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ABSTRACT

Ensuring patient safety and quality outcomes of nursing care are among the most

significant challenges for nurses and nurse leaders today. Missed Nursing Care (MNC), also known as implicit rationing of care, care left undone or unfinished care, is acknowledged by the Agency for Healthcare Research and Quality as a common and potentially dangerous phenomenon experienced in healthcare organizations worldwide (AHRQ, 2015).

According to B. Kalisch, MNC refers to any aspect of required care that is omitted either in part or in whole or delayed (B. J. Kalisch & Williams, 2009). This phenomenon represents a form of health care underuse, which safety expert J. Reason argues is the most common cause of quality problems in health care, more so than overuse or misuse combined (Reason, 1998). Underuse occurs when healthcare services that would have produced favorable patient outcomes are not provided.

Few care processes reach patients without first passing through the hands of nurses and, in the midst of multiple demands and inadequate resources, nurses struggle daily to provide the best care possible (T. L. Jones, Hamilton, & Murry, 2015). In my twelve-years experience as a frontline nurse, there had been times when I found it impossible to fulfill all nursing care requirements; in such circumstances I was forced to decide which activities carry out and which ones delay or, sometime, omit. If the flow of care through nurses to patients is blocked, patients may not receive all the interventions as prescribed by physicians or planned by nurses themselves, leaving care processes compromised.

Concerns related to nursing workforce shortages have increased awareness of missed care phenomenon (Aiken et al., 2001a), revealing the global dimensions of a problem that had often been concealed beneath the diverse terminology used to describe it. The issue of health workforce shortage, in particular of nurses, has been exacerbated by the recent global financial crisis (Linda H Aiken et al., 2014; Sasso et al., 2016). Economic downturns affect all sectors of the economy including healthcare and nurses, being the largest professional group in the healthcare sector, are strongly affected by budget balancing attempts (Alameddine, Baumann, Laporte, & Deber, 2012; Bortoluzzi & Palese, 2010).

Italy has seen, since 2009, a sharp reduction in nursing employment causing inevitable repercussions on staffing levels and characteristics (Bortoluzzi & Palese, 2010). The 2017 Health at a Glance report indicates that, in 2015, the number of nurses, on per capita basis, among Italian population was 5.4 per 1,000 inhabitants versus an average of 9.0 nurse per 1,000 population across all the 35 OECD member countries (OECD, 2017).

The combination of nursing workforce shortage and fragile elderly patients rise can led to situations in which the nursing care provided is often the result of a prioritization process where nurses may be forced to make decision about what care to give and what to miss or delay (Suhonen et al., 2018). Considering the emerging area of concern that MNC represents for nursing, a European Cost Action called RANCARE has started in September 2016 involving the main experts on this topic, with the aim of facilitating a international debate on rationing and missed care conceptualization, discuss the methodological challenges in monitoring the phenomenon and develop patient-centered interventions (Papastavrou & Andreou, 2016).

This PhD thesis illustrates the research conducted with the aim of investigating MNC occurrence among a sample of medical-surgical units of thirteen Italian acute care hospitals, as well as understanding the nurses' priority setting criteria underlying the pattern of MNC occurred. The purpose of measuring MNC and, at the same time, providing a contextualized explanation of the nurses' decision making process at the bedside, prompted me to adopt a mixed method design and face the challenge of integrating quantitative and qualitative data to gain a better understanding of the phenomenon.

During this PhD, I had the amazing chance to attend the European Academy of Nursing Science summer school, a three-year programme of annual summer school on mixed methods and complex intervention research in nursing. This experience allowed me to enhance my knowledge about the study design adopted, as well as networking with many PhD students from other European Countries. Moreover, conducting my doctoral project while the RANCARE Cost Action was going on, gave me the incomparable opportunity to be involved in learning initiatives addressed to PhD students and early stage researchers. I attended the Annual Training School on missed care conceptual, organizational and methodological issues hosted by the University of Turku (Finland) and I was granted for a three-weeks Short Term Scientific Mission (STSM) at Virginia Commonwealth University (Richmond, VA, USA). During the STSM I had the chance to deepen my understanding of clinical prioritization being led by a senior researcher expert in the field, enhance my skills in data analysis and to improve my approach to scientific publication.

The contents of this thesis are included in 6 publications, among which 3 already published and 3 to be submitted to peer-reviewed journals.

Chapter 1 reports the validation study of the MISSCARE survey in Italian language. The MISSCARE survey is the original tool developed by B. Kalisch to measure MNC phenomenon (B. J. Kalisch & Williams, 2009). The Italian MISSCARE validation study was the first conducted in Italy with the aim to validate a tool for measuring MNC occurrence at national level. My involvement in this study was extremely useful to increase my awareness of the methodological challenges in monitoring MNC phenomenon.

Chapter 2 is a literature review conducted with the a double purpose: a) identify the terms and the conceptual models currently available for describing MNC phenomenon and b) retrieve the validated measurement tools developed both at international and national levels. The contents included in chapter 2, together with the results comprised in chapter 1, represents background knowledge used to outline the present PhD project.

Chapter 3 describes the research protocol of the present PhD project, as it was submitted and approved by the ethical committee before the beginning of the study. Adopting a mixed method sequential explanatory design, the primary aim of this PhD project was to understand the nurses' priority-setting criteria underlying pattern and prevalence of missed care. The secondary aims were: a) develop and validate a new tool for measuring MNC; b) measure prevalence and pattern of MNC; c) identify the staff characteristics predictors of MNC; d) investigate the association between MNC and nursing outcomes. Despite the validation study of the Italian MISSCARE Survey showed acceptable psychometric properties, as stated in chapter 1, both the range of items and the wording needed be revised to better fit the cultural and organizational changes recently occurred in the Italian healthcare context and, moreover, to be adopted as a quality indicator of the nursing care process. The newly developed tool, used to measure the prevalence of the phenomenon, was named Compromised Nursing Care Survey (CNCS) [Questionario sulle Cure Infermieristiche Compromesse]; it has been included in Appendix 1 and 2, both in Italian and in English language.

The psychometric properties of the newly developed CNCS are presented in chapter 4, together with a detailed explanation of the tool development and content validation process. For the first time, within tools meant for measuring MNC, a Mokken Scale Analysis was performed to test structural validity, disclosing a hierarchical structure among items. This challenging approach provided an innovative view of the tool structure, highlighting an informal

hierarchical system that nurses used for prioritizing care when they were forced to choose which elements of care withhold and which ones miss or delay.

Chapter 5 reports the mixed method study aim at answering the primary research question. The integration of quantitative and qualitative results was the most demanding aspect of this study, but at the same time it allowed a deeper comprehension of the decision making model adopted by the interviewed nurses, confirming the hierarchical system of prioritization emerged in the validation study at chapter 4.

Finally chapter 6 is about the findings of a consensus conference on MNC, carried out by a group of Italian nurses, that I had the privilege to attend sharing the preliminary results of my PhD project. The purpose of the consensus conference was to deepen the understandings of MNC concept, examine its implications for practice, management, education and research as well as to provide a set of recommendations to assist the development of appropriate policies in the Italian healthcare context. Regarding the terminology used to label the phenomenon, Missed Nursing Care [cure infermieristiche perse] appeared to be the most used in Italian language: however, its meaning is quite negative and can trigger feelings of guilt and shame inside and outside the nursing profession, preventing an open dialogue on its occurrence, causes and prevention. According to the need to discuss openly and positively on the phenomenon, the nurses participating to the consensus conference agreed that Compromised Nursing Care (CNC) is the concept that best reflects MNC phenomenon in the Italian healthcare context. Having a less negative meaning than MNC, Compromised Nursing Care can be used in the broader concept of patient safety and quality of care.

The ending chapter regards conclusions and future perspectives outlined from the results of the present PhD project.