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Andrija Stampar Teaching Institute of Public Health
Zagreb, Croatia

Towards revealing the ethical aspects of a seemingly organizational problem: The case of nursing care rationing

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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** to 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:**
  - ✓**Implicit rationing: the withholding of, or failure to carry out necessary nursing tasks,** (Schubert et al 2008),
  - ✓**Missed Nursing Care: nursing care that has been omitted** (either partially or totally) **or delayed,** (Kalisch et al 2009),
  - ✓**care needs not being met,** (Lucero et al, 2009) **Tasks undone** , (Sochalski et al 2004), **Care left undone** (Ball et al 2014)
  - ✓**priority setting,** (Arvidsson et al, 2010), **care prioritization,** (Nortvedt et al 2011, Tønnessen et 2009)
  - ✓**Unfinished care** (Jones 2015)

✓**that are due to inadequate nursing resources (How care is allocated in scarcity)… but is it ethical??**

The ethical perspective of rationing (1)

Nurses' ethical action is **grounded**, among others, on the **fundamental ethical principles** of **beneficence**, **non-maleficence**, **justice** **and** **respect of autonomy**, **equality** **and** **fairness**

These ought to be also the principles on which rationing of nursing care should be based that is mostly grounded on the idea and **theory of distributive justice and fairness**

The ethical perspective of rationing (2)

According to **the principle of justice**, all the **patients have a right to health care** and **no one should violate this right**

In accordance with this principle, **those who are equal in their needs should be treated equally** and therefore the available **resources should be allocate**d in an equitable manner

HOWEVER…..

The ethical perspective of rationing (3)

What happen when resources are not sufficient,
(E.g. In cases of insufficient time,

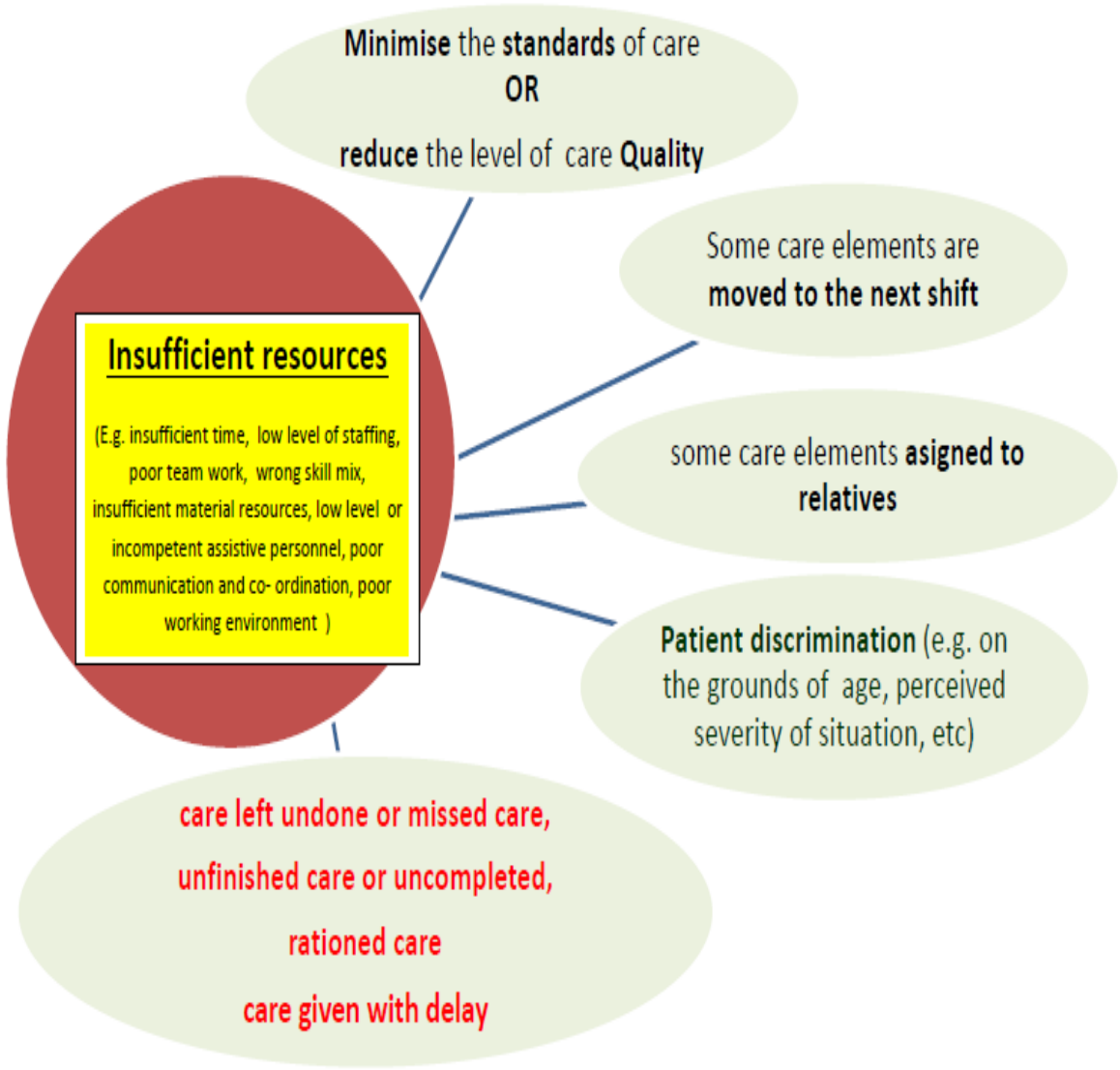
- low level of staffing,
- poor team work,
- wrong skill mix,
- insufficient material resources,
- low level or incompetent assistive personnel,
- poor communication and co- ordination,
- poor working environment)

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 of the presentation

✓However, it **is not clear how nurses are experiencing the allocation of care in scarcity**, **in relation with the ethical dimension of nursing and the ethical climate** (environment) that exist **in nurses' workplace**

- ✓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**?

- ✓Is the **ethical climate** (environment) that exist **in nurses' workplace related with the phenomenon** ?

The basis of this presentation

- ✓Based **on two projects**
  - ✓A **literature review and thematic synthesis** of **qualitative studies** exploring the **ethical dimension of nursing care rationing**
  - ✓A **quantitative study** exploring **the relationship of the type of ethical climate** that may exist in hospitals **with missed nursing care**

The Thematic synthesis

Article

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

Nursing Ethics
2015, Vol. 22(8) 881–900

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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

Vryonides S, Papastavrou E, Charalambous A, Andreou P, Merkouris A. The ethical dimension of nursing care rationing: A thematic synthesis of qualitative studies. Nurs Ethics. 2015;22(8):881-900. doi:10.1177/0969733014551377

The objectives of the Thematic synthesis

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.

In this presentation we 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**.

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

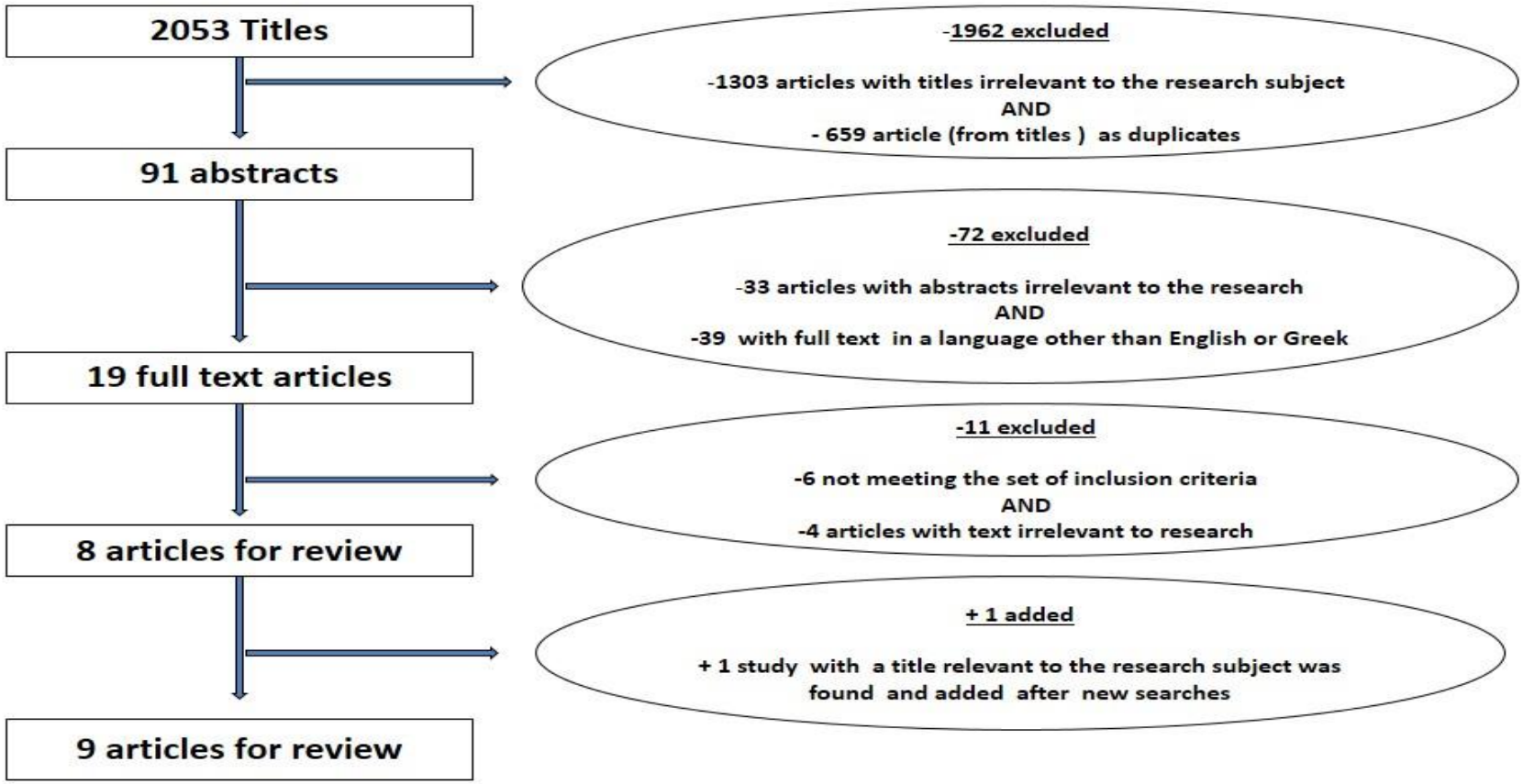


Figure 1: Flow diagram for identifying and selection of the studies of the review

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****,* ***HOWEVER THEY EXPRESS*** ***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

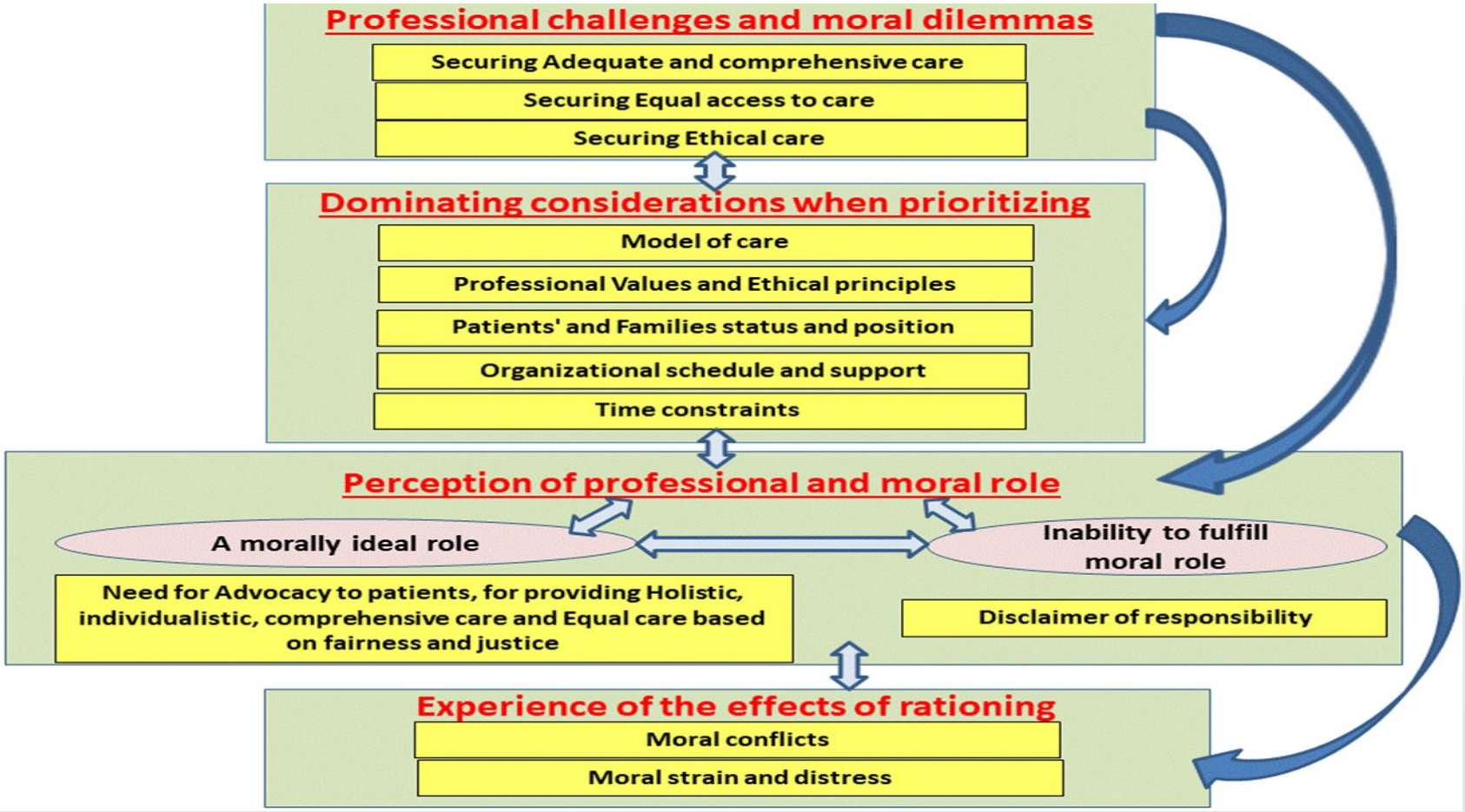
Developing an analytical thematic framework

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



Developing an analytical thematic framework

- As shown in the figure of previous slide **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

- **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

- **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

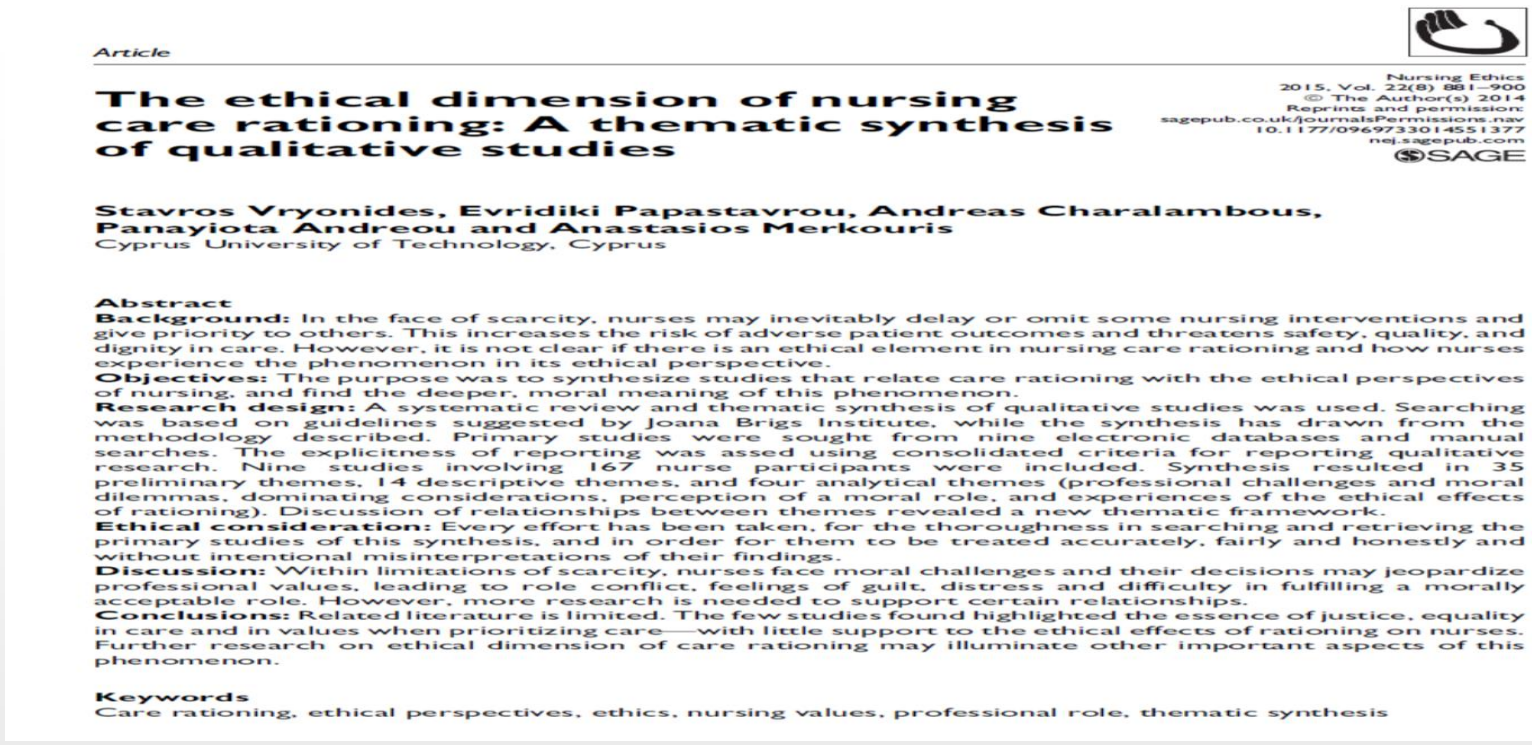
- **This, in turn, will affect their perceptions regarding professional and moral roles**, as well as **their personal role**, **within the healthcare context** in which they work and in relation to nursing care rationing.

- 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.**

The thematic synthesis

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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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

Vryonides S, Papastavrou E, Charalambous A, Andreou P, Merkouris A. The ethical dimension of nursing care rationing: A thematic synthesis of qualitative studies. Nurs Ethics. 2015;22(8):881-900. doi:10.1177/0969733014551377

Does the type of ethical climate relate to missed nursing care in hospitals

5th March 2019

Andrija Stampar Teaching Institute of Public Health

Zagreb, Croatia

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Background of the study

- **Ethical Climate** = A **dimension of** the whole **working environment.**
- **The theory suggests** that **the types of Ethical Climate that e**xist in an organization **reflects the collective behavior** of the employees in this organization (Victor & Cullen, 1987).
- However n**ursing research** that focused, **on the types** of ethical climate **is limited** and much **fewer** in relation to **missed nursing care**
- **H**owever **if the types of ethical climate can predict the occurrence of missed nursing care in hospitals was unknown**.

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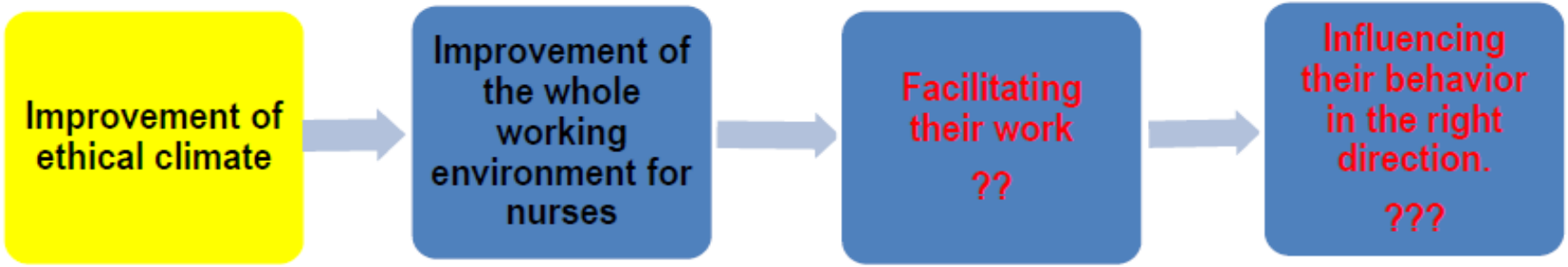
Background of the study

- It was 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 hospitals, with missed nursing care.**



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** the Public Hospitals of the republic of Cyprus, as they are perceived by Cypriot Nurses **and the possible relationship** that these types **may have, with missed nursing care in these hospitals.**

Research objectives:

- To find out **the types of ethical climate** that exist in public hospitals of Cyprus Republic

- To describe **the dimensions and elements of care** that are **missed most often** in the public hospitals of Cyprus Republic

- To examine **if the types of ethical climate which exist in hospitals can predict the score of missed nursing care** (the overall score of missed nursing care) – **We present only this part of this study today**

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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 is measured in this study*** *by the Missed Nursing Care Survey tool - MISSCARE Survey, of Kalisch and Williams (2009).*

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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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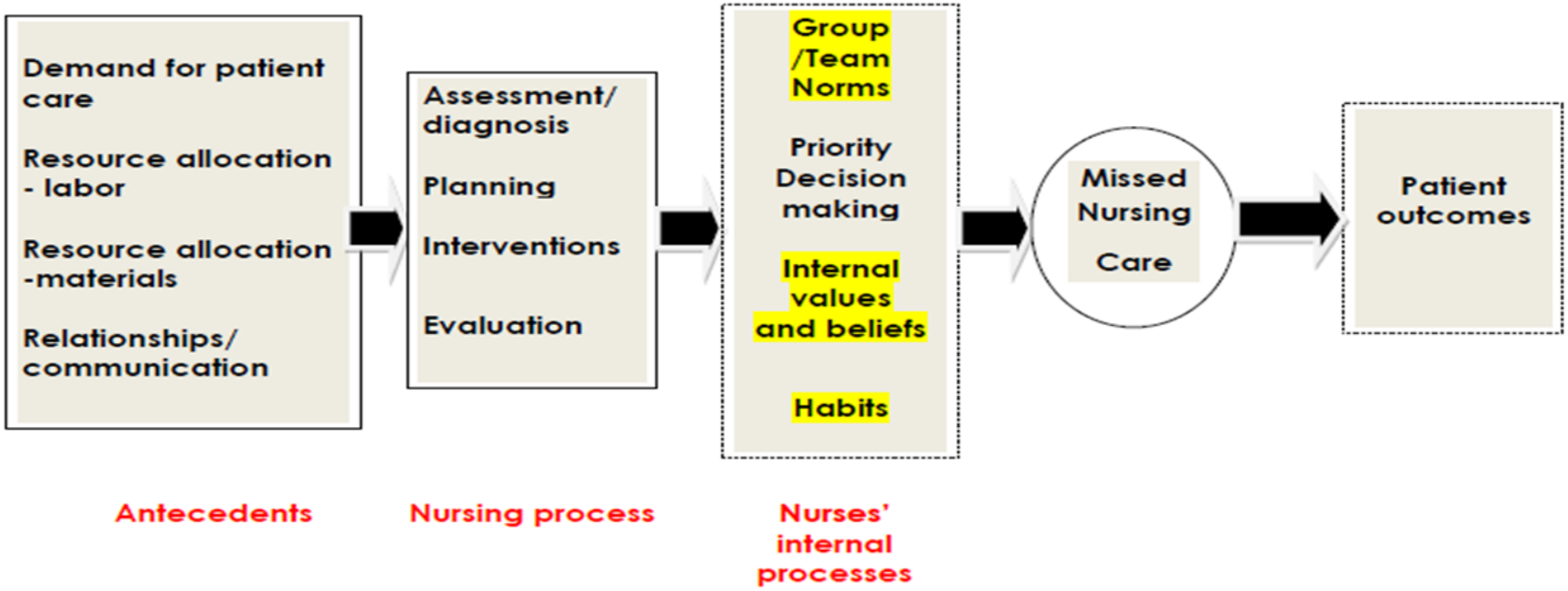
Theoretical Framework

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

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Theoretical Framework

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

Ethical Theory	*Locus of Analysis*: Individual	Local	Cosmopolitan
Egoism	Instrumental		
Benevolence	Caring		
Principle	Independence	Rules	Law and Code

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)

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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

Descriptive, correlational design

Participants

All nurses working **in adult in-patients in medical and surgical units** in **public hospitals** of the republic of Cyprus

Research instruments

Translated, back translated, adjusted to the Greek language, **validity and reliability tested and established**

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.

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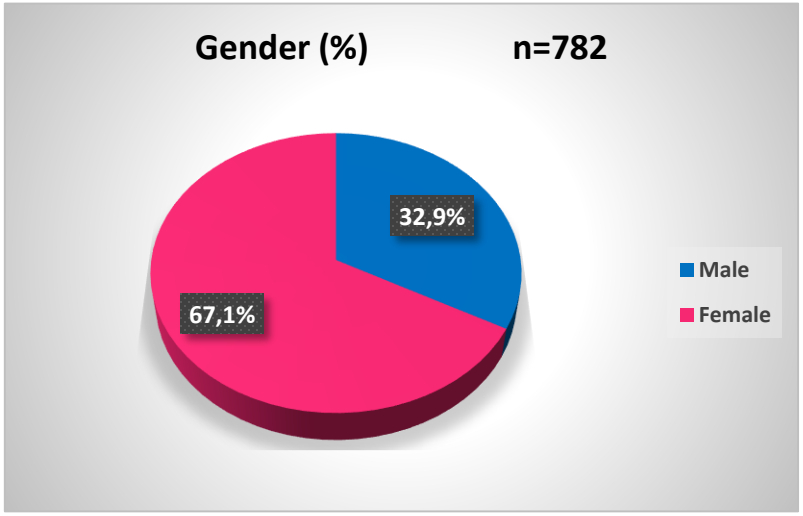
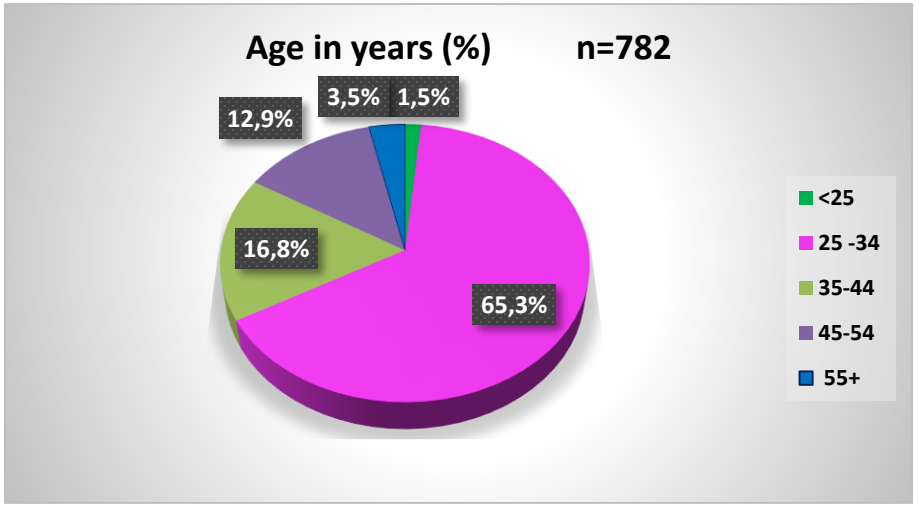
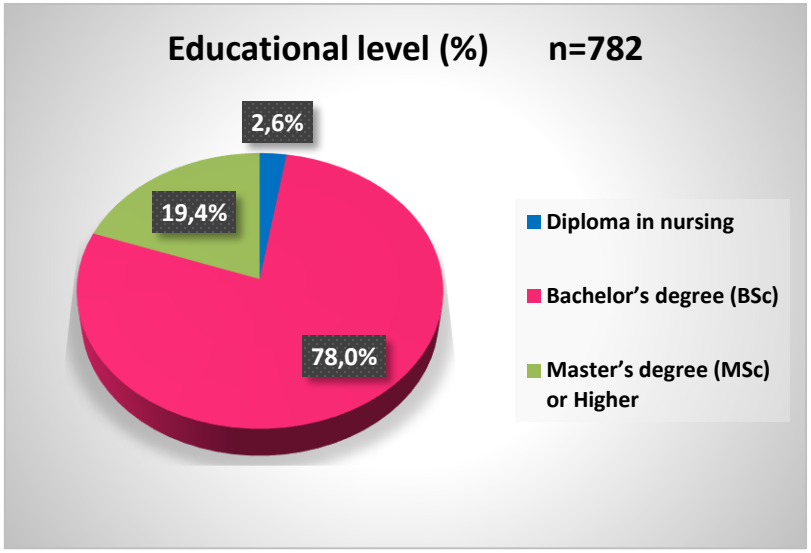
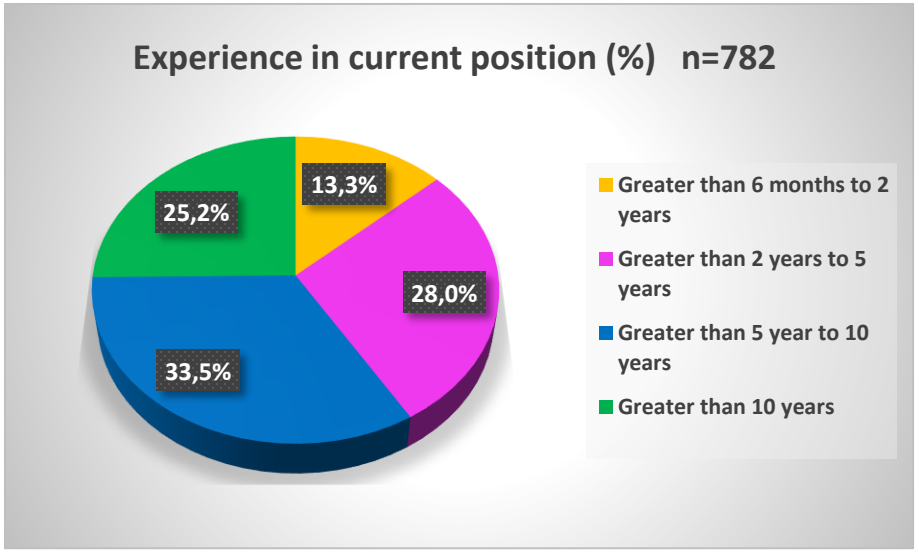
Results – The participants profile (n= 782) (Response rate= 81.5%).









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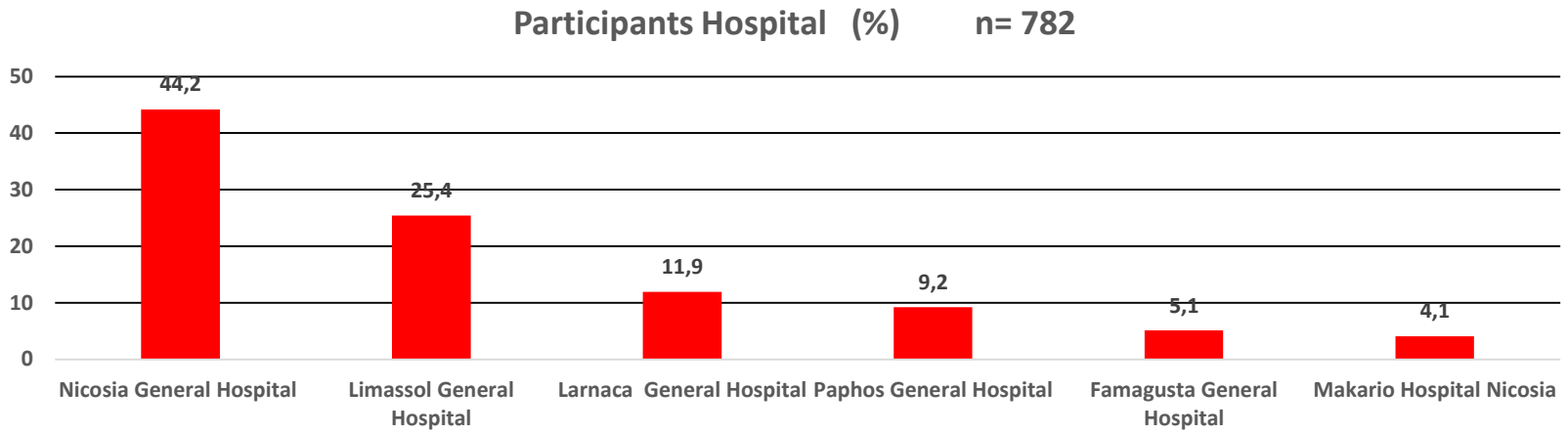
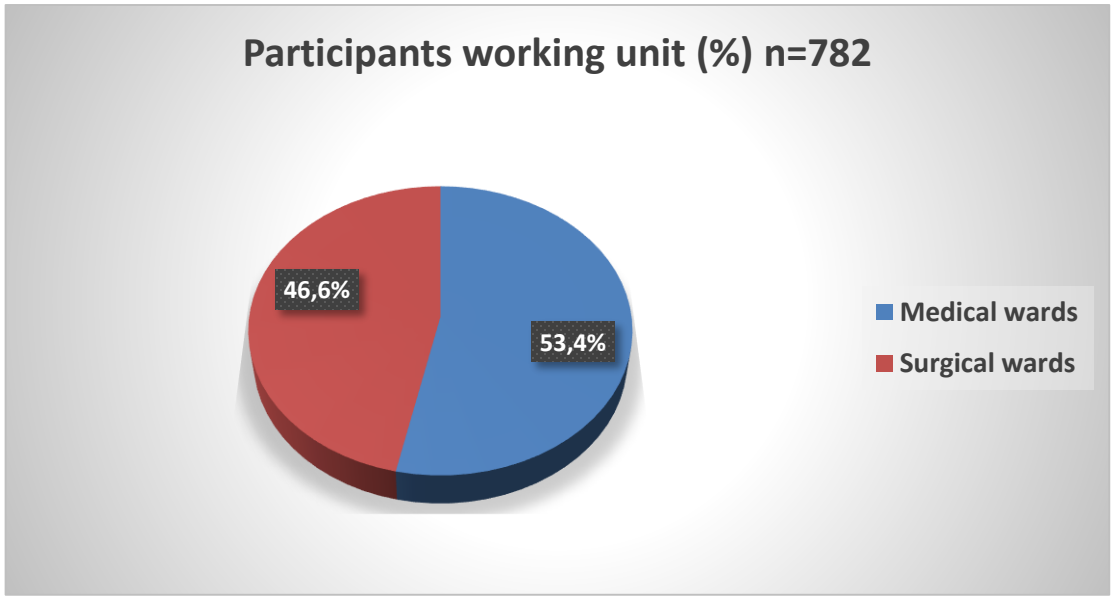
Results – The participants profile (n= 782)





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Results – Missed Care

Table: Descriptive Statistics of Missed Care Survey Scale and subscales

Scale	Items	Mean	SD	Min	Max	Cronbach's alpha
Total Missed Care	**24**	**2.51**	**0.47**	**1.25**	**3.67**	**0.936**
ADL-Missed Care	**12**	**3.04**	**0.58**	**1.33**	**4.42**	**0.925**
Acute Care Missed	**12**	**1.98**	**0.45**	**1.00**	**3.25**	**0.877**

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

Overall percentage of missed care: 49.8%

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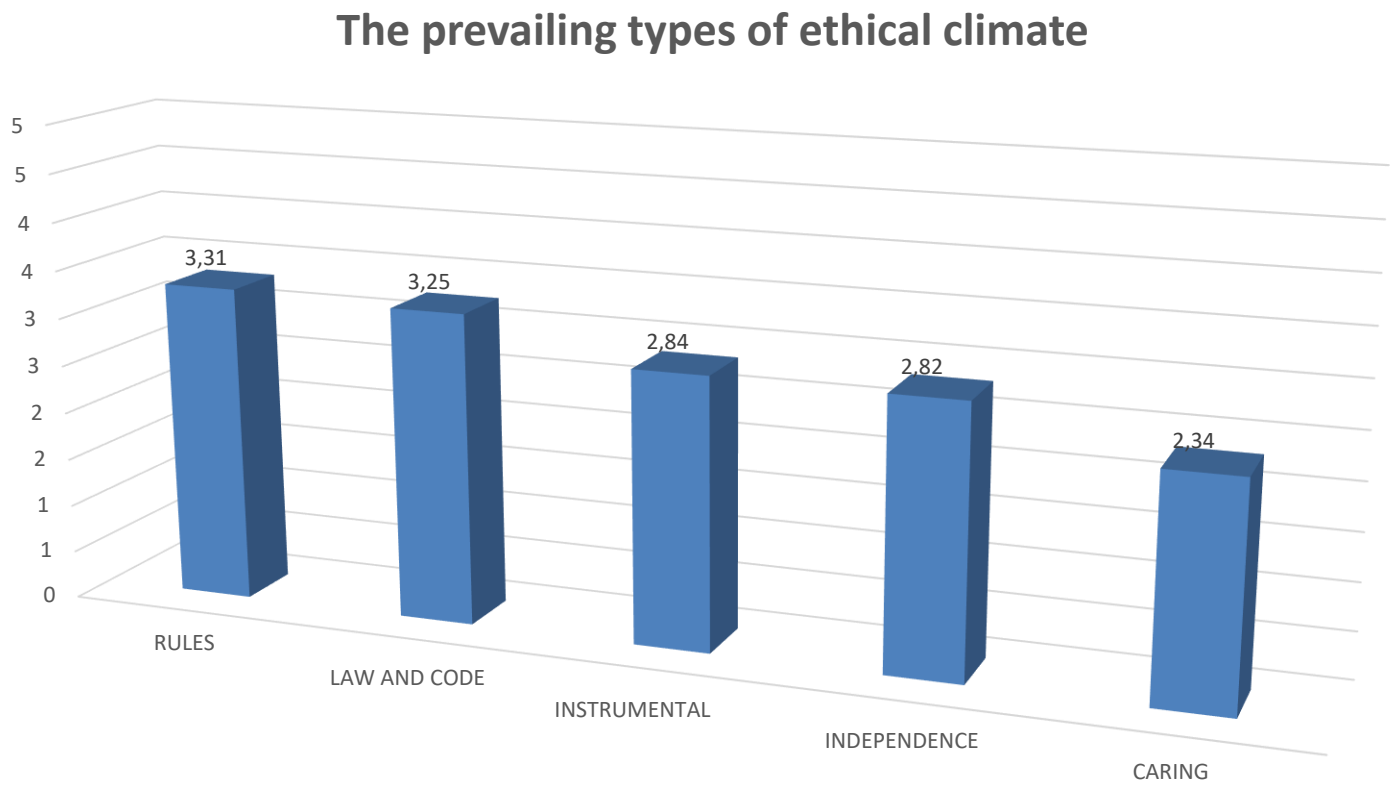
Results



- **In Cypriot public hospitals (medical and surgical 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

Table: Pearson correlation coefficients for the relation between the types of ethical climate and missed nursing care

TYPES OF ETHICAL CLIMATE	MISSED NURSING CARE		
	ADL-missed	Acute care missed	Total missed care scale
Instrumental	.630**	.548**	.642**
Independence	.585**	.539**	.610**
Rules	-.581**	-.427**	-.548**
Caring	-.561**	-.537**	-.596**
Law and Code	-.643**	-.424**	-.589**

** Correlation is significant at $p<0.001$

Higher level of Instrumental and Independence types of ethical climate are significantly ($p<0.001$) associated with higher levels of missed care (all dimensions). (positive correlations). On the other hand higher level of caring, rules and law and code type are significantly ($p<0.001$) associated with lower levels of missed care (all dimensions) (negative correlations)

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Results

Does the type of ethical climate predict the score of total missed nursing care after controlling for certain variables?

- The **preliminary regression results showed that of all the variables that were included in the model** (**nurses' demographic characteristics**, **job title/role, working hospital, working unit, rates of absenteeism,** Number of patients care for, Number of admissions they had, Number of discharges they had), **only the variables age, hospital, absenteeism, ward and number of admissions were significant**.

- Therefore, **In a hierarchical regression approach the variables than were found to be significant were included in the first step.**

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Results: Hierarchical regression for effect of ECQ factors on MSA total score, after controlling for other variables

Variables	B	p-value	Rsquare	
Gender	0.012	0.708		
Age	-0.065	**0.011**		
education	-0.015	0.655		
experience in role	0.015	0.428		
experience in Ward	0.000	0.995		
job title/ role	0.078	0.219	0.328	
Hospital	0.045	**<0.001**		
Absenteeism	0.188	**<0.001**		
Ward	-0.190	**<0.001**		
Number of patients	0.012	0.275		
Number of admisions	-0.047	**0.017**		
Number of discharges	0.011	0.539		
ECQ Instrumental	0.060	0.040		
ECQ caring	-0.056	0.016		p-value of Rsquare
ECQ Independence	0.041	0.074	0.529	change<0.001
ECQ rules	0.118	<0.001		
ECQ law and code	-0.170	<0.001		

Results: Hierarchical regression for effect of ECQ factors on MSA total score, after controlling for other variables

- In a second step the types of ethical climate (ECQ factors) were also included and the results showed that **all the ECQ factors had an effect on the total score of missed nursing care** (p-values<5%) **even after controlling for the variables** (found to be significant) with the only exception the variable independence, which had an effect, but at the 10% level (marginal effect).

- **Instrumental, independence and rules have a positive effect** on total score of missed care scale (higher values of these types are associated with higher levels of Missed care),

- **On the other hand caring and law and code** have a negative effect (**higher values of these types are associated with lower levels of Missed care**).

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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 the hospital setting.

- Reported levels of missed nursing care was moderate- in consistency to other studies internationally – and perhaps showing again a tradition of hiding nursing care omissions

- However, 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, emotional support, etc)

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DISCUSSION

- In our study the caring ethical climate, which is desirable to exist in the hospital setting ranked last in the list. This is consistent to Tsai & Huang (2008) but in contrast to most other nursing studies (e.g. Joseph & Deshpande 1997; Borhani et al. 2014; Deshpande & Joseph 2009; Filipova 2009; Abou Hashish 2015) where it ranked much higher in the list of the types exist in hospitals. Thus, there seems to be room for improvement in the ethical climate of our clinical settings.

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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 in ethical climates guided by personal believes, Personal morality and individual sense of what action is right and what is wrong.

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DISCUSSION

- 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 ethical principles, laws and codes of ethical conduct.

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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, 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 .

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CONCLUSION

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.

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

Some information Regarding this WORK you can find

Vryonides, S., Papastavrou, E., Charalambous, A., Andreou, P. Eleftheriou, C. & Merkouris, A. 2018. Ethical climate and missed nursing care in cancer care units. Nursing Ethics. Available

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Original Manuscript

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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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