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

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## FOR MORE INFORMATION REGARDING OUR WORK

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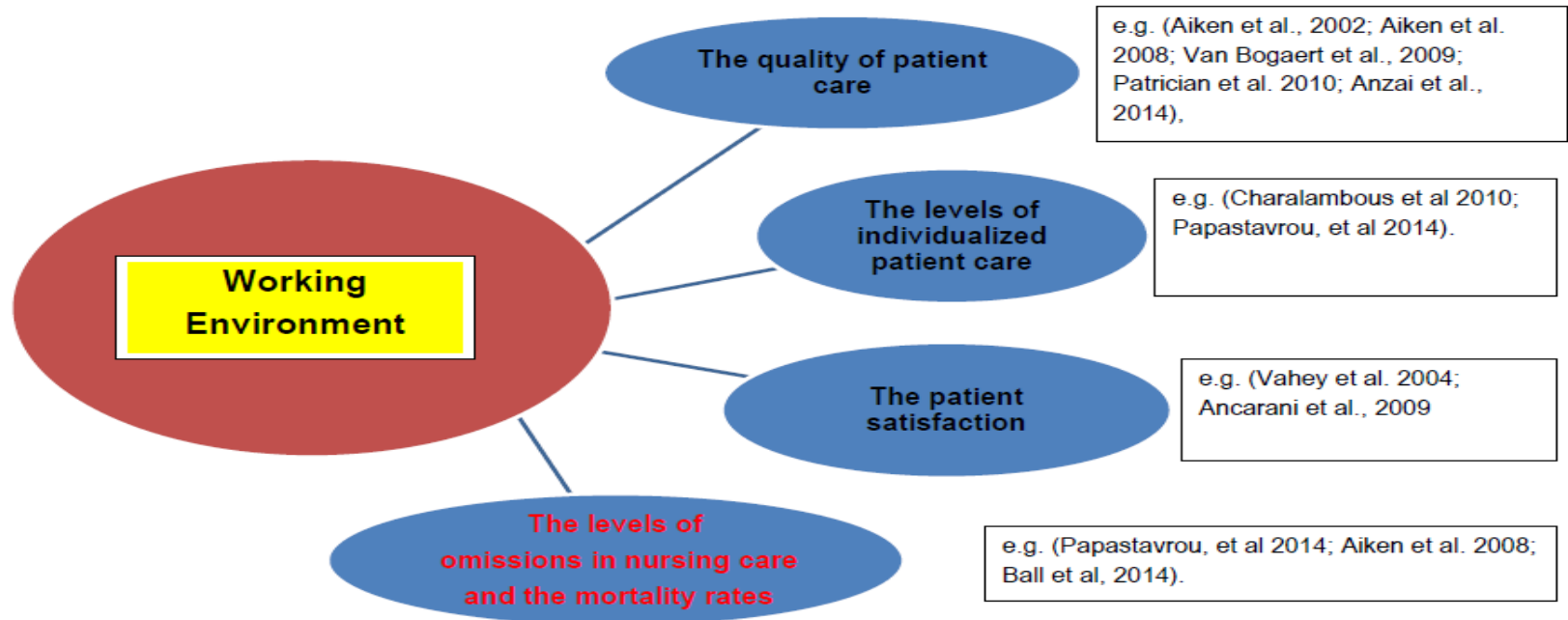
## Keywords
Cancer care units, care rationing, hematology, missed nursing care, oncology, types of ethical climate

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## 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**

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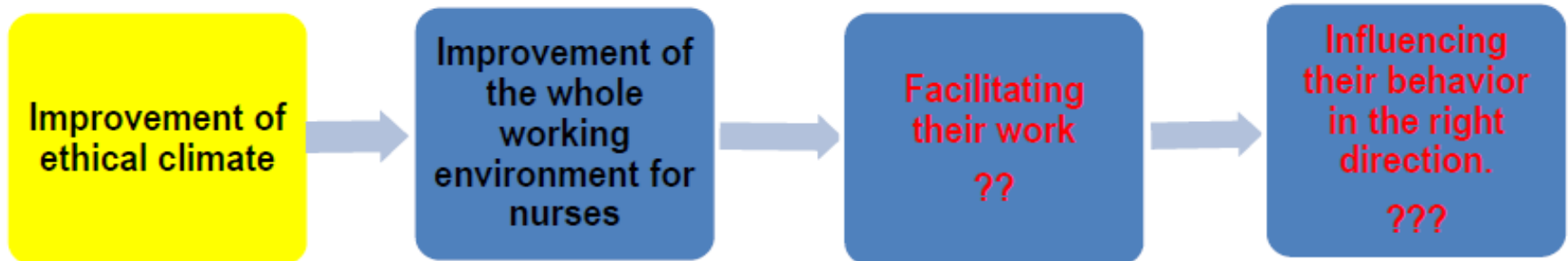2004

# 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 n**ursing 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.**

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# 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.**

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)

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# Purpose of the study

- **To investigate and describe** the types of ethical climate that may exist i**n** 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).

- As **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).**

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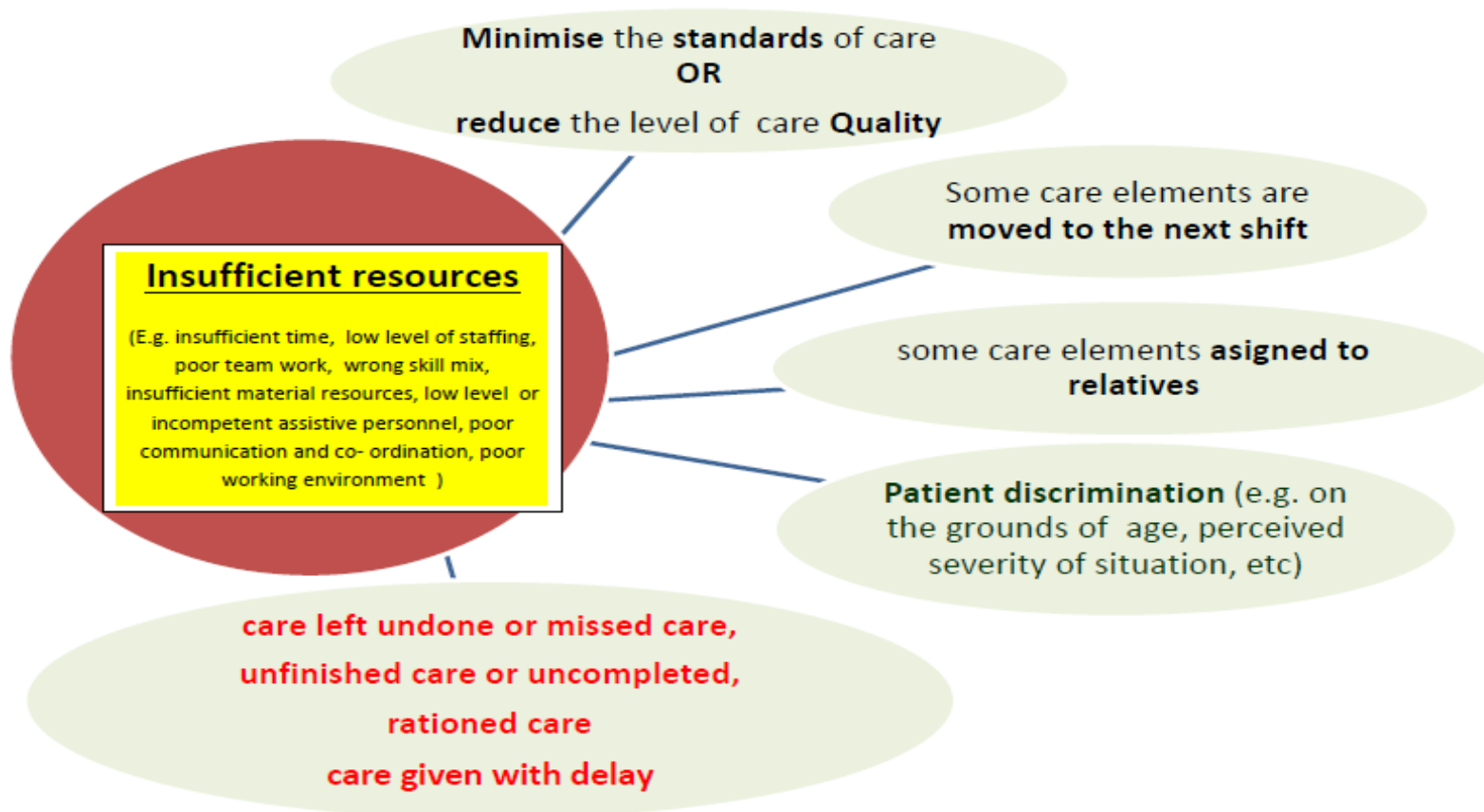CYPRUS UNIVERSITY OF TECHNOLOGY
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# Theoretical Framework
# Missed nursing Care- Rationing of nursing Care

- 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).
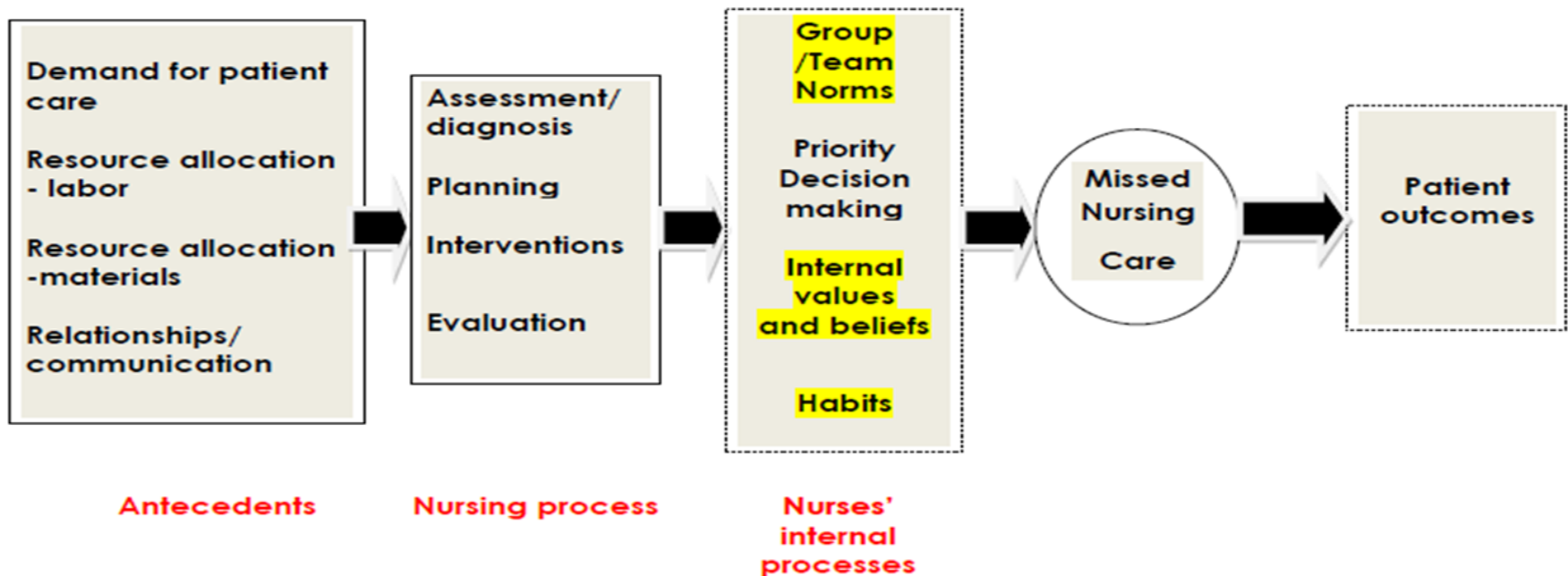
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# Theoretical Framework

# Missed nursing Care- Rationing of nursing Care

Minimise the standards of care
OR

reduce the level of care Quality

Some care elements are
moved to the next shift

## Insufficient resources

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

some care elements asigned to
relatives

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

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

# Theoretical Framework
## Missed nursing Care Model (Kalisch et al., 2009)



**Source:** Kalisch, B.J., Landstrom, G.L., Hinshaw, A.S., 2009. Missed nursing care: a concept analysis. J. Adv. Nurs. 65, 1509–17. doi:10.1111/j.1365-2648.2009.05027.x

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## Theoretical Framework - The ethical climate

- 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 health care** 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).

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# 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)

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# **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).

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# 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**.

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## METHODOLOGY

**Criteria for participation in this study**

- **Registered nurse** according to national legislation (Nursing and midwifery law 1988-2012)

- **Voluntary participation i**n 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 i**n home care or**

- Working with **hospitalized children with oncological or hematological diseases.**

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## 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.

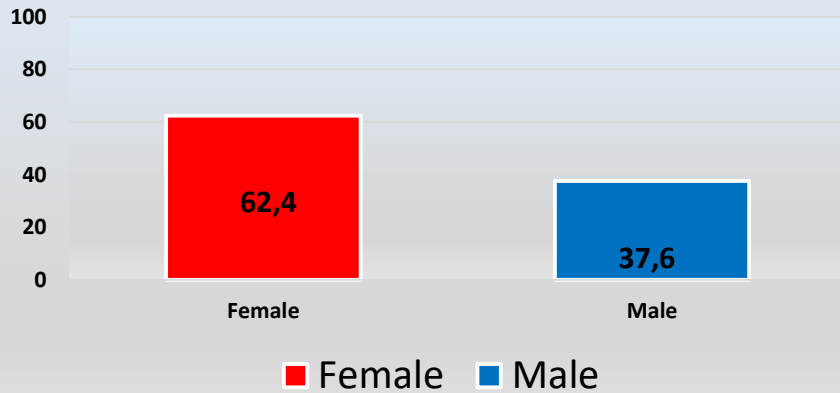# Research Instruments – Ethical climate Questionnaire ECQ18

- 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)

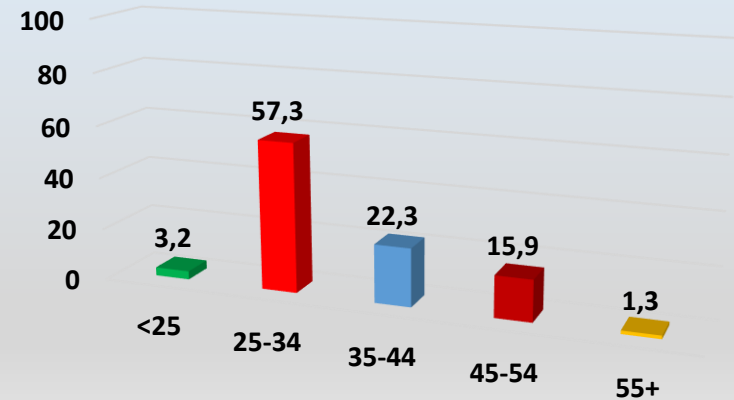# Research Instruments – Missed care Survey tool (Nurses Version)

- 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.

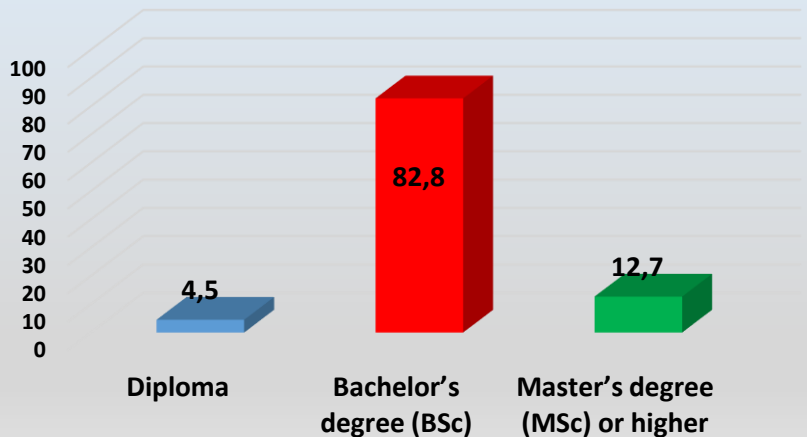# Results – The participants profile (n= 157) (Response rate= 91.8%).



**Gender (%)** n= 157
- Female: 62,4
- Male: 37,6

**Age in years (%)** n= 157
- <25: 3,2
- 25-34: 57,3
- 35-44: 22,3
- 45-54: 15,9
- 55+: 1,3

**Educational level (%)** n= 157
- Diploma: 4,5
- Bachelor's degree (BSc): 82,8
- Master's degree (MSc) or higher: 12,7

**Working experience (%)** n= 157
- 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

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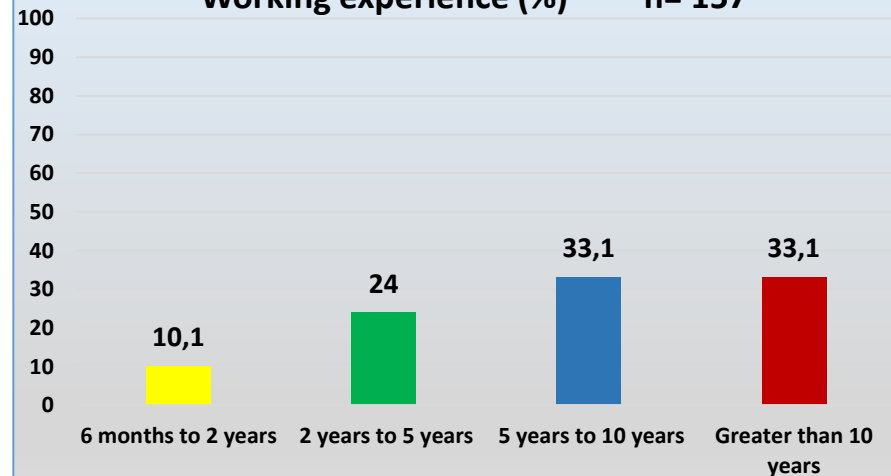
# Results – Missed Care

**Table: Descriptive Statistics of *MISSCARE Survey* Scale**

| Scale | Items | Mean | SD | Cronbach's alpha |
|---|---|---|---|---|
| Total Missed Care | 25 | 2.51 | 0.902 | 0.936 |

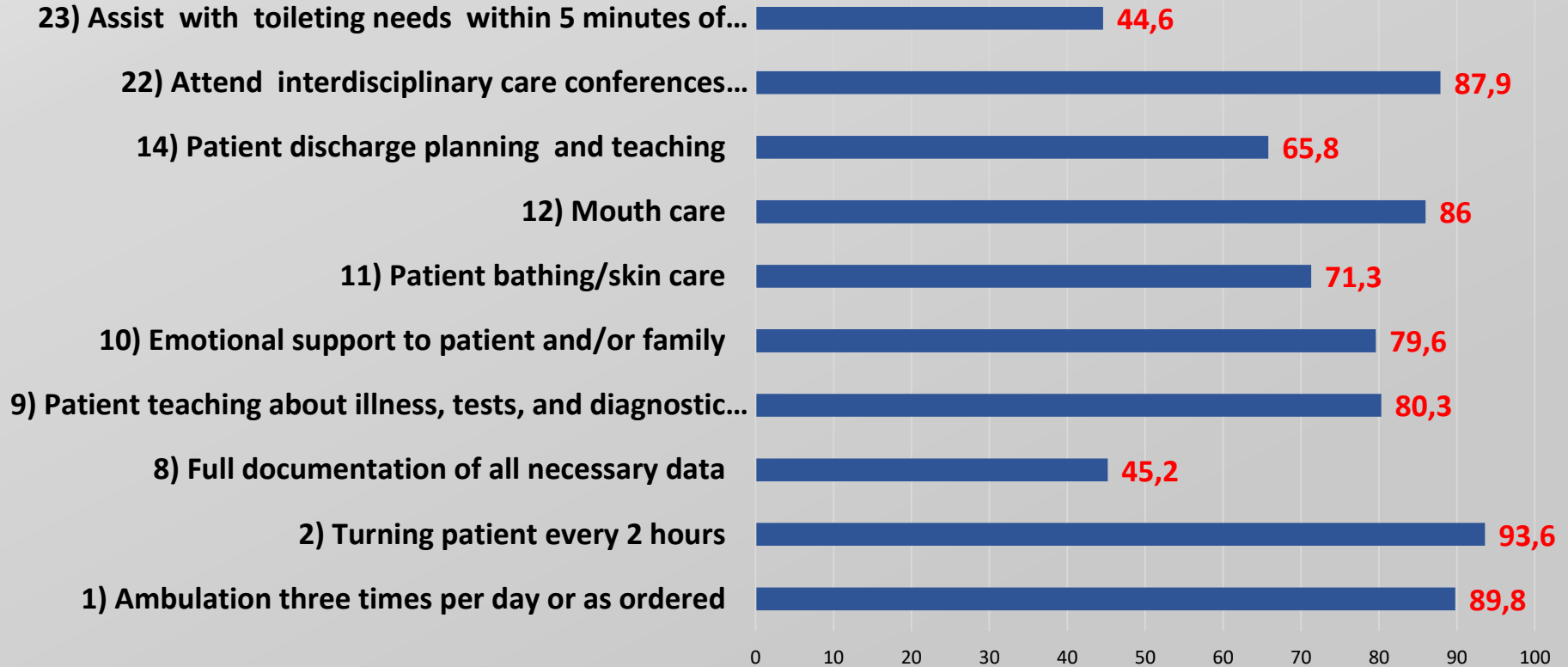**Range:1–5,** where 1 = never missed  And 5 = always missed

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

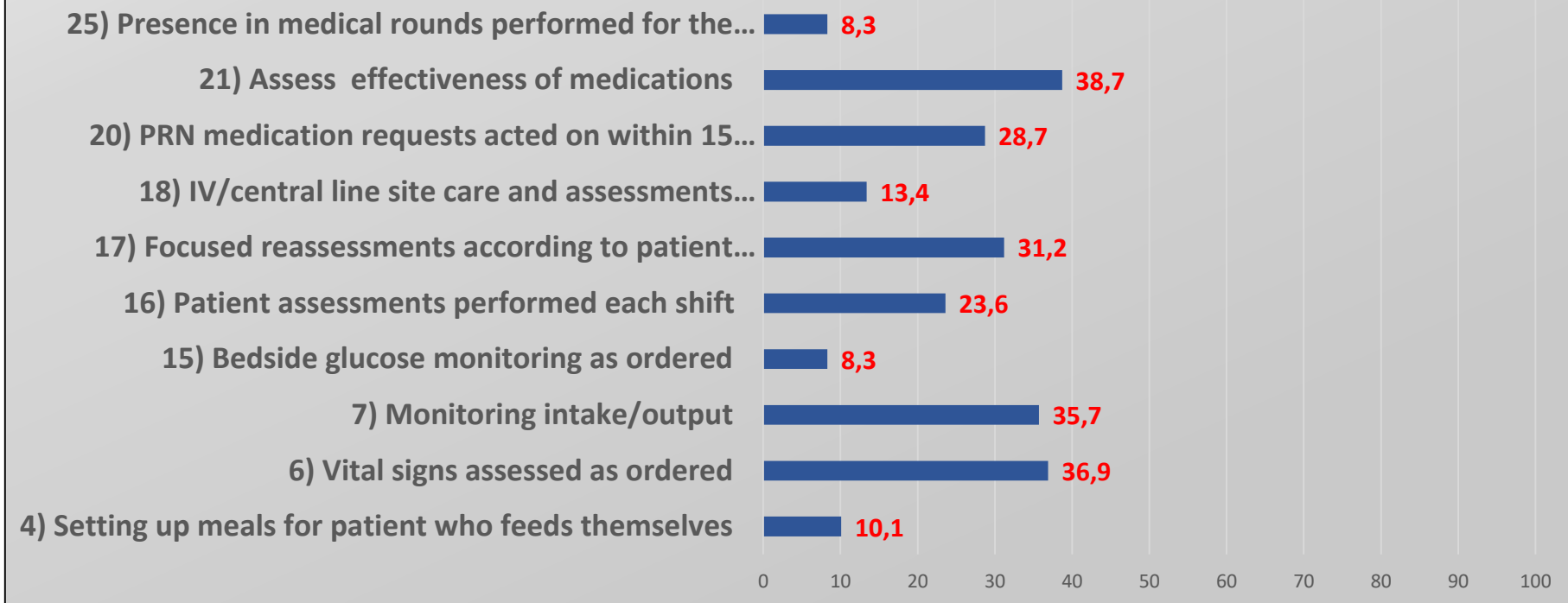**Overall percentage of missed care: 49.8%**

# Results – Missed Care

**Care elements that are more frequently missed in Cancer care units (n=157)**

| Care element | Value |
|---|---|
| 23) Assist with toileting needs within 5 minutes of… | 44,6 |
| 22) Attend interdisciplinary care conferences… | 87,9 |
| 14) Patient discharge planning and teaching | 65,8 |
| 12) Mouth care | 86 |
| 11) Patient bathing/skin care | 71,3 |
| 10) Emotional support to patient and/or family | 79,6 |
| 9) Patient teaching about illness, tests, and diagnostic… | 80,3 |
| 8) Full documentation of all necessary data | 45,2 |
| 2) Turning patient every 2 hours | 93,6 |
| 1) Ambulation three times per day or as ordered | 89,8 |

- **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
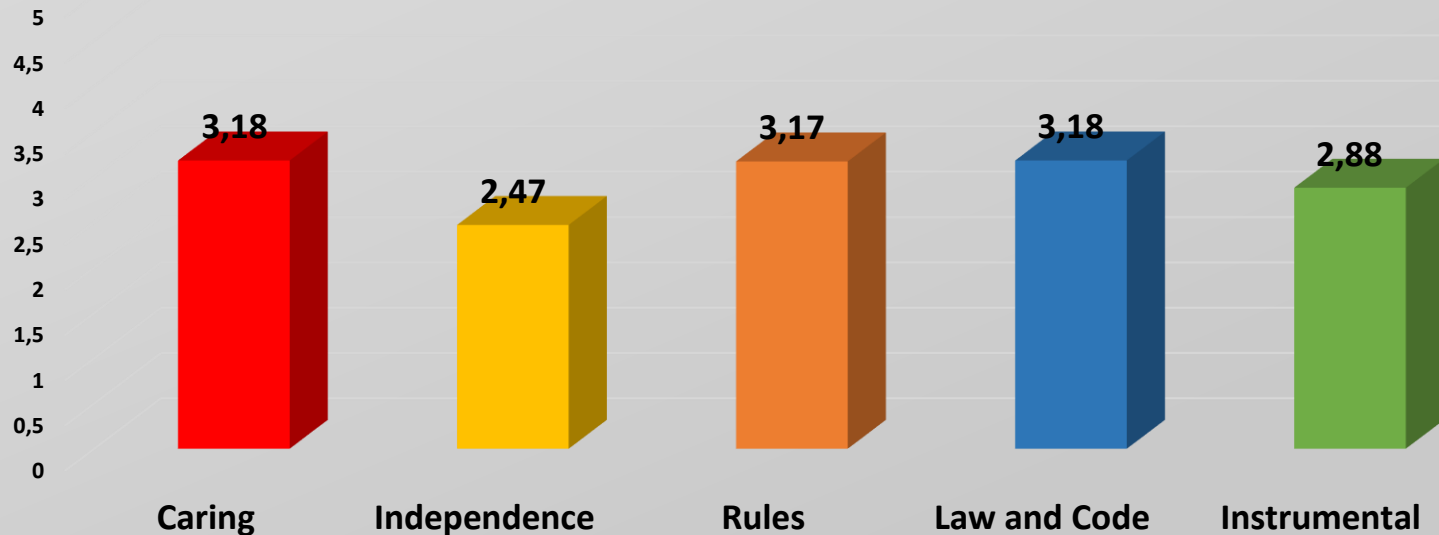
# Results – Missed Care

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

| Care element | Value |
|---|---|
| 25) Presence in medical rounds performed for the… | 8,3 |
| 21) Assess effectiveness of medications | 38,7 |
| 20) PRN medication requests acted on within 15… | 28,7 |
| 18) IV/central line site care and assessments… | 13,4 |
| 17) Focused reassessments according to patient… | 31,2 |
| 16) Patient assessments performed each shift | 23,6 |
| 15) Bedside glucose monitoring as ordered | 8,3 |
| 7) Monitoring intake/output | 35,7 |
| 6) Vital signs assessed as ordered | 36,9 |
| 4) Setting up meals for patient who feeds themselves | 10,1 |

- **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)

| Caring | Independence | Rules | Law and Code | Instrumental |
|--------|--------------|-------|--------------|--------------|
| 3,18 | 2,47 | 3,17 | 3,18 | 2,88 |

- **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

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

- **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

| Type of ethical climate | In all cancer care units  Mean * (SD) | Cancer care unit – Mean * (Standard Deviation) | | | | | |
|---|---|---|---|---|---|---|---|
| | | Hematology (Hospital A) | Oncology (Hospital A) | Hematology (Hospital B) | Oncology (Hospital B) | Independent Oncology center | Non-profit Non-Governmental Hospice |
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- 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 s**ignificant 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

| Type of ethical climate | In all cancer care units<br><br>Mean * (SD) | Cancer care unit – Mean * (Standard Deviation) | | | | | |
|---|---|---|---|---|---|---|---|
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| Rules | 3.17 (0.73) | 3.04 (0.45) | 3.22 (0.73) | 3.11 (0.88) | 2.97 (0.82) | 3.29 (0.69) | 3.36 (0.62) |
| Instrumental | 2.88 (1.34) | 1.78 (0.83) | 3.05 (0.79) | 2.90 (1.51) | 2.29 (1.78) | 3.48 (1.21) | 3.28 (1.34) |
| Independence | 2.74 (0.94) | 1.88 (0.90) | 2.75 (0.77) | 2.83 (1.00) | 2.30 (1.17) | 3.20 (0.65) | 3.27 (0.65) |

- 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

| | TYPE OF ETHICAL CLIMATE | | | | |
| :---: | :---: | :---: | :---: | :---: | :---: |
| | Instrumental | Independence | Caring | Rules | Law and code |
| **MISSED NURSING CARE (Pearson correlation Coefficients)** | **0.612 \*** | **0.461 \*** | **-0.695 \*** | **-0.367 \*** | **-0.487 \*** |

\*\* 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 <span style="color:red">one that focus in egoistic tendencies</span>, they also** perceive that <span style="color:red">**more nursing care activities are missed.**</span>

- Care activities are <span style="color:red">**also missed more**</span> **in ethical climates guided** by personal believes, <span style="color:red">**Personal morality and individual sense**</span> of what action is right and what is wrong.

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# 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.

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## 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

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# 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 t**o have  an increased  understanding** of the relationship between the types of ethical climate  and the levels of missed nursing care .

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# 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.

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# 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**

## FOR MORE INFORMATION REGARDING OUR WORK

Vryonides, S., Papastavrou, E., Charalambous, A., Andreou, P. Eleftheriou, C. & Merkouris, A. 2016. Ethical climate and missed nursing care in cancer care units. Nursing Ethics. Available at: http://nej.sagepub.com/cgi/doi/10.1177/0969733016664979.

# 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

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# THANKS FOR YOUR ATTENTION