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The ethical dimension of nursing care rationing as it is revealed from existing qualitative research studies

Stavros Vryonides, PhDc, MBA, BSc, RN
Anastasios Merkouris, PhD, MSc, BSc, RN
Andreas Charalambous, PhD, MSc, BSc, RN
Panayiota Andreou, PhD MSc, BSc, Psychologist
Evridiki Papastavrou PhD, MSc, BSc, RN

Background

✓Nursing as **a science** is **based on solid ethical foundations** regarding, humanity, society, life, sickness and health.

✓The nursing activities **are guided by**

- ✓Humanitarian **values**,
- ✓The **commitment** to provide a **compassionate**, **comprehensive**, **individualized** and **humanitarian care** to patients **with** respect and justice **and without** any discrimination or restrictions (ICN 2012; ANA 2012),
- ✓And the effort to **maintain** the **safety and quality** of care (European Commission, 2007)

✓**HOWEVER….**

Background

✓**When nursing resources are not sufficient**, as for nurses to be able provide all the necessary care to all patients (e.g. inadequate time, poor staffing levels, poor working environment, inappropriate skill mix, etc.), **nurses may be forced to**

- ✓**Delay or omit some nursing activities** and give priority to some other nursing activities....
- ✓or even,
- ✓**Give priority to some patients** and not to some others.

✓**THUS they 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).

✓This phenomenon is called **nursing care rationing**

Background- Defining concepts

- ✓ **Several definitions of the phenomenon have been given such as:**
  - ✓ **the withholding of, or failure to carry out necessary nursing tasks,** (Schubert et al 2008),
  - ✓**nursing care that has been omitted** (either partially or totally) **or delayed,** (Kalisch et al 2009),
  - ✓**care needs not being met,** or **not performed** (Lucero et al, 2009)
  - ✓**priority setting,** (Arvidsson et al, 2010),
  - ✓**care prioritization,** (Nortvedt et al 2011, Tønnessen et al 2009)

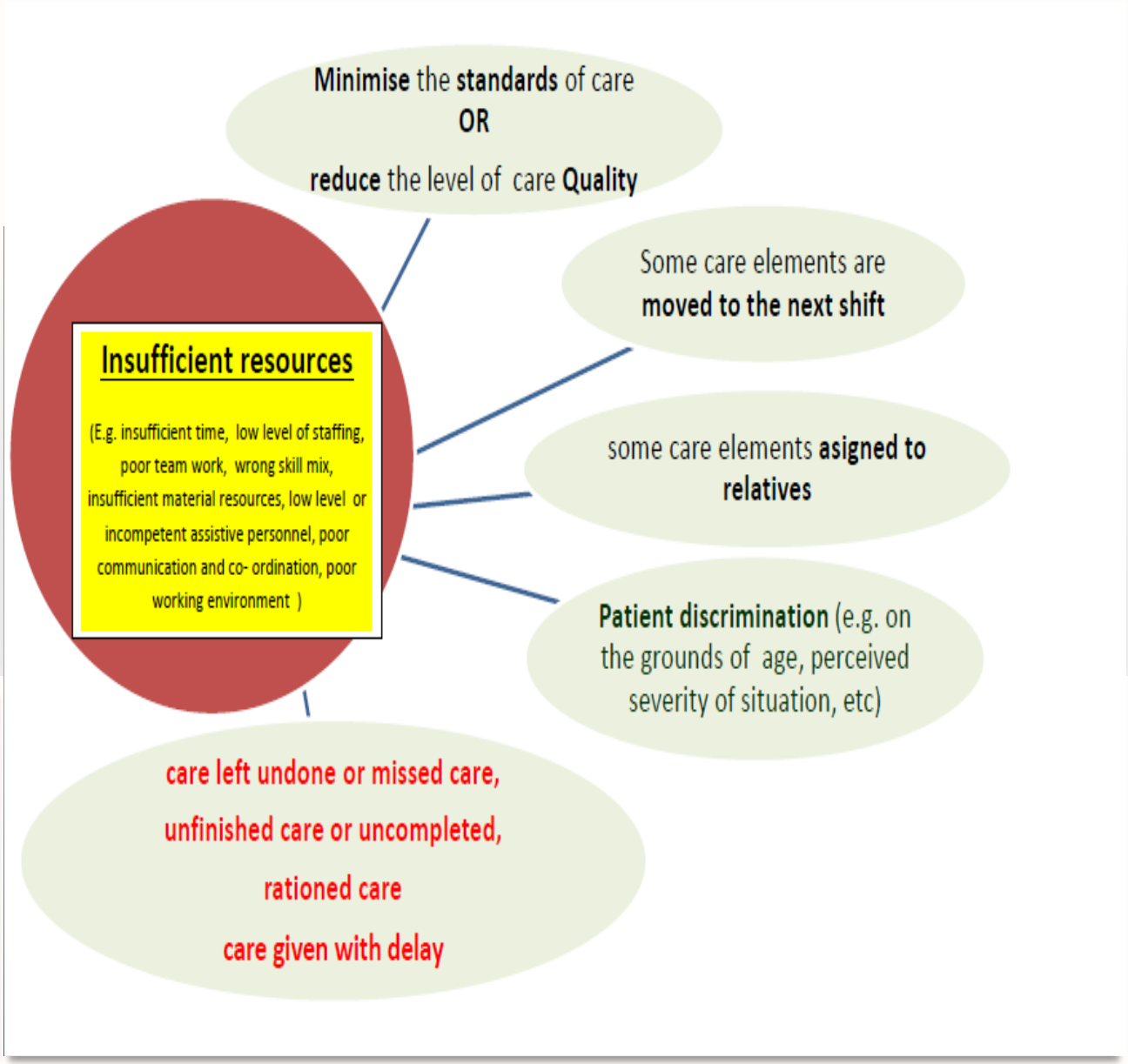
✓**that are due to inadequate nursing resources.**

Background

- minimize **standards**
- reduce **quality**,
- Move care elements to the **next shift**,
- assign **to relatives**

- give **less priority** to some **patient categories**

In all these cases care is rationed or missed, or left undone, or remain unfinished and uncompleted or it is given with delay



Background- the need for the study

- ✓However, it **is not clear how nurses are experiencing these options** (the allocation of care in scarcity) in relation with the ethical dimension of nursing
  - ✓at the **level of nurses' decision making**
  - ✓or **as a resulting outcome on nurses** as health professionals.

- ✓In any case **it raises ethical concerns and questions**
  - ✓Is it Influenced by the moral reasoning of nurses?
  - ✓Does it cause moral conflicts with their personal and professional values?
  - ✓Does it leads to moral discomfort and moral distress?

Aim of presentation and objectives of the study

The aim of this presentation is to present the results of a **systematic review and a thematic synthesis** of qualitative research studies that have revealed an ethical dimension of nursing care rationing.

The Objectives of this thematic synthesis were to **find out the deeper moral meaning of nursing care rationing** (if any) by synthesizing studies that relate this phenomenon with the ethical perspectives of nursing.

Methodology – literature search

The **literature search, study selection and extraction process** were based on the guidelines suggested by the **Joanna Briggs Institute Reviewer's manual .**

✓*In* ***9 Databases*** *(PubMed, Embase, Cinahl, Academic Search Complete, Web of Science, PsycInfo, PsycArticles, ScienceDirect and ProQuest Platform Databases),*

✓***Without considering publishing dates***

Methodology – literature search

- *Intended to **find published studies** AND ALSO **non- published studies** (Grey literature from Open Archives gr, NDLTD - network digital library of theses and dissertations)*
  - ***dealing with any ethical aspects of nursing care rationing,** as this was **apparent from** their title, abstract, or stated research aims*

- *Additionally, **all articles obtained as full text**, **were screened for citations of relevant studies.***

- ***Key words**:*
  - ***ethical** dilemma/ ethical climate/ ethical environment/ moral conflict/ moral distress/ethical decision making/ ethical reasoning*
  - ***AND nursing**/nursing care/nurses*
  - ***AND rationing**/ missed care/ omitted care/ priorities/ priority setting/ delayed care/ resource allocation*
- ***In various Combinations***

Methodology- Inclusion criteria

Studies were included if they met the following criteria:

(i) *Qualitative **studies relevant** with the **research questions,***

(ii) *Aim **explicitly addressing rationing**,*

(iii) *They **used rationing as the main variable** and related it by any means with ethical aspects of nursing care*

(iv) *sample included **nurses at any level of duty and experience,***

(v) *any **acute-care or chronic-care** clinical setting or community setting,*

(vi) *Articles **in English and/or Greek language** only - due to the proficiency of the researchers in those languages only.*

Methodology- Exclusion criteria

Studies were excluded if

- *They **did not clearly examine rationing** of nursing care,*
- *They were not related in any way **with the ethical** aspects of the phenomenon*
- *They **focused on health care rationing in general,** including managerial and workforce perspectives*

Methodology- Quality assessment

- ***Primary studies were assessed*** ***for explicitness and comprehensiveness of reporting*** *in order to avoid drawing unreliable conclusions.* ***BUT*** *we* ***used all studies*** *regardless of their quality.*

- *For this assessing we used the framework of* ***consolidated criteria for comprehensive reporting qualitative research (COREQ)***

- *These are* ***32 criteria****, grouped* ***in three*** *main* ***categories****:* ***(i)*** *research team and reflexivity,* ***(ii)*** *study design and* ***(iii)*** *data analysis and reporting*

Methodology- synthesis of data

- ***Synthesis*** *of the data from primary studies have been carried out* ***by a method*** *described by (Thomas and Harden, 2008) and called* ***thematic synthesis***

- *This method has* ***three stages*** *that* ***overlapped*** *to some degree* ***and facilitated in part*** *using* ***an electronic software reviewing system****, 'EPPI-Reviewer 4.*

  ✓***First stage*** — ***free line-by-line coding***

  ✓***Second stage*** — ***construction of descriptive themes***

  ✓**Third stage**— **Development of analytical themes**

Results- selecting the Studies

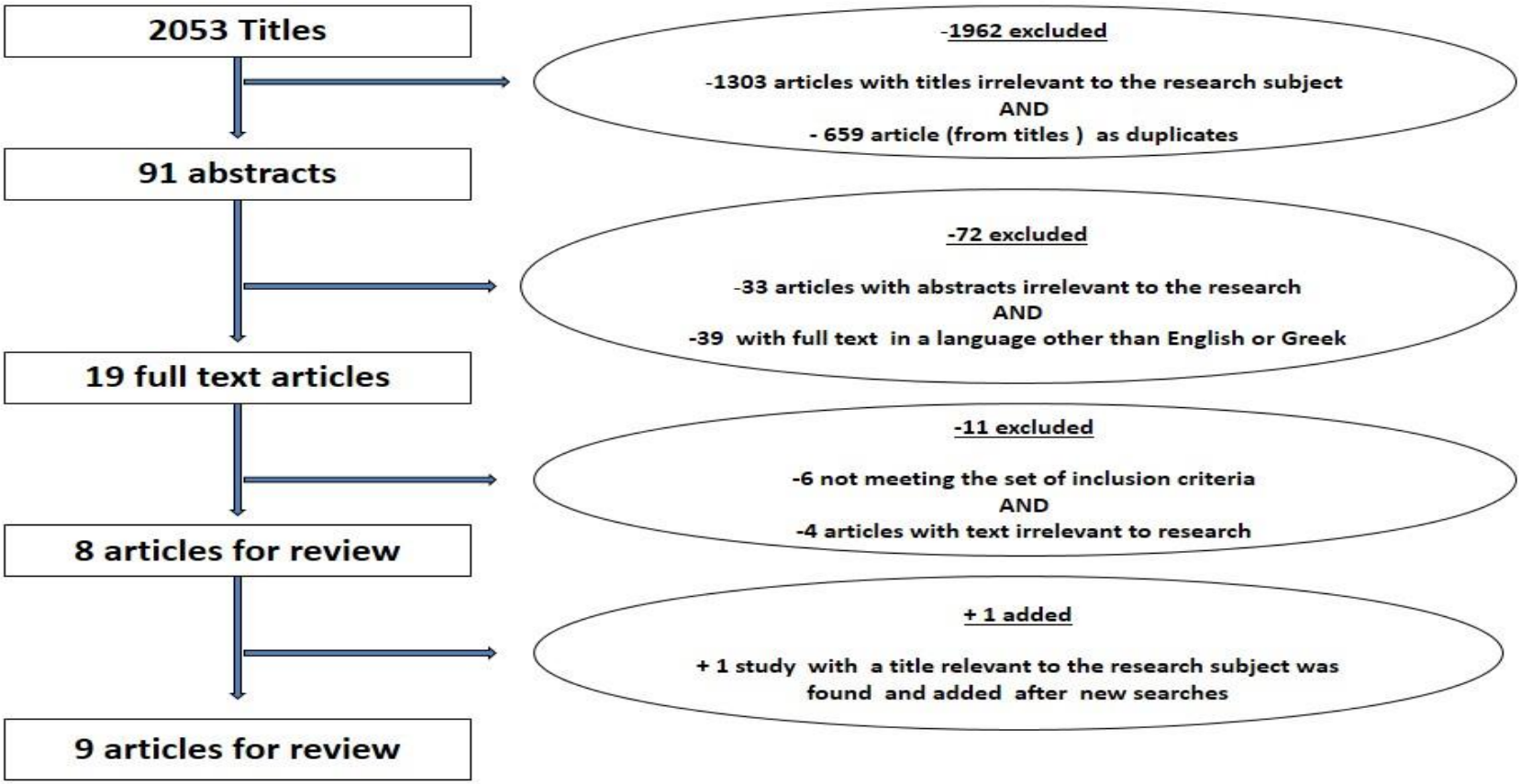


Figure 1: Flow diagram for identifying and selection of the studies of the review

Results- Quality assessment of primary studies

- The comprehensiveness of reporting varied across studies
- Most of them fulfilled most of the criteria

We decided to use all of them in the synthesis

Table 3: Quality assessment of included studies using the COREQ framework of reporting criteria

Reporting criteria	No.(%)	Studies reporting each criterion	Reporting criteria	No.(%)	Studies reporting each criterion
Characteristics of research team			**Data analysis**		
Interviewer or facilitator identified	6/9(66.6)	29,46,47,50,79,80	Number of data coders	3/9(33.3)	29,46,78
Credentials	9/9(100.0)	27,29,46,47,50,53,78,79,80	Description of the coding tree	0/9(0.0)	
Occupation	7/9(77.7)	27,29,47,50,53,79,80	Derivation of themes	6/9(66.6)	29,46,47,78,79,80
Sex	0/9(00.0)		Software	0/9(0.0)	
Experience and training	5/9(55.5)	27,29,50,53,79	Participant checking	0/9(0.0)	
Relationship with participants			**Reporting**		
Relationship established	1/9(11.1)	79,	Quotations presented	9/9(100.0)	27,29,46,47,50,53,78,79,80
Participant knowledge of the interviewer	2/9(22.2)	29,79	Data and findings consistent	9/9(100.0)	27,29,46,47,50,53,78,79,80
Interviewer characteristics	2/9(22.2)	29,79	Clarity of major themes	9/9(100.0)	27,29,46,47,50,53,78,79,80
Theoretical framework			Clarity of minor themes	3/9(33.3)	29,79,80
Methodological orientation and theory	9/9(100.0)	27,29,46,47,50,53,78,79,80			
Participant selection			**Data collection**		
Sampling	8/9(88.8)	29,46,47,50,53,78,79,80	Interview guide	6/9(66.6)	27,29,46,47,50,53,
Method of approach	4/9(44.4)	29,47,79,80	Repeat interviews	0/9(00.0)	
Sample size	9/9(100.0)	27,29,46,47,50,53,78,79,80	Audio/visual recording	8/9(88.8)	27,29,46,50,53,78,79,80
Non-participation	3/9(33.3)	29,47,78,	Field notes	2/9(22.2)	79,80

Results- Characteristics of Studies

Table 2: Summarized characteristics of the Included Studies

(Study) Country	Sample (n) sampling method	Nurses (Y) Age Range	Working setting	Nurses (Y) Working experience	Data Collection method	Data Analysis	Research Topic
(80), Norway*1	Physicians (n=21) ICU nurses (n=25)	28-57	ICU	1-26	Participant observation and semi-structured interviews	hermeneutical interpretation	To explore how limited resources influence nursing and medical treatment in intensive care
(27), Norway *2	Physicians (n=20) nurses (n=25)	26-59	public hospitals and nursing homes	1-34	semi-structured interviews	Hermeneutical and content analysis	To explore how clinicians understand their professional role in clinical prioritizations for older patients
(53), Norway*2	Physicians (n=20) nurses (n=25)	26-59	public hospitals and nursing homes	1-34	semi-structured interviews	Hermeneutical and content analysis	To explore what kind of criteria, values, and other relevant considerations are important in clinical prioritizations in healthcare services for older patients
(79), Norway*1	Physicians (n=21) ICU nurses (n=25)	28-57	ICU	1-26	semi-structured interviews and participant observation	Hermeneutical interpretation	To examine how significant others (e.g. family) may affect the principles of justice in the medical treatment and nursing care of ICU patients
(46), Norway*3	Nurses (n=17) Purposive	25-55	home-based care	1 ½- 35	Semi – structured interviews	interpretive Hermeneutic methodology	To investigate nurses' priority decisions and the provision of home-Based nursing care services
(47), Norway	Physicians (n= 6) nurses (n= 5)	38-59	Nursing Homes	10-34	Semi – structured interviews	manifest content analysis	To describe nurses' and physicians experiences of prioritization factors in nursing homes
(50), Norway*3	Nurses (n=17) Purposive	25-55	home-based care	1 ½- 35	Semi – structured interviews	interpretive hermeneutic methodology	To investigate nurses' decisions about priorities in home - based nursing care.
(78), New Zealand	Nurses (n=5) Purposive	NR	Adult acute care hospital	NR	Semi – structured interviews	using a general inductive approach	To explore the concept of "missed care" using a qualitative descriptive approach
(29), Cyprus	Nurses (n=23) Purposive 4 groups	24-48	3 Public general hospitals	2 - 25	Focus Groups interviews (n=4) (A: n=7; B: n=4; C: n=6; D: n=6)	Inductive Thematic analysis	To explore nurses' experiences and perceptions about prioritizations, omissions and rationing of bed-side nursing care through focus groups.

Abbreviations: ICU = Intensive care Unit, NR= Not reported, Y= years, n= number,
Notes: *1 possibly the same participants were enrolled, *2 Also, *3 Also.
Numbers in bracket above country = number of the study in reference list

- ***Nine studies*** *involving* ***167 nurse*** *participants.* From the **9 studies** nearly all carried out in **Norway (7**) one in New Zealand and one in Cyprus.

- Nurses' **Age varied from 28 to 59 years old**, and had **1- 35 years of experience**. They work **in various care units**, and **working places**, ICU, Nursing homes, community, adult care

- Mostly **semi-structure interviews** for data collection and **hermeneutic approach** to data analysis

Results of the thematic synthesis

- *Synthesis resulted in*
  - ***35 preliminary themes****,*
  - ***14 descriptive themes*** *and*
  - ***four analytical themes***
    - *Professional* ***challenges*** *and moral* ***dilemmas,***
    - ***Dominating considerations*** *when allocating resources*
    - ***Perception of*** *a morally ideal* ***role*** *– role conflict*
    - ***Experiences of the ethical effects*** *of rationing.*
- ***Discussion of relationships*** *between the themes revealed* ***a new thematic framework****.*

Results- presenting analytical themes

1st Analytical theme – Challenges and ethical dilemmas (examples)

- *To ensure **adequate and comprehensive care**, **equal access** to care, **Ethical care**.*

- ***Some of the narratives***

  •…"*the **interpersonal concern** and care, this is what **suffers**"*

  •"*the things **that aren't about life and death**, they have to be **postponed**"*

  •"*something of **a medical nature**, we pay **attention**"*

  •"*I think **they're not getting the care** that they could be getting*"

  •"*Patients **want nurses to talk to them**, they need to feel safe*"

  •*It is **unfair treatment**, **simply because a person is so strong that he may appear threatening…**"*

  •"*patients **sometimes have to be sedated a little longer**, **In order to handle the rest of the unit** , something which I consider **unethical**"*

Results- presenting analytical themes

2nd Analytical theme – *Dominating considerations when allocating resources* (examples)

- *Dominating considerations of nurses when allocating scarce resources are related to **time constraints**, the **organizational structure** and **support** from the organization, the **care model**, **professional principles and values**, the **status** of **patients** and their **families**.*

- ***Some of the narratives***
  - *…"I feel that **the responsibility is taken away from us because of too many tasks"** (80). "**They organize the time** – (50)."there are many who want contact, but you can't. You work like a robot" (29).*
  - *"**I get a working list estimated on time**" (50)". **"the duty manager said, "Oh you'll just have to manage" and I just burst into tears"** (78). **"it is not up to me to set priorities,***
  - ***"the most acute first. I give high priority to medical treatment**" (47) ."We meet physical needs. Medicines, nutrition, purely practical tasks" (50).*
  - *"**The ones who complain of course will be given more priority**" (46). "**The nice service user suffers" (46).***

Results-presenting analytical themes

3rd Analytical theme

Perception of *a morally ideal* **role** – *role conflict* (examples)

The perception of nurses regarding their role when allocating resources in scarcity is related to the ***need for holistic, individualized and comprehensive care,*** *the need for* ***care based*** *on* ***equality and justice****, the need to* ***act as patients' advocators****,* ***disclaimer of responsibilities*** *in relation to allocating*

- ***Some of the narratives***

  …***"'I feel that we do not prioritize social needs"*** (47). *" I don't prioritize the* ***relational aspect of care****"*(27).

  "***I'm talking about quality time****,* ***where you can see that they enjoy having us there" (50).*** "***It's more a matter of adapting the job to the individual"*** (46).

  "to give priority to those who haven't been outside" (47). "***It should be more like offering almost equal help to those in almost the same situation****"* (46).

  "***Then there is no one who stand in the breach for these people… ends up at the bottom of the priority list"*** (27)

  "the duty manager said" (78) "***obliged to keep to the assigned tasks***" (50) ***."it is not up to me to set priorities****,* it depends on the manager" (29).

Results- presenting analytical themes

4th Analytical theme

Experiences of the ethical effects *of rationing*(examples)

- *The perception of nurses regarding the effects of rationing to them is related to* ***conflicts with professional standards*** *and* ***with*** *the* ***ethical dimension of nursing****, moral* ***burden****,* ***guilt feelings*** *and moral* ***distress***

- ***Some of the narratives***

…**"There is so much to do**, **so you feel behind all the time**…" (80).

"….**it is difficult to say that I don't have time to help you**. It's about ethics …" (27).

"you **wonder if you did all** the things you could have done" (29).

"**That does something to you**…" (53). "You really feel **guilty**…" (27). "

and **I just burst into tears**…" (78)

"**I think about it all the way home**, I haven't done my job properly and then I worry…" (78).

" **I woke up in the middle of the night because I remembered things that I left undone my mistakes and my inappropriate behavior…." (29**).

Results

Summary of key analytical themes, descriptive themes and narratives from participants in primary studies

Table 4. Summary of main analytic themes, descriptive themes, and illustrative quotations across studies (N = 9).

Descriptive themes	Quotations
Professional challenges and moral dilemmas (analytic theme 1)	
Challenges in securing adequate and comprehensive care (risks for mishaps and neglect)	*the interpersonal concern and care, this is what suffers.*[78] *the things that aren't about life and death, they have to be postponed.*[27] *something of a medical nature, we pay attention.*[47] *I think they're not getting the care that they could be getting.*[80] "Patients want nurses to talk to them, they need to feel safe."[29]
Challenges in securing equal access to care	*We have to give priority to those who haven't been outside for a long time.*[47] *It is unfair treatment, simply because a person is so strong that he may appear threatening.*[46]
Challenges in securing ethical care	*patients sometimes have to be sedated a little longer, In order to handle the rest of the unit, which I consider unethical.*[78]
Dominating considerations when prioritizing (analytic theme 2)	
Time constraints	*I feel that the responsibility is taken away from us because of too many tasks.*[78] *They organize the time—how long we are to spend with each patient.*[50] *There are many who want contact, but you can't. That does something to you,*[53] "You work like a robot."[29]
Organizational schedule and support (unsupported feeling)	*I get a working list estimated on time.*[50] *foremost we are obliged to the assigned tasks.*[50] *the duty manager said, 'Oh you'll just have to manage' and I just burst into tears.*[80] "it is not up to me to set priorities, it depends mainly on the manager."[29]
Model of care	*the most acute first. I give high priority to medical treatment*[47] *We meet physical needs. Medicines, nutrition, purely practical tasks.*[50] "we will check the vital signs, give the medication."[29]
Professional values and ethical principles	*they are ill and don't want to come, but they have to.*[53] *We do not give some patients a shower twice a week while other gets one once a week.*[46]
Patients' and families' status and position	*If he'd had a stronger family around.*[79] *if they have families who are persistent are active, get involved. Obviously they get more.*[79] *These two get help regardless, at the expense of the others,*[46] *The ones who complain of course will be given more priority.*[46] *The nice service user suffers.*[46]
Perception of professional and moral role (analytic theme 3)	
Need for holistic, individualistic, and comprehensive care	*I feel that we do not prioritize social needs.*[47] *I don't prioritize the relational aspect of care.*[27] *I'm talking about quality time, where you can see that they enjoy having us there.*[50] *It's more a matter of adapting the job to the individual.*[46]
Need for equal care based on fairness and justice	*to give priority to those who haven't been outside.*[47] *It should be more like offering almost equal help to those in almost the same situation.*[46]
Patients' advocacy	*Then there is no one who stand in the breach for these people . . . ends up at the bottom of the priority list*[27]
Disclaimer of responsibility in rationing	*the duty manager said*[80] *obliged to keep to the assigned tasks.*[50] "it is not up to me to set priorities, it depends on the manager."[29]
Experience of the ethical effects of rationing (analytic theme 4)	
Professional and moral conflicts	*There is so much to do, so you feel behind all the time.*[80] *and it is difficult to say that I don't have time to help you. It's about ethics and morals.*[27] "you wonder if you did all the things you could have done."[29]
Moral strain, feelings of guilt, and moral distress	*That does something to you.*[53] *You really feel guilty.*[27] *and I just burst into tears*[80] *I think about it all the way home, I haven't done my job properly and then I worry.*[80] "I woke up in the middle of the night because I remembered things that I left undone my mistakes and my inappropriate behavior."[29]

Italicized quotations are from study participants. Only Quotations from nurses were used for the purpose of this synthesis (number near quotation) = study reference.

Results

Developing an analytical thematic framework

The **discussion** of researchers in order **to determine relationships between themes** and **subthemes** as well as **between themes** and the **judgments**, **reflections** and **ideas** of researchers.

- **revealed a new thematic framework** to explain and offer a better understanding of the ethical dimension of nursing care rationing,
- thus **extending the findings of the primary** studies.

Results

Developing an analytical thematic framework

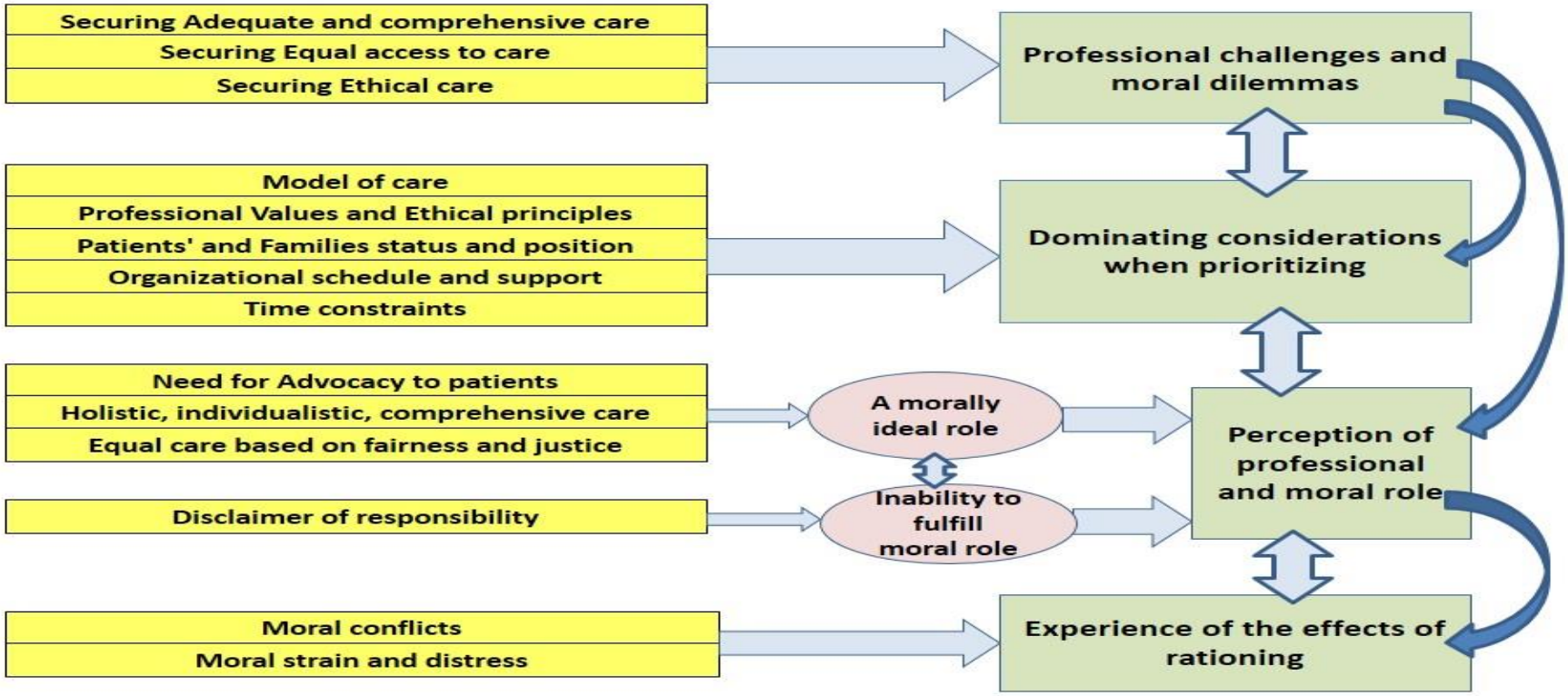


Figure 2: Thematic Analytic Schema of the ethical dimension of nursing care rationing .

Discussion

Developing an analytical thematic framework

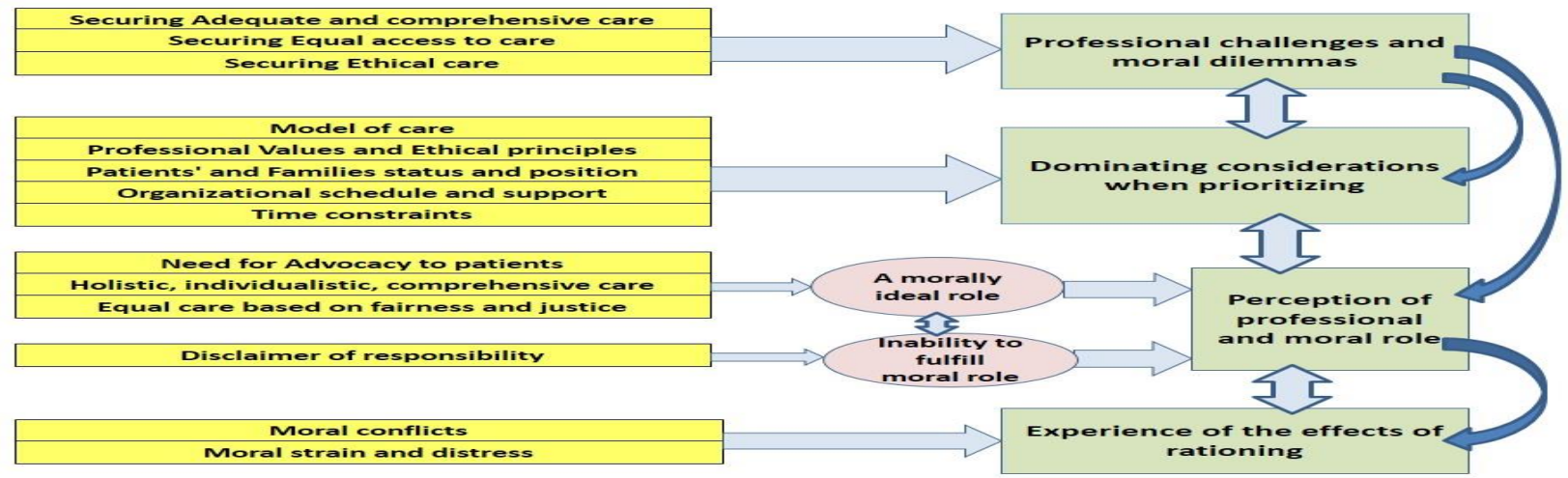


Figure 2: Thematic Analytic Schema of the ethical dimension of nursing care rationing .

- **As shown in the above figure nurses, in allocating scarce resources**, are **faced with** certain professional **challenges** and moral **dilemmas** which **in turn influence their considerations** of prioritizing care **as well as their perception**, regarding **their professional and moral role** in relation to rationing.

- However, they **may perceive their role in two distinct ways**.

Discussion

Developing an analytical thematic framework

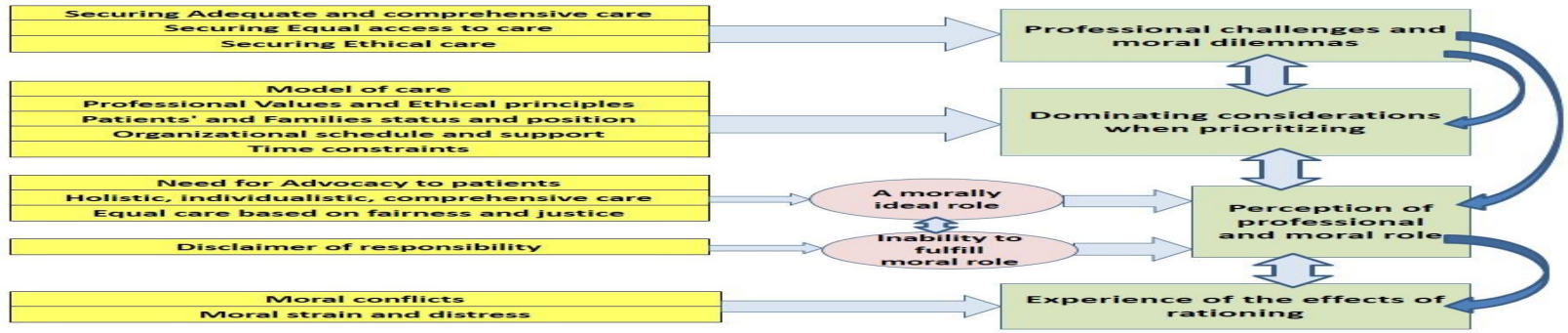


Figure 2: Thematic Analytic Schema of the ethical dimension of nursing care rationing .

- **On one hand**, they **desire a morally ideal role** - wishing to offer to patients holistic, individualized and comprehensive **care based on equality, fairness and justice** while accepting a responsibility to act as a **patient advocate.**

- Thus, by **being faithful to professional ideals and expectations**, nurses wish to **fulfill their role in the allocation** of any resources in an ethical and professional manner, regardless of any other competing considerations.

- **This ethical approach** to care **obviously leads to positive patient outcomes** and **to professional satisfaction for nurses**.

Discussion

Developing an analytical thematic framework

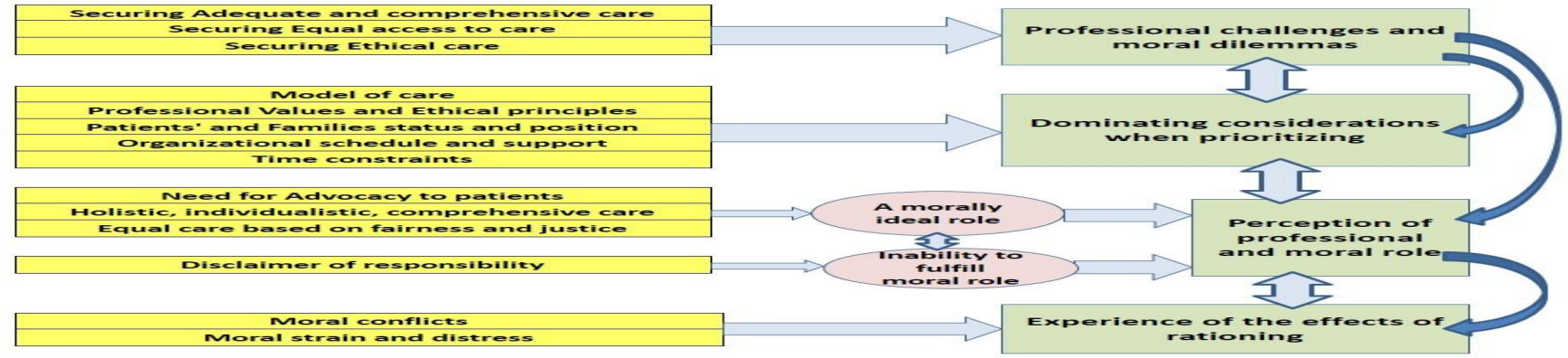


Figure 2: Thematic Analytic Schema of the ethical dimension of nursing care rationing .

- **On the other hand**, nurses **may be not able to accept a role** in rationing of nursing care, **disassociating themselves from such a responsibility**.
- This **may be justified on external factors**, such as the dominating considerations, **thereby providing various excuses** for the nurse.
- However, **inability to accept such a role may inevitably lead to unfair and unethical distribution of nursing resources** or unacceptable practices.

Discussion

Developing an analytical thematic framework

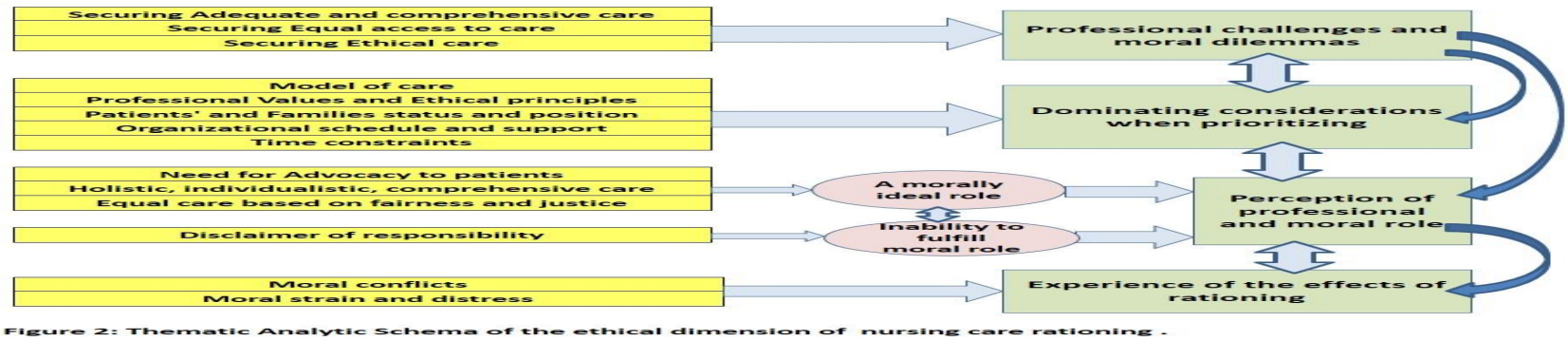


Figure 2: Thematic Analytic Schema of the ethical dimension of nursing care rationing .

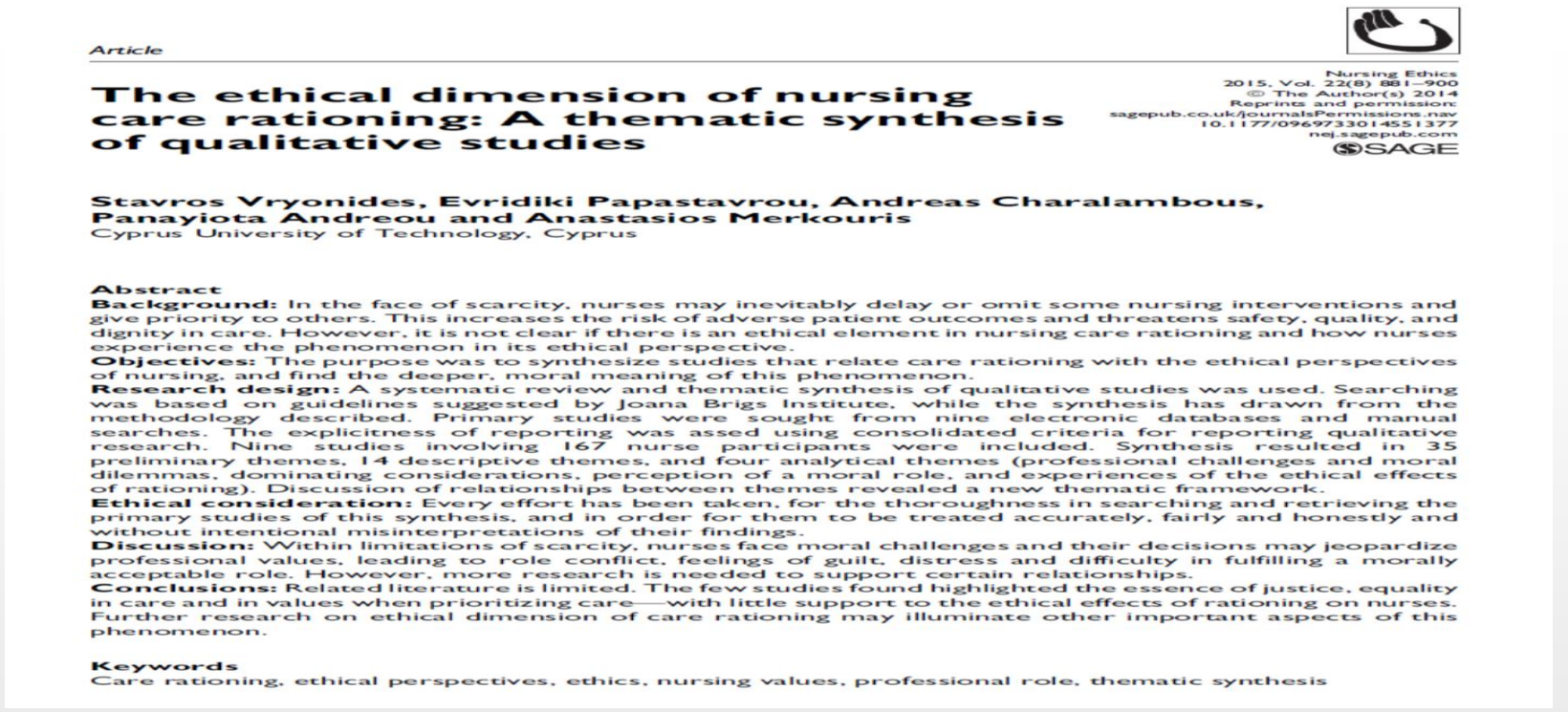
- **This, in turn, will affect their perceptions regarding professional and moral roles**, as well as their personal role, within the healthcare context in which they work and in relation to nursing care rationing.

- Thus, **if they feel that they are able to secure an appropriate care** for their patients, **they will provide this care and will feel professionally satisfied**.

- Otherwise **they will experience the negative consequences that rationing may have on them** in relation to the ethical aspects of nursing, expressing moral strain, moral conflicts, or moral distress.

Thank you for your attention

More information you can find in our article



Article

The ethical dimension of nursing care rationing: A thematic synthesis of qualitative studies

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Stavros Vryonides, Evridiki Papastavrou, Andreas Charalambous, Panayiota Andreou and Anastasios Merkouris
Cyprus University of Technology, Cyprus

Abstract

Background: In the face of scarcity, nurses may inevitably delay or omit some nursing interventions and give priority to others. This increases the risk of adverse patient outcomes and threatens safety, quality, and dignity in care. However, it is not clear if there is an ethical element in nursing care rationing and how nurses experience the phenomenon in its ethical perspective.

Objectives: The purpose was to synthesize studies that relate care rationing with the ethical perspectives of nursing, and find the deeper, moral meaning of this phenomenon.

Research design: A systematic review and thematic synthesis of qualitative studies was used. Searching was based on guidelines suggested by Joana Brigs Institute, while the synthesis has drawn from the methodology described. Primary studies were sought from nine electronic databases and manual searches. The explicitness of reporting was assed using consolidated criteria for reporting qualitative research. Nine studies involving 167 nurse participants were included. Synthesis resulted in 35 preliminary themes, 14 descriptive themes, and four analytical themes (professional challenges and moral dilemmas, dominating considerations, perception of a moral role, and experiences of the ethical effects of rationing). Discussion of relationships between themes revealed a new thematic framework.

Ethical consideration: Every effort has been taken, for the thoroughness in searching and retrieving the primary studies of this synthesis, and in order for them to be treated accurately, fairly and honestly and without intentional misinterpretations of their findings.

Discussion: Within limitations of scarcity, nurses face moral challenges and their decisions may jeopardize professional values, leading to role conflict, feelings of guilt, distress and difficulty in fulfilling a morally acceptable role. However, more research is needed to support certain relationships.

Conclusions: Related literature is limited. The few studies found highlighted the essence of justice, equality in care and in values when prioritizing care—with little support to the ethical effects of rationing on nurses. Further research on ethical dimension of care rationing may illuminate other important aspects of this phenomenon.

Keywords
Care rationing, ethical perspectives, ethics, nursing values, professional role, thematic synthesis

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