



## The impact of ‘missed care’ on the professional socialisation of nursing students: A qualitative research study

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### ABSTRACT

**Background:** Missed care is a recently described concept that is subject to an increasing amount of international nursing research. The impact of missed care is associated with poorer patient outcomes (mortality and morbidity) and poorer levels of patient satisfaction with the services provided by the hospital. Missed care has also been linked to decreased staff satisfaction and increased intention to leave. Overall disaffection amongst registered nurses has also been reported. Professional socialisation refers to the acquisition of behaviours within cultural norms, and it has been suggested that students enter a period of professional socialisation during their programme. Whilst it has been proposed that students may absorb the characteristics of those around them, to date, no empirical studies have reported the impact of missed care on student nurses.

**Methods:** The aim of this project is to explore the impact of missed care on the professional socialisation of student nurses. A qualitative study was undertaken in one higher education institute in UK with final year pre-registration nursing degree (adult field) students. Focus group interviews, utilizing a broad topic guide, were used to collect data which was analysed using thematic analysis.

**Findings:** Student nurses were aware that some planned care is missed and these findings resonated with those identified in the literature. In addition to illuminating aspects of professional socialisation, analysis yielded five themes with regards to missed care: awareness, rationale, impact, strategies to avoid and influence of missed care on career aspiration. Student nurses exposed to missed care appear to accept this as part of their professional socialisation.

**Conclusion:** With regards to professional socialisation, student nurses developed a pragmatic acceptance that care would be missed and that this could happen in any environment. As such they did not see missed care as influencing their career aspirations.

### 1. Background

Missed care is a recently described concept that is subject to increasing international nursing research (Kalisch et al., 2009). Missed care is sometimes referred to as “implicitly rationed care”, “rationed care”, “incomplete care” or “nursing care that is left undone” (Jones et al., 2015), but for the purposes of this study, the term “missed care” was used. It is defined as the clinical situation where care, which has been prescribed or planned is either not delivered, or not delivered on time. The reasons why care is missed are frequently attributed to shortages of human resources (staff), shortages of appropriate equipment or poor team work and ineffective delegation to unqualified health support workers. Missed care is an important patient safety issue and is associated with poorer patient outcomes (mortality and morbidity) (Ball et al., 2014), poorer levels of patient satisfaction with the

services provided by the hospital (Bruyneel et al., 2015), and an increase in untoward incidents (Kalisch et al., 2013). Missed care is also associated with decreased staff satisfaction and increased intention to leave (Papastavrou et al., 2014), but to date no empirical studies have been reported as to the impact of missed care on student nurses.

Student nurses in the UK are required to complete a minimum of 2300 h of clinical practice as part of their education to meet the requirements of professional regulation. Students are placed in a wide range of clinical areas, usually for periods of 8–12 weeks at a time, to maximise their experience and each of these placements is subject to educational audit to ensure that learning outcomes can be met (NMC, 2010).

In addition to the achieving the necessary competencies (NMC, 2010), students also acquire appropriate professional values and value driven behaviours, based on the norms and culture of the environment

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(Henderson, 2002; Lai and Lim, 2012), this is central to the development of student nurses and may be referred to as professional socialisation. It is reasonable to assume that students are exposed to episodes of missed care during their nursing programme (Bagnasco et al., 2017) and therefore it is possible that this might contribute to their professional socialisation.

Furthermore exposure to missed care may exacerbate the reported theory/practice gap and give additional tension to the void between idealised care and the reality of practice (Curtis et al., 2012). Much has been written regarding the theory/practice gap in nursing: that is the discrepancy between what is taught in the classroom and how care is actually given in practice (Landers, 2001). In addition to gaining direct clinical experience, student nurses are also developing ward organisation and management skills. That is, they are required to organise care (assess, plan, implement and evaluate care) and delegate this to unqualified health care support workers (Hasson and McKenna HP Keeney, 2013). The task of delegating duties and responsibilities is increasingly complex when compared to historic models of ward teams (Bittner and Gravlin, 2009). The UK Health service, is under tension with high levels of patient acuity placing increasing demand on the service. There is a staffing crisis which has in part been addressed by the introduction of new forms of health professionals. The introduction of new roles adds to the complexity of the team environment, as staff are required to re-evaluate traditional job boundaries and deal with role confusion as identified by Kalisch (2006).

## 2. Literature Review

Articles relevant to this study published 2001–2017 were identified through searches using Ebsco host of Medline and CINAHL using the terms “miss\* care” and “nurs\*” and “all adult” and “acute hospital care” resulted in 42 papers. These were each read and retained as useful to the study. Additionally hand searching references using a snowball technique yielded a further 8 papers. The concept of ‘missed care’ was first explored by Kalisch (2006) and has been defined as referring to any aspect of required care that is omitted either in part, or whole, or delayed. Missed care, or the synonymous terms all refer to aspects of care which nurses would have completed, but for a variety of reasons, did not. Recent reports have highlighted deficiencies in care and the impact on patient outcomes such as death and morbidity, when organisations fail to put patients at the centre of their work (Francis, 2010). Many of the causes of failed care that have resulted in harmful consequences are concerned with ‘missed care’ or acts of omission rather than actions (commission). A climate of openness and transparency is required as missed care events can be under-reported at best, or camouflaged at worst, and result in detrimental patient outcomes. It can also lead to a culture of acceptance and it is in this environment that student nurses are gaining important, formative clinical experience.

Worldwide, there have been a number of qualitative and quantitative research projects which have explored the notion of ‘missed care’ (Ball et al., 2013; Kalisch et al., 2009; Schubert et al., 2007). A qualitative study (Kalisch et al., 2013), led to the development of a psychometric tool to determine aspects of and reasons for missed care. This tool was developed in the U.S., but has been applied to a variety of countries across the globe (Jones et al., 2015). All studies to date have explored the perceptions of trained nurses and/or nursing assistants concerning missed care. In 2006, Kalisch determined that in situations when nurses had to make choices, certain aspects of care were more likely to be missed than others (Kalisch, 2006). In particular she found that ambulating patients, turning, delayed or missed feeds, patient teaching, discharge planning, emotional support, hygiene, intake and output documentation and surveillance were more likely to be missed than, for example, vital sign recording, blood glucose monitoring and wound care. Kalisch (2006) also articulated 7 themes to explain reasons for care being missed, namely: too few staff, poor use of existing resources, time required for the intervention, poor teamwork, ineffective

delegation, habit and denial.

Findings from the large scale, European, RN4Cast study (Ball et al., 2014) indicate that ‘missed care’ is commonplace, with 86% of respondents reporting that at least one care activity was missed on their previous shift. A different data collection tool was employed in this study (Schubert et al., 2007), but the overall findings are congruent with those of Kalisch (2006). The most common aspects of missed care were: comforting/talking to patients, educating patients and developing/updating care plans. Pain management, treatment and procedures were reported as being least likely to be missed (Morin and Leblanc, 2005). This research group has recently published a further update on the impact of qualified nurse staffing levels on missed care (Ball et al., 2017).

These findings suggest that decisions are made as to what has higher priority over another action and that time consuming activities tend to be missed more frequently than the more brief care interventions. It is also commonly the case that aspects of care more often missed are those which require more than one nurse to complete them. As suggested by Kalisch (2006) this may be to do with poor teamwork and/or too few staff available at the time.

Kalisch et al. (2009, 2009) and others, have highlighted that teamwork influences the nature and frequency of missed care occurrences, positing that when a team approach to care is employed, there are fewer episodes of missed care, due to the fostering of a collective responsibility. However, conversely, Kalisch (2006) found that lack of clarity amongst nursing assistants and ineffective delegation could lead to missed care due to conflict within teams arising from what she terms as the ‘it’s not my job syndrome’. This is of particular relevance to the UK in an era of additional roles being introduced into clinical practice, for example, Nursing Associates, who will be responsible for carrying out care as delegated to them by Registered Nurses, but may still require additional team members to ensure the planned care is executed as required. The nature and future of these roles are still being determined, however what is clear, is that this will impact significantly on the structure of nursing teams in the workplace, and thus may impact on missed care.

Student nurses are an integral (albeit temporary) part of the clinical team and will thus have the potential for exposure to, or participation in, aspects of missed care (Bagnasco et al., 2017). It is known that student nurses often enter the profession with idealised views of nursing and healthcare (Maben et al., 2006). Indeed, recruitment practices ensure that students who are recruited to the profession are committed to the values as outlined in the NHS Constitution which aim to ensure patient centred care is paramount. As one would expect, this commitment to excellence is reinforced during undergraduate nursing programmes. It has been previously acknowledged (Curtis et al., 2012) that the idealised view of nursing promoted in the classroom does not always accord with the realities of clinical practice, and it is acknowledged that this can result in cognitive dissonance. Students perceptions and experiences of missed care are currently unexplored, however what is known is that students enter a period of socialisation (Melia, 1987) during which they assume the characteristics of those around them (Bagnasco et al., 2017). It could be argued that this could lead to missed care becoming the norm.

The occurrence of missed care has the potential to affect job satisfaction for those who are unable to deliver the care that they would like to provide (Verrall et al., 2015). It is argued that this is of particular concern, with respect to newly qualified nurses, and retention to the profession. Maben et al.’s (2006) exploration of the ‘theory-practice gap’ experienced by newly qualified nurses, reports qualitative experiences of many aspects of missed care, and concludes that the theory practice gap does indeed continue to exist and that unless action is taken, this could have a deleterious effect on nursing and retention to the profession.

Upon registration, student nurses will be entering into a workforce in clinical environments where there is an increased number of

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