nursing teamwork on missed care, arguing that it was not simply the number of nurses rostered, but the skill mix of nursing staff that impacted on perceptions of whether care was missed. The study also found that in line with their roles and responsibilities, Registered Nurses (RNs) were more likely than nurse assistants to report missed care and to associate this with an unexpected rise in patient volume or acuity, rates of admission and discharge and access to material resources. A later qualitative study by Kalisch, Gosselin, and Choi (2012) compared perceived differences in work environments between units with high and low levels of identified missed care. This study found that units reporting low levels of missed care had adequate and flexible staffing; effective communication and leadership; strong team focus; and shared accountability for monitoring and assessing work (Kalisch et al., 2012).

While Kalisch's work has been instrumental in developing and refining the concept of missed nursing care further studies have been undertaken in other contexts. Papastavrou et al. (2013) conducted a systematic literature review exploring rationales for missed care that support Kalisch's findings. Evidence collated from this review highlights a growing interest in missed care and attests to the global quest to improve patient quality and safety. When there are insufficient resources, nurses are forced to ration or omit care. It is this that impacts on negative patient outcomes and is a major challenge to quality assurance, risk management, nurse satisfaction and ultimately patient care (Papastavrou et al., 2013). Although much of the research in this area has been conducted outside of Australia, an Australian study conducted by Chaboyer et al. (2008), found that when nursing workload intensified the nursing roles could be "blurred" between acknowledged levels of skill.

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