Missed Nursing care as related to ethical climate: a pilot study

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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 measured by the Missed Nursing Care Survey tool - MISSCARE Survey, of Kalisch and Williams (2009).
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).
MISSED NURSING CARE

• A phenomenon investigated within the framework of scarcity of resources, cost reductions and economic constraints.

• The dominating view is that when resources are not sufficient to provide necessary care to all patients, nurses are forced to ration their attention across patients by using their clinical judgment to prioritise assessments and interventions which may increase the risk of negative patient outcomes (Schubert et al., 2008).
Insufficient resources (time, staffing level, skill mix, poor work environment)

- Care left undone, unfinished care, missed care
- Care Delays
- Minimise the standards and reduce quality
- Move to the next shift
- Assign to relatives
- Patient discrimination (e.g. on the grounds of age, perceived severity, etc)
THEORETICAL FRAMEWORK
The missed Care Model (Kalisch et al., 2009)

Antecedents
Demand for patient care
Resource allocation, labour – materials
Relationships, communication

Nursing Process
Assessment, diagnosis
Planning
Interventions
Evaluation

Nurses Internal Processes
Group \ team Norms
Priority \ decision making
Internal Values and beliefs
Habits

Missed Nursing Care

Patient outcomes
THE 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 health care delivery and shape the workplaces in which care is delivered (Rodney et al., 2006)

• Implications
  – It has a great impact on the decision-making process
  – On the quality of care
  – It acts as a reference of behaviour when nurses face ethical issues
THEORETICAL FRAMEWORK: TYPES OF ETHICAL CLIMATE

Figure 2. Five common empirical derivatives of ethical climate (Victor and Cullen, 1987, 1988; Neubaum et al., 2004).
THEORETICAL FRAMEWORK: TYPES OF ETHICAL CLIMATE

• Employees who work in **caring ethical climates** perceive that their decisions are and should be based on a general concern for the welfare of others (Simha and Cullen 2012). The **most important concern is what is best for others** (Borhani et al, 2014) and **tends to encourage behaviors that yield a positive result and the greatest good for the greatest number of people** (Simha and Cullen 2012; Filipova 2009).

• **Employees** who work in **instrumental climates** tend to perceive their organizational unit, as that it encourages ethical decision making from a selfish standpoint (Simha and Cullen 2012). In this climate **the behavior that promotes interest** (self or organizational) **is the norm**, since the main objective is to provide **personal or organizational benefits** (Borhani et al, 2014; Simha and Cullen 2012). In this climate, **people protect their own interests above all and act mainly for themselves** (Filipova 2009).
THEORETICAL FRAMEWORK: TYPES OF ETHICAL CLIMATE

- **In rules ethical climates**, organizational decisions are guided by an intense and diffuse acceptance of local standards and regulations, such as codes of good practice and behavior (Martin & Cullen, 2006; Simha and Cullen 2012). For workers in such climates **is very important to follow the rules, procedures and policies of the organization strictly** and each of them is expected to do so (Borhani et al, 2014; Okpara and Wynn 2008).

- The principles that guide decision-making in **the ethical climate of the laws and codes** are based on external influences, such as laws, the Bible, or professional codes of conduct (Simha and Cullen 2012), while the first issue is to assess whether the decision violates any law, external rules and codes (Borhani et al, 2014). A key element in this type of climate is that **people are expected to comply with the laws and professional standards** over and above all other factors (Goldman and Tabak 2005; Tsai and Huang 2008).

- In **independence** climate, people **are expected to follow the deeply held personal and moral beliefs** (Borhani et al, 2014) to make ethical decisions with **minimal impact from external influences** (Simha and Cullen 2012). Each **person decides for himself what is morally right or morally wrong** (Borhani et al, 2014; Tsai and Huang 2008).
THE RELATIONSHIP BETWEEN ETHICAL CLIMATE AND MISSED CARE

• There is evidence of the relation between professional practice environment and missed care (Papastavrou et al., 2014)

• The ethical climate is one type of the work environment and the one most associated with employee feelings and responses in the face of ethical issues (Atabey et al., 2014)
RESEARCH QUESTIONS

• What is the prevailing type of ethical climate in oncology Units
• What elements of care are missed in oncology units?
• Is there a relation between missed care and the ethical climate?
METHODOLOGY

• Descriptive, correlational design

• Participants
  – All nurses working in oncology units in Cyprus

• Research instruments
  – Translated, back translated, adjusted to the Greek language, reliability testing.

• Ethical issues
  – National bioethics committee, Protection of personal data
  – Permission to translate and use instruments
  – Informed consent
Research Instruments

• **The MISSCARE survey** - Nurses Version (Kalisch & Williams, USA, 2009)
  - Demographic data
  - 24 items related to the elements of care missed and rated on a 4-point Likert scale starting from 1 (never or rarely missed) to 4 (always missed)
  - Cronbach's Alpha, 0.95

• **The Ethical Climate Questionnaire (ECQ)** Victor and Cullen (1987;1988), 26 items
  - Caring type, Cronbach's Alpha 0.95
  - Instrumental, Cronbach's Alpha 0.96
  - Independence, Cronbach's Alpha 0.84
  - Rule, Cronbach's Alpha 0.84
  - Law and order, Cronbach's Alpha 0.89
THE PARTICIPANTS’ PROFILE (n=157)

Gender
- Male: 98
- Female: 59

Age
- 22-34: 95
- 35-44: 35
- 45-55: 27

Work Experience
- 6m-2y: 51
- 2-5y: 37
- 5-10y: 15
- >10y: 15

Education
- Diploma: 51
- BSc: 130
- Masters: 20
Elements of Care frequently or always missed
Mean Values 1-5 (1=never missed, 5=always missed)
Elements of Care rarely or never missed
Mean Values 1-5 (1=never missed, 5=always missed)

- Vital signs: 2.00
- Intake-Output: 2.00
- Glucose Monitoring: 1.57
- Patient Assessment: 1.57
The prevailing types of ethical climate in oncology Units

- Caring: 3.18
- Independence: 2.47
- Rules: 3.17
- Law and Code: 3.18
- Instrumental: 2.88
The prevailing types of ethical climate in oncology Units

<table>
<thead>
<tr>
<th>TYPE OF ETHICAL CLIMATE</th>
<th>(n=157)</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instrumental</td>
<td></td>
<td>2.88 (1.347)</td>
</tr>
<tr>
<td>Caring</td>
<td></td>
<td>3.18 (1.392)</td>
</tr>
<tr>
<td>Independence</td>
<td></td>
<td>2.74 (0.946)</td>
</tr>
<tr>
<td>Rules</td>
<td></td>
<td>3.17 (0.735)</td>
</tr>
<tr>
<td>Law and Code</td>
<td></td>
<td>3.18 (0.969)</td>
</tr>
</tbody>
</table>

Mean Values (0-5): 0= completely false, 5 = completely true
The relationship between the types of ethical climate and missed nursing 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 CARE</td>
<td>PEARSON CORREL.</td>
<td>0.612**</td>
<td>0.461**</td>
<td>-0.695**</td>
<td>-0.367**</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).
The relationship between the types of ethical climate and missed nursing care

- The perception of nurses for Missed Nursing Care (Where 1 = Never Missed and 5= Always Missed) found to be positively related with the types of Instrumental ethical climate ($r = 0.612$, p-value $<0.05$) independence ($r = 0.461$, p-value $<0.05$).

- Missed Nursing Care was found to be negatively related with the caring climate ($r= -0.695$, p-value $<0.05$), Rules ($r = -0.367$, p-value $<0.05$) και Law and Code ($r=- 0.487$, p-value $<0.05$).
DISCUSSION

• This is the first study in Europe exploring missed care in Oncology units

• Reported missed care is much more than the one reported in the only study performed in the USA (Friese et al., 2012).

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

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

• Care activities are also missed in ethical climates guided by personal believes, Personal morality and individual sense of what action is right and what is wrong.
• 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 is perceived as one that has a strong focus in the compliance and respect of ethical principles, rules, laws, standards and codes of conduct.
CONCLUSION

• Our study contributes to understanding the unexplored area of care omissions in cancer settings and its relation to the ethical climate, a phenomenon that merits further investigation
THANKS FOR YOUR ATTENTION