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EDITORIAL

Dear Readers,

According to the European Observatory on Health Systems and Policies (2015), the current economic and financial crisis had a varied impact on many health care systems in Europe. In order to meet saving targets, some countries are seeking solutions by proposing cuts to nursing staff and changing nurse staffing ratios. Staff reductions have resulted in nurses forced to ration their attention across patients by using their clinical judgment to prioritise assessments and interventions which may increase the risk of negative patient outcomes. There is increasing evidence that "missed care" and "implicitly rationed care" is consistently associated with negative patient outcomes meaning that fundamental patient needs may not be fulfilled, while patient-related outcomes include patient falls, nosocomial infections, reduced nurse-reported care quality and decreased patient satisfaction (Papastavrou et al., 2013; Jones et al., 2015). Patient safety is therefore jeopardized and although safety concerns are expressed in several European Commission's documents and recommendations (2009/C 151/01; Directive 2011/24/EU) and World Health Organisation's guides (WHO, 2011), the case of nursing care rationing and missed care is not acknowledged and not openly discussed.

One of the central issues related to missed care, is the choice to complete, delay or omit items of patient care that according to the Missed Care Model (Kalisch et al., 2006) is influenced by the decision making processes and the priority in decision making. Decision making in nursing practice is influenced by several factors, as nurses' knowledge and level of experience, intuition, analytical thinking, critical thinking and nurses' values; but it is also influenced by contextual factors such as the characteristics of the environment and the resources available for practice (Johansen, O'Brien, 2015). Similarly, Hendry and Walker (2004) support that people do not always adopt an entirely rational or logical approach to priority setting and are influenced by a number of factors such as ward organisations, philosophies, theories, experiences and knowledge. Furthermore, nurses do not practice in a social vacuum since they have to deal with a number of people, families, professionals and managers whilst at the same time they are expected to deliver safe care in a complicated environment, with patients' needs that are changing at any minute.

However, there is lack of scientific knowledge on how nurses decide to set priorities and how to allocate their time to patients in relation to missed care and the current literature appears to be piecemeal and fragmented and not capturing the multilevel complexity of how nurses decide what to omit.

These issues among several related ones, will be dealt within the COST Action AC15208 titled "Rationing-Missed Nursing Care: An international and Multidimensional problem" in which the Czech Republic is a party. The overall aim of this Action is to facilitate discussion and advance scientific knowledge with implications for practice and professional development, about rationing in nursing care based on a cross-national comparative approach, and by integrating different disciplines and approaches including nursing, health care studies in general, economics and social policy.

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