The types of ethical climate as related to missed nursing care in cancer care units

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Original Manuscript

Ethical climate and missed nursing care in cancer care units

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Abstract

Background: Previous research has linked missed nursing care to nurses’ work environment. Ethical climate is a part of work environment; but the relationship of missed care to different types of ethical climate is unknown.

Research objectives: To describe the types of ethical climate in adult in-patient cancer care settings, and their relationship to missed nursing care.

Research design: A descriptive correlation design was used. Data were collected using the Ethical Climate Questionnaire and the MISSCARE survey tool, and analyzed with descriptive statistics, Pearson’s correlation and analysis of variance.

Participants and research context: All nurses from relevant units in the Republic of Cyprus were invited to participate.

Ethical considerations: The research protocol has been approved according to national legislation, all licenses have been obtained, and respondents participated voluntarily after they have received all necessary information.

Findings: Response rate was 91.8%. Five types identified were as follows: caring (M = 3.18, standard deviation = 1.39); law and code (M = 3.18, standard deviation = 0.96); rules (M = 3.17, standard deviation = 0.73); instrumental (M = 2.88, standard deviation = 1.34); and independence (M = 2.74, standard deviation = 0.94). Reported overall missed care (range: 1–5) was M = 2.51 (standard deviation = 0.90), and this was positively (p < 0.05) related to instrumental (r = 0.612) and independence (r = 0.461) types and negatively (p < 0.05) related to caring (r = −0.695), rules (r = −0.367), and law and code (r = −0.487).

Discussion: The reported levels of missed care and the types of ethical climates present similarities and differences with the relevant literature. All types of ethical climate were related to the reported missed care.

Conclusion: Efforts to reduce the influence of instrumental and independence types and fostering caring, law and code, and rules types might decrease missed nursing care. However, more robust evidence is needed.

Keywords

Cancer care units, care rationing, hematology, missed nursing care, oncology, types of ethical climate
Background of the study

• The achievement of the **objectives of hospitals** and the provision of **quality care**, often **require improvements in the working environment**.

• Employees' **perceptions of their working environment** in health care has been associated with

- The quality of patient care
  - e.g. (Aiken et al., 2002; Aiken et al. 2008; Van Bogaert et al., 2009; Patrician et al. 2010; Anzai et al., 2014),

- The levels of individualized patient care
  - e.g. (Charalambous et al 2010; Papastavrou, et al 2014).

- The patient satisfaction
  - e.g. (Vahey et al. 2004; Ancarani et al., 2009)

- The levels of omissions in nursing care and the mortality rates
  - e.g. (Papastavrou, et al 2014; Aiken et al. 2008; Ball et al, 2014).
Background of the study

• Ethical Climate is actually a dimension of the whole working environment and the theory suggests that the types of Ethical Climate that exist in an organization reflects the collective ethical behavior of the employees in this organization (Victor & Cullen, 1987).

• However nursing research that focused on ethical climate is limited and much fewer that have investigated the types of ethical climate that might exist in the practice environment of nurses.
Background of the study

• There is some evidence that shows an association between nurses' perception of their working environment with the levels of omissions of nursing care

• However nursing research that explore the phenomenon of missed nursing care in cancer care units is limited, and fewer that explore its relationship with the ethical climates in this specific clinical area.

• To the best of our knowledge, if the types of ethical climates are related by any means to the levels of missed nursing care in cancer care units is unknown.
Background of the study

• It has been further suggested that the improvement of ethical climate in health care facilities, could improve the practice environment of nurses and this in turn could possibly facilitate their work and influence their working behavior towards an ethical direction.

• Thus, we decided to explore the relationship (if any) of the types of ethical climate, which exist in cancer care units, with missed nursing care.

Diagram:

Improvement of ethical climate → Improvement of the whole working environment for nurses → Facilitating their work → Influencing their behavior in the right direction.

Olson, 1998; Schluter et al 2008; Hart, 2005; Filipova 2009)
Purpose of the study

• To investigate and describe the types of ethical climate that may exist in cancer care units of the republic of Cyprus, as they are perceived by Nurses working in these units and the possible relationship that these types may have, with missed nursing care in these units.

Research objectives:

• To find out the types of ethical climate that exist in cancer care units of Cyprus Republic

• To find out the elements of care that are missed most often in cancer care units of Cyprus Republic

• To examine if the types of ethical climate which exist in cancer care units are related to the levels of missed nursing care (the overall score of missed nursing care)
Defining Concepts

- **Missed Nursing Care** is defined as “any aspect of required patient care that is omitted (either in part or in whole) or delayed.” (Kalisch, et al 2009 p. 1509)
  - and is measured in this study by the Missed Nursing Care Survey tool - MISSCARE Survey, of Kalisch and Williams (2009).

- **Required patient care** for the purpose of this study is considered as any element of care that is offered to patients at any stage of the nursing process, on the basis of the established professional nursing standards and without any delay in order to satisfy the needs of patients.
Defining Concepts

- **The ethical climate** has been defined as: “The shared perceptions of what is ethically correct behavior and how ethical issues should be handled in organizations” (Victor & Cullen 1987 pp. 51–52)

- **Ethical climate types** are considered, for this study, the types suggested by the typology of ethical climates of Victor & Cullen (1987; 1988),
  - and they reflected by Ethical Climate Questionnaire (ECQ).
Theoretical Framework
Missed nursing Care - Rationing of nursing Care

• The phenomenon had been **mainly investigated within** the framework of scarcity of resources, cost reductions and economic constraints.

• **The dominating view** is that **when resources are not sufficient**, as for nurses to be able provide all the necessary care to all patients (E.g. In cases of insufficient time, low level of staffing, poor working environment etc.) **nurses are forced to ration their attention across patients or across care activities** by using their **clinical judgment** to prioritise assessments and interventions – increasing as such the **risk of negative patient outcomes** (Schubert et al., 2008).
Theoretical Framework

Missed nursing Care - Rationing of nursing Care

Minimise the standards of care
OR
reduce the level of care Quality

Insufficient resources
(E.g. insufficient time, low level of staffing, poor team work, wrong skill mix, insufficient material resources, low level of incompetent assistive personnel, poor communication and co-ordination, poor working environment)

care left undone or missed care, unfinished care or uncompleted, rationed care, care given with delay

Some care elements are moved to the next shift

some care elements assigned to relatives

Patient discrimination (e.g. on the grounds of age, perceived severity of situation, etc)
Theoretical Framework

**Missed nursing Care Model** (Kalisch et al., 2009)

Ethical climate: A dimension of the whole working environment that reflects the behavior of employees in the organization (Victor & Cullen, 1987)

The implicit and explicit values that drive the delivery of healthcare and shape the workplaces in which care is delivered (Rodney et al., 2006)

Implications for nursing practice
- It has a great impact on the decision-making process
- On the quality of care
- It acts as a reference of behavior when nurses face ethical issues
Theoretical Framework

The typology of ethical climate (Victor and Cullen 1987;1988)

Figure 2. Five common empirical derivatives of ethical climate (Victor and Cullen, 1987, 1988; Neubaum et al., 2004).
The types of ethical climate

Caring ethical climates

• are based on a common concern for the welfare for others, (Simha & Cullen 2012; Atabay et al. 2015; Borhani et al. 2014) and

• encourage behaviors that yield the most positive result for the greatest number of people (Simha & Cullen 2012; Filipova 2009)

Instrumental ethical climates

• encourage decision making from a selfish standpoint (Simha & Cullen 2012) and of behaviors promoting self-interest or organizational interest. (Filipova 2009; Borhani et al. 2014; Simha & Cullen 2012)
The types of ethical climate

Rules ethical climates

• are guided by an intense acceptance of local standards, rules, regulations, procedures and policies such as codes of good practice and behavior (Martin & Cullen 2006; Simha & Cullen 2012) and a clear expectation to follow them strictly. (Borhani et al. 2014)

In a laws and codes ethical climates

• the compliance to external influences such as laws, external rules, professional standards and codes of conduct is essential (Borhani et al. 2014; Simha & Cullen 2012) and is required from everyone, over and above other factors. (Goldman & Tabak 2010; Tsai & Huang 2008)
The types of ethical climate

In independence ethical climates,

• employees are expected to follow their own deeply held personal and moral beliefs (Borhani et al. 2014; Tsai & Huang 2008) to make ethical decisions with minimal impact from external influences (Simha and Cullen 2012).

• Each person in these climates decides for himself what is morally right or morally wrong (Borhani et al, 2014 ; Tsai and Huang 2008).
METHODOLOGY

A Descriptive, correlational design study

Participants
All nurses working in adult in-patients cancer care units (oncology and hematology) in public hospitals and private hospitals of the republic of Cyprus

Research instruments
All instruments have been Translated, back translated, adjusted to the Greek language, and the Cyprus Culture, while their validity and reliability have been tested.
METHODOLOGY

Criteria for participation in this study

• Registered nurse according to national legislation (Nursing and midwifery law 1988-2012)
• Voluntary participation in the research
• Work in relevant units for more than 6 months
• Active participation in nursing / patient care,
• Work experience as a nurse for at least six months

Criteria for Exclusion from the study

• Working solely in day care departments,
• Working in home care or
• Working with hospitalized children with oncological or hematological diseases.
METHODOLOGY

Ethical issues

• The research protocol was approved by the National Bioethics Committee, the Research Committee of the Ministry of Health, and the Data Protection Commissioner according to national legislation.

• Permission to translate and use the instruments was granted by their respective authors.

• Informed consent given by the participants and all Measures in order to maintain their anonymity and confidentiality have been taken.
Research Instruments – Ethical climate Questionnaire ECQ18

• The confirmatory factor analysis using AMOS showed that the original model of the ECQ26 (Victor & Cullen 1988) did not fit the Cyprus data well.

• The “modification indices” showed that a 5-type structure is satisfied after removing eight items - all five factors in general remained unchanged.

• The internal consistency reliability for the different types of ethical climate proved to be very satisfactory (Cronbach’s Alpha were Instrumental=0.955, Caring=0.969, Independence=0.905, Rules=0.953, and Laws and Codes=0.960).

• All 18 items are positively phrased. Responses are rated on a 6-point Likert scale ranging from 0 (completely false) to 5 (completely true) A higher mean level of an ethical climate type reflects a higher level of respondents’ perception of it.

• Respondents answer what they consider it exists in their organizations and not on the basis of their preferred ethical climate type.(Simha & Cullen 2012)
Research Instruments – Missed care Survey tool (Nurses Version)

• From the Missed care Survey (Kalisch & Williams, 2009) we used the Demographics part and the Part A of the survey

• The construct validity were examined using exploratory factor analysis - Two factors were extracted with eigenvalues 8.278 and 6.649 respectively
  • 1st Factor - Labeled as Activities of Daily Living (ADL) Missed (includes 12 items).
  • 2nd Factor - Labeled as “Acute Care Missed” (includes 12 items)

• The internal consistency reliability proved to be very satisfactory. For the total MISSCARE (Part A) scale Cronbach’s Alpha = 0.957), “Activities of Daily Living (ADL) Missed” Cronbach’s Alpha = 0.914 , “Acute Care Missed” Cronbach’s Alpha = 0.877).

• All items are rated on a 5-point Likert scale starting from 1 (never missed) to 5 (always missed). Higher scores represent higher levels of missed care.
Results – The participants profile (n= 157) (Response rate= 91.8%).

- Gender (%): 62.4% Female, 37.6% Male
- Age in years (%):
  - <25: 3.2%
  - 25-34: 57.3%
  - 35-44: 22.3%
  - 45-54: 15.9%
  - 55+: 1.3%
- Working experience (%):
  - 6 months to 2 years: 10.1%
  - 2 years to 5 years: 24%
  - 5 years to 10 years: 33.1%
  - Greater than 10 years: 33.1%
- Educational level (%):
  - Diploma: 4.5%
  - Bachelor’s degree (BSc): 82.8%
  - Master’s degree (MSc) or higher: 12.7%
Results – Missed Care

Table: Descriptive Statistics of MISSCARE Survey Scale

<table>
<thead>
<tr>
<th>Scale</th>
<th>Items</th>
<th>Mean</th>
<th>SD</th>
<th>Cronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Missed Care</td>
<td>25</td>
<td>2.51</td>
<td>0.902</td>
<td>0.936</td>
</tr>
</tbody>
</table>

Range: 1–5, where 1 = never missed And 5 = always missed

The overall mean score of missed nursing care, as reported by nurses working for adult-inpatients with cancer, was moderate \( M = 2.51 \) (SD = 0.902)

Range: 1–5, where 1 = never missed And 5 = always missed

Overall percentage of missed care: 49.8%
Results – Missed Care

<table>
<thead>
<tr>
<th>Care element</th>
<th>Missed Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>23) Assist with toileting needs within 5 minutes of...</td>
<td>44.6%</td>
</tr>
<tr>
<td>22) Attend interdisciplinary care conferences...</td>
<td>87.9%</td>
</tr>
<tr>
<td>14) Patient discharge planning and teaching</td>
<td>65.8%</td>
</tr>
<tr>
<td>12) Mouth care</td>
<td>86%</td>
</tr>
<tr>
<td>11) Patient bathing/skin care</td>
<td>71.3%</td>
</tr>
<tr>
<td>10) Emotional support to patient and/or family</td>
<td>79.6%</td>
</tr>
<tr>
<td>9) Patient teaching about illness, tests, and diagnostic...</td>
<td>80.3%</td>
</tr>
<tr>
<td>8) Full documentation of all necessary data</td>
<td>45.2%</td>
</tr>
<tr>
<td>2) Turning patient every 2 hours</td>
<td>93.6%</td>
</tr>
<tr>
<td>1) Ambulation three times per day or as ordered</td>
<td>89.8%</td>
</tr>
</tbody>
</table>

- 3, 4, 5 = “occasionally”, “frequently” and “always” Missed = missing ratings
- 1 and 2 = “rarely” and “never” Missed = no missing ratings
- Results are consistent with other studies internationally
### Results – Missed Care

**Care elements that are rarely or never missed in cancer care units (n=157)**

<table>
<thead>
<tr>
<th>Element</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>25) Presence in medical rounds performed for the...</td>
<td>8.3%</td>
</tr>
<tr>
<td>21) Assess effectiveness of medications</td>
<td>38.7%</td>
</tr>
<tr>
<td>20) PRN medication requests acted on within 15...</td>
<td>28.7%</td>
</tr>
<tr>
<td>18) IV/central line site care and assessments...</td>
<td>13.4%</td>
</tr>
<tr>
<td>17) Focused reassessments according to patient...</td>
<td>31.2%</td>
</tr>
<tr>
<td>16) Patient assessments performed each shift</td>
<td>23.6%</td>
</tr>
<tr>
<td>15) Bedside glucose monitoring as ordered</td>
<td>8.3%</td>
</tr>
<tr>
<td>7) Monitoring intake/output</td>
<td>35.7%</td>
</tr>
<tr>
<td>6) Vital signs assessed as ordered</td>
<td>36.9%</td>
</tr>
<tr>
<td>4) Setting up meals for patient who feeds themselves</td>
<td>10.1%</td>
</tr>
</tbody>
</table>

- **3, 4, 5** = “occasionally”, frequently” and “always” Missed = **missing ratings**
- **1 and 2** = “rarely” and “never” Missed = **no missing ratings**
- **All elements rarely or never missed** are Mostly related to patients current health condition (biomedical model of care) and Treatment
- **Results are consistent with other studies** internationally
Results

The prevailing types of ethical climate in cancer care units (n= 157)

- **Cancer care units (oncology and hematology units)**
- **Range 0 - 5** (a 6-point Likert scale) Where 0 = completely false to 5 = completely true
- A higher mean level of an ethical climate type reflects a higher level of respondents’ perception of it
Results - Descriptive statistics of the perceived types of ethical climate

<table>
<thead>
<tr>
<th>Type of ethical climate</th>
<th>In all cancer care units</th>
<th>Cancer care unit – Mean * (Standard Deviation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean *(SD)</td>
<td>Hematology (Hospital A)</td>
</tr>
<tr>
<td>Law and Code</td>
<td>3.18 (0.96)</td>
<td>3.46 (0.50)</td>
</tr>
<tr>
<td>Caring</td>
<td>3.18 (1.39)</td>
<td>3.81 (0.73)</td>
</tr>
<tr>
<td>Rules</td>
<td>3.17 (0.73)</td>
<td>3.04 (0.45)</td>
</tr>
<tr>
<td>Instrumental</td>
<td>2.88 (1.34)</td>
<td>1.78 (0.83)</td>
</tr>
<tr>
<td>Independence</td>
<td>2.74 (0.94)</td>
<td>1.88 (0.90)</td>
</tr>
</tbody>
</table>

- **Five** ethical climates identified, Caring, Law and Code, Rules, Instrumental and Independence.

- **Statistically significant differences** (p<0.05) found between particular units, for Instrumental (F_{7,148}=4.51), Caring (F_{7,148}=4.42) and Independence (F_{7,149}=4.43) climates **BUT not for the rules** ethical climate (F_{7, 149}=0.6, p>0.05) and the Law and Code ethical climate (F_{7, 149}=0.97, p>0.05).

- Post hoc tests showed that differences existed between particular units even within same hospital.
Results - Descriptive statistics of the perceived types of ethical climate

<table>
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<td>2.74 (0.94)</td>
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</table>

• As regards the **instrumental** ethical climate, the **hematology unit of hospital A** presents a statistically **significant lower mean value** than the **oncology unit of the same hospital** (hospital A) and also **significantly lower mean**, than the **Independent Oncology Center** and the **Non-Profit Hospice**.

• As regards the **independence** ethical climate, the **hematology of hospital A** presents statistically **significant lower means**, than the **oncology unit of the same hospital** (hospital A) **BUT also than all** the remaining units.
Results - Descriptive statistics of the perceived types of ethical climate

<table>
<thead>
<tr>
<th>Type of ethical climate</th>
<th>In all cancer care units</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean * (SD)</td>
<td>Cancer care unit – Mean * (Standard Deviation)</td>
<td>Hematology (Hospital A)</td>
<td>Oncology (Hospital A)</td>
<td>Hematology (Hospital B)</td>
<td>Oncology (Hospital B)</td>
<td>Independent Oncology center</td>
</tr>
<tr>
<td>Law and Code</td>
<td>3.18 (0.96)</td>
<td>3.46 (0.50)</td>
<td>3.07 (0.94)</td>
<td>3.15 (1.06)</td>
<td>3.04 (1.25)</td>
<td>3.25 (0.87)</td>
<td>3.59 (0.94)</td>
</tr>
<tr>
<td>Caring</td>
<td>3.18 (1.39)</td>
<td>3.81 (0.73)</td>
<td>2.43 (1.32)</td>
<td>3.28 (1.54)</td>
<td>3.14 (1.81)</td>
<td>3.34 (1.23)</td>
<td>3.70 (1.33)</td>
</tr>
<tr>
<td>Rules</td>
<td>3.17 (0.73)</td>
<td>3.04 (0.45)</td>
<td>3.22 (0.73)</td>
<td>3.11 (0.88)</td>
<td>2.97 (0.82)</td>
<td>3.29 (0.69)</td>
<td>3.36 (0.62)</td>
</tr>
<tr>
<td>Instrumental</td>
<td>2.88 (1.34)</td>
<td>1.78 (0.83)</td>
<td>3.05 (0.79)</td>
<td>2.90 (1.51)</td>
<td>2.29 (1.78)</td>
<td>3.48 (1.21)</td>
<td>3.28 (1.34)</td>
</tr>
<tr>
<td>Independence</td>
<td>2.74 (0.94)</td>
<td>1.88 (0.90)</td>
<td>2.75 (0.77)</td>
<td>2.83 (1.00)</td>
<td>2.30 (1.17)</td>
<td>3.20 (0.65)</td>
<td>3.27 (0.65)</td>
</tr>
</tbody>
</table>

- On the other hand, the hematology unit of hospital A presents a statistically significant higher mean value in the caring ethical climate than the oncology unit of the same hospital.

- Also, the oncology unit of hospital B presents statistically significant lower mean in the instrumental ethical climate and in the independence ethical climate, than the Independent Oncology Center.
**Results - Pearson correlation coefficients for the relation between the types of ethical climate and missed care**

<table>
<thead>
<tr>
<th>TYPE OF ETHICAL CLIMATE</th>
<th>Instrumental</th>
<th>Independence</th>
<th>Caring</th>
<th>Rules</th>
<th>Law and code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSED NURSING CARE (Pearson correlation Coefficients)</td>
<td>0.612 *</td>
<td>0.461 *</td>
<td>-0.695 *</td>
<td>-0.367 *</td>
<td>-0.487 *</td>
</tr>
</tbody>
</table>

**Correlation is significant at p<0.05**

- **Higher level of Instrumental and Independence** types of ethical climate are **significantly** (p<0.05) **associated** with **higher levels of missed care** (overall score) (positive correlations).

- On the other hand **higher level of caring, rules and law and code** type are **significantly** (p<0.05) **associated** with **lower levels of missed care** (overall score) (negative correlations).
Results – Further exploration of the relationship between the types of ethical climate and missed care

• Since significant differences have been found as regards the types of ethical climate, between different care units, the relationships between ethical climates and missed nursing care have been further explored, after controlling for the care units, using linear regression models.

• The results indicated that missed nursing care
  • is positively related with the instrumental (b=0.337, p<0.05) and the independence (b=0.324, p<0.05) ethical climates
  • and negatively related with the caring (b= - 0.314, p<0.05) the rules (b= - 0.365, p<0.05) and the law and code (b=-0.327, p<0.05) ethical climates
DISCUSSION

• To the best of our knowledge, this is the first study exploring missed care in relation to the types of ethical climate that exist in cancer care units.

• Reported levels of missed nursing care was moderate— in consistency to other studies internationally (Papastavrou et al. 2014; Schubert et al., 2008; Kalisch et al., 2012; Kalisch και Xie, 2014; Jones et al. 2015; Palese et al., 2015) — and perhaps showing again a tradition of hiding nursing care omissions.

• Reported missed care is more than the reported in the only one (to the best of our knowledge) study performed (for missed care in cancer care units) in the USA (Friese et al., 2012).

• However, the results are raising concerns as to the patient safety and quality of care since basic elements of care are not done, postponed or performed at a less optimum level (e.g. mouth care, mobilization, education, emotional support, etc).
DISCUSSION

• In our study the caring ethical climate, which is desirable to exist in cancer care units ranked first in the list and appear as prevailing type together with the law and code, while the rules ethical climate had also a high mean score.

• This is consistent with most nursing studies, where the law and code ethical climate appear to be the prevailing type,(Deshpande & Joseph 2009; Borhani et al. 2014; Joseph & Deshpande 1997; A. A. Filipova 2011; Filipova 2009; Anna A Filipova 2011; Tsai & Huang 2008) or other studies that ranked the rules ethical climate very high.(Abou Hashish 2015; Atabay et al. 2015)

• The higher ranking of caring ethical climate in this study is consistent to some studies(Borhani et al. 2014) where this type appeared higher than independence and instrumental climates, but in contrast to most studies where it ranked in middle of the list(Joseph & Deshpande 1997; Borhani et al. 2014; Deshpande & Joseph 2009; Filipova 2009; Abou Hashish 2015) (thus not having the higher mean) and other studies where it ranked last.(Tsai & Huang 2008)
DISCUSSION

• When Nurses perceive the ethical climate in their working place as one that focus in egoistic tendencies, they also perceive that more nursing care activities are missed.

• Care activities are also missed more in ethical climates guided by personal believes, Personal morality and individual sense of what action is right and what is wrong.
DISCUSSION

• On the other hand, when nurses perceived that the ethical climate in their working organization is guided by benevolent and utilitarian ideals utilitarianism (focus on maximization of good for maximum number of people), then they report less care omissions.

• The same exist when the ethical climate is perceived as one that has a strong focus in the compliance and respect of rules, ethical principles, laws and codes of ethical conduct.
DISCUSSION

• However, certain benevolent ideals, ethical principles, rules, laws, code of conducts and values that govern nursing practice may have passed with greater universality to specific care units and this may be related to nurses’ decisions regarding missed care.

• It seems that the cancer care units in Cyprus are influenced by benevolent ideals and by deontological principles and professional rules, and this in turn may partly assist in reducing the level of reported missed care.
DISCUSSION

Having in mind the results of this study one can assume that by reducing the influence of Instrumental and Independence types of ethical climate and by fostering Caring, Rules and Law and code types, one can assist in the efforts to decrease missed nursing.

However, further research is needed in order to have an increased understanding of the relationship between the types of ethical climate and the levels of missed nursing care.
STUDY LIMITATIONS

The generalizability of the findings, at international level is limited by the fact that the data were collected only from the cancer units in one country. Therefore, one cannot assume that these units are representative of their entire hospital or the nursing profession as a whole in this or any other country.

This study used self-completed tools, and this may have led to self-report bias. However, the achieved response rate mitigates this limitation to some extent, as the findings reflect the perceptions of nearly all nurses in these settings.
CONCLUSION AND IMPLICATION OF PRACTICE

Our study contributes to the better understanding of the phenomenon of missed care by revealing a relationship between ethical climates and missed nursing care in a single country in Europe, specifically in cancer care units.

Similar studies from other countries (at European and at international level) may create a more robust evidence regarding this relationship. Additionally, other studies are needed, in order to establish if causal relationships between ethical climates and missed nursing care exist.
Ethical climate and missed nursing care in cancer care units

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Abstract
Background: Previous research has linked missed nursing care to nurses’ work environment. Ethical climate is a part of work environment, but the relationship of missed care to different types of ethical climate is unknown.
Research objectives: To describe the types of ethical climate in adult in-patient cancer care settings, and their relationship to missed nursing care.
Research design: A descriptive correlation design was used. Data were collected using the Ethical Climate Questionnaire and the MISSCARE survey tool, and analyzed with descriptive statistics, Pearson’s correlation and analysis of variance.
Participants and research context: All nurses from relevant units in the Republic of Cyprus were invited to participate.
Ethical considerations: The research protocol has been approved according to national legislation, all licenses have been obtained, and respondents participated voluntarily after they have received all necessary information.
Findings: Response rate was 91.8%. Five types identified were as follows: caring (M = 3.18, standard deviation = 1.39); law and code (M = 3.18, standard deviation = 0.96); rules (M = 3.17, standard deviation = 0.73); instrumental (M = 2.88, standard deviation = 1.34); and independence (M = 2.74, standard deviation = 0.94). Reported overall missed care (range: 1–5) was M = 2.51 (standard deviation = 0.90), and this was positively (p < 0.05) related to instrumental (r = 0.612) and independence (r = 0.461) types and negatively (p < 0.05) related to caring (r = 0.695), rules (r = −0.367), and law and code (r = −0.487).
Discussion: The reported level of missed care and the types of ethical climates present similarities and differences with the relevant literature. All types of ethical climate were related to the reported missed care.
Conclusion: Efforts to reduce the influence of instrumental and independence types and fostering caring, law and code, and rules types might decrease missed nursing care. However, more robust evidence is needed.

Keywords
Cancer care units, care rationing, hematology, missed nursing care, oncology, types of ethical climate

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