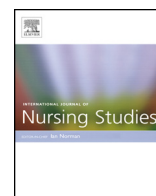




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The relationship of staffing and work environment with implicit rationing of nursing care in Swiss nursing homes – A cross-sectional study



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ABSTRACT

Background: Implicit rationing of nursing care refers to the withdrawal of or failure to carry out necessary nursing care activities due to lack of resources, in the literature also described as missed care, omitted care, or nursing care left undone. Under time constraints, nurses give priority to activities related to vital medical needs and the safety of the patient, leaving out documentation, rehabilitation, or emotional support of patients. In nursing homes, little is known about the occurrence of implicit rationing of nursing care and possible contributing factors.

Objectives: The purpose of this study was (1) to describe levels and patterns of self-reported implicit rationing of nursing care in Swiss nursing homes and (2) to explore the relationship between staffing level, turnover, and work environment factors and implicit rationing of nursing care.

Design: Cross-sectional, multi-center sub-study of the Swiss Nursing Home Human Resources Project (SHURP).

Settings: Nursing homes from all three language regions of Switzerland.

Participants: A random selection of 156 facilities with 402 units and 4307 direct care workers from all educational levels (including 25% registered nurses).

Methods: We utilized data from established scales to measure implicit rationing of nursing care (Basel Extent of Rationing of Nursing Care), perceptions of leadership ability and staffing resources (Practice Environment Scale of the Nursing Work Index), teamwork and safety climate (Safety Attitudes Questionnaire), and work stressors (Health

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Professions Stress Inventory). Staffing level and turnover at the unit level were measured with self-developed questions. Multilevel linear regression models were used to explore the proposed relationships.

Results: Implicit rationing of nursing care does not occur frequently in Swiss nursing homes. Care workers ration support in activities of daily living, such as eating, drinking, elimination and mobilization less often than documentation of care and the social care of nursing homes residents. Statistically significant factors related to implicit rationing of care were the perception of lower staffing resources, teamwork and safety climate, and higher work stressors. Unit staffing and turnover levels were not related to rationing activities.

Conclusions: Improving teamwork and reducing work stressors could possibly lead to less implicit rationing of nursing care. Further research on the relationship of implicit rationing of nursing care and resident and care worker outcomes in nursing homes is requested.

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What is already known about the topic?

- Under time constraint, health personnel performs implicit rationing of care, giving priority to nursing activities related to vital medical needs and the safety of the patient.
- Nursing activities typically left undone include communication and emotional support, documentation, patient education, skin care, ambulation, and hygiene.
- In hospital studies, unit characteristics, nurses' work environment, care worker and patient characteristics explain variations in rationing of care.
- Implicit rationing of nursing care is related to worse patient outcomes in hospitals including more falls and nosocomial infections, and higher patient mortality.

What this paper adds

- This is the first study to demonstrate the occurrence of implicit rationing of nursing care in a representative sample of Swiss nursing homes.
- Care priority is given to support residents in the activities of daily living, such as eating, drinking, elimination, and mobilization.
- Nursing activities typically left undone are documentation, skin care, rehabilitation, and emotional support.
- Work environment and work stressors are related to implicit rationing of care while staffing level and staff turnover are not.

1. Introduction

Nursing home residents' overall care dependency and the complexity of their medical situation is increasing (Lafortune et al., 2007). In developed countries, a median of 58% of nursing home residents have dementia, among which 78% show behavioral and psychological symptoms (Seitz et al., 2010). Nursing home care workers are increasingly challenged to provide high quality of care, given the different and often simultaneous needs of their residents and dealing with dementia-related symptoms. At the same time, staffing resources are often held constant or are even diluted by replacing registered nurses with lesser skilled personnel to contain rising health care spending and to confront the increasing recruitment problem of

qualified personnel (Colombo et al., 2011; Nagel et al., 2010; Schweizerische Akademie der Medizinischen Wissenschaften (SAMW), 2007; Varcoe and Rodney, 2012).

The lack of nursing resources (staffing, skill mix, time) can result in the withholding of or failure to carry out necessary nursing activities. Different terms are used in the literature to conceptualize this failure, such as nursing care left undone, missed care, omitted care, or implicit rationing of nursing care. Missed or omitted care – terms mainly used by Kalisch and her team (Kalisch et al., 2009) – have their roots in a patient safety framework, where they are considered an error of omission that might lead to adverse outcomes. The term implicit rationing of nursing care, which will be used in this study, was coined by Schubert et al. (2007) and is based on the general discussion of rationing in healthcare as the allocation of limited resources with the consequence of having to withhold beneficial measures from some individuals. The decision to ration is an implicit, forced in-the-moment choice of an individual healthcare worker to not carry out certain nursing activities in the face of constrained resources. To date, very few studies have explored implicit rationing of nursing care in the nursing home sector.

Surveys in different healthcare settings in the US and European countries have shown similar patterns of implicit rationing of nursing care. In acute care hospitals, nursing activities related to vital medical needs and the safety of patients, treatments and procedures, and delegated tasks from medical staff were less often left undone, while activities such as communication and support of patients, documentation, patient education and discharge planning, skin care, ambulation, and hygiene were rationed more often (Aiken et al., 2001; Ausserhofer et al., 2014; Kalisch et al., 2009; Papastavrou et al., 2014; Zander et al., 2014). Two nursing home studies provide initial evidence for a similar pattern: care workers lacked time for comforting and talking to residents, personal care, mobilization, hygiene, and monitoring, while they seldom rationed treatment and diagnostic procedures, ensured feeding and elimination functions, and cared for their patients' safety (Künzi and Schär Moser, 2002; Morin and Leblanc, 2005).

Implicit rationing of nursing care is not just an individual choice of each care worker but also depends

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