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MISSED NURSING CARE AND QUALITY OF CARE: AN INTEGRATIVE LITERATURE REVIEW

Abstract

Introduction: The missed nursing care is designated as a failure to provide nursing care, in whole or in part, in which there are direct implications for the patient. **Objective:** Evaluate the causes and consequences attributed to missed nursing care, in a hospital context. **Method:** This is a literature integrative review through a bibliographic survey. **Results:** Presentation of three missed nursing care characteristics: nature of missed nursing care, factors of influence of missed nursing care and consequences of missed nursing care. **Conclusions:** The missed nursing care is especially pertinent when it's responsible for conducting nursing care failure rates. It is necessary to think about these issues in a holistic way, in order to be able to guide our practice towards what is its maximum principle that will be Health gains and patient satisfaction.

Key-words: Missed nursing care, omitted care, Work environment, Patient Safety, Quality of care

INTRODUCTION

Nurses, in their practice, in order to find better alternatives, should research and critically evaluate the results found and, consequently, synthesize empirical and contextually relevant evidence. (Larrabee 1999; 4 (31), 317-322) Evidence-based practice is characterized by an approach to clinical care and teaching based on knowledge and the quality of evidence. (Galvão, Sawada & Trevizan, 2004) The integrative review, in this context, due to its methodological approach, allows the inclusion of different methods that have the potential to play an important role in nursing practice. (Whittemore & Knafl, 2005)

The quality and safety of the patient is a relevant aspect for hospital systems due to their ethical and financial impact. (Antoñazas, 2013) Missed nursing care is considered an omission error and is defined as any aspect of care needed by the patient that is omitted or significantly delayed. (Kalisch, 2009)

There are several factors why nursing care is not regularly delivered as a whole, most often being attributed to human resources, material resources and communication. Regarding these factors, the literature reports the shortage of human resources, lack of time needed for care, poor teamwork, ineffective delegation and low staffing. (Kalisch, Landstrom & Williams, 2009)

Missed nursing care leads to different negative outcomes for the patient, such as increased mortality rates, infections, prolonged hospitalizations, pressure ulcers, patients fall, adverse events, postoperative complications and patient dissatisfaction. (Hernández-Valles, Moreno-Monsiváis, Interrial-Guzmán & Vázquez-Arreola, 2016).

METHODOLOGICAL PROCEDURES

The general purpose of a literature review is to gather knowledge about a topic, helping to find the foundations of a meaningful study for nursing. (Polit, Beck & Hungler, 2004)

This review is an integrative review with data collection performed from secondary sources through bibliographic survey. The guiding question was: What are the causes and consequences attributed to missed nursing care in a hospital context? Data collection took place during April 2019 in the databases: PubMed

with free full text, SiELO Brazil and ESCOhost. The descriptors used in the research were: Missed Nursing Care, omitted care, Work environment, Patient Safety and Quality of care.

The inclusion criteria defined for the selection of articles were: studies published in the databases, in 2012-2019 timeline, presented in full text and whose title and / or summary referred to the theme of missed nursing care or omitted. care. From searching the databases, it resulted in the identification of 107 articles. In the first phase the inclusion and exclusion criteria were applied and later a critical and reflective reading of the titles and abstracts found was performed, establishing a sample of 8 articles. In a second phase, we proceeded to a careful analysis of the selected articles, extracting from them the evidence related to missed nursing care.

Table 1

Articles retrieved from the databases on the theme Missed Nursing Care

<i>Authors/Year</i>	<i>Method</i>	<i>Goals</i>
<i>Raúl Hernández-Cruz, María Guadalupe Moreno-Monsiváis, Sofía Cheverría-Rivera, Aracely Díaz-Oviedo (2017)</i>	Correlational descriptive study	Determine factors influencing omitted nursing care in hospitalized patients
<i>Jonathan Hermañ Hernández Valles, María Guadalupe Moreno Monsiváis, Ma. Guadalupe Interrial Guzmán, Leticia Vázquez Arreola (2016)</i>	Correlational descriptive study	Determine the determination of missed nursing care perceived by the nursing staff and its relationship to missed nursing care identified in the assessment of patients at risk or pressure ulcers
<i>Helga Bragadóttir, Beatrice Kalisch, Gudný Tryggvadóttir (2016)</i>	Quantitative study	Identify the relationship between hospital, unit, staff characteristics, ratios and teamwork and missed nursing care in hospitals in Iceland.
<i>María Guadalupe Moreno-Monsiváis, Catalina Moreno-Rodríguez, María Guadalupe Interrial-Guzmán (2015)</i>	Correlational descriptive study	Determine missed nursing care in hospitalized patients and related factors, according to the perception of the nursing team and the patient.
<i>J Margo Brooks Carthon, Karen B Lasater, Douglas M Sloane, and Ann Kutney-Lee (2015)</i>	Cross lift	Analyse the relationship between lost nursing care and hospital readmissions
<i>Jane E Ball, Trevor Murrells, Anne Marie Rafferty, Elizabeth Morrow, Peter Griffiths (2013)</i>	Cross lift	To analyse the nature and prevalence of missed nursing care at the National Health Service hospitals and to see if

Lillian Dias Castilho Siqueira, Maria Helena Larcher Caliri, Beatrice Kalisch, Rosana Aparecida Spadoti Dantas (2013)
Beatrice J. Kalisch, Dana Tschannen, Hyunhwa Lee, Christopher Friese (2012)

Methodological Research

the number of missed care episodes is associated with the ratio of nurses and the quality of nursing care as well as patient safety.

Perform the cultural adaptation of the MISSCARE instrument for Brazil and analyse the internal consistency of the adapted version.

Quantitative study

Study on the extent and type of missed nursing care and the reasons for missed care.

DISCUSSION

Following the analysis of the selected articles and the scientific evidence found, the following themes were considered relevant: nature of missed nursing care, influencing factors of missed nursing care and consequences of missed nursing care.

MISSED NURSING CARE NATURE

Over time nurses are confronted with a work environment where everything develops quickly and unpredictably. Changes in the pace of work and the tasks to be performed may cause disruption in care delivery leading to discontinuity in care, given that new variables in care delivery are always emerging nurses need to prioritize care. In the face of these changes, in practice new priorities must be set which can in many cases result in non-provision of health care, i.e. “in these circumstances the care provided is vulnerable to being abbreviated, delayed or simply omitted.” (Siqueira, Caliri, Kalisch & Dantas, 2017)

This phenomenon was first identified and described by Kalisch in a study aimed at identifying the different types of nursing care that were systematically ignored during hospitalization. By analysing the results obtained it was possible to identify that the main omitted nursing care are related to ambulation, positioning, hygiene and comfort care, food, health teaching and bureaucratic aspects related to admission and high clinics. All the described actions are of great importance for the correct maintenance of the person during a hospitalization period, and whenever there is omission of nursing care can lead to adverse outcomes for patients, given their degree of vulnerability of the population to that addresses nursing care. (Moreno-Monsiváis, Moreno-Rodríguez & Interrial-Guzmán. 2015)

The omitted nursing care concepts have negative implications given the care provided to the patient in such a way that directly affects patient safety. (Siqueira, Caliri, Kalisch, Dantas, 2017) We can define patient safety “as the act of preventing failures in health care, in order to avoid life-threatening adverse events”. (Valles, Monsiváis, Guzmán & Arreola, 2016)

Omitted nursing care is conceptually designated as an error in the provision of care in whole or in part, with direct implications for the patient, and the emergence of pressure ulcers, falls and infections, contributing to this situation are characteristics of the service and the nursing team. This, in turn, represents longer periods of hospitalization with higher costs and negative connotation to the service itself where the user is hospitalized. (Moreno-Monsiváis, Moreno-Rodríguez & Interrial-Guzmán, 2015)

The missed nursing care that is referred to as the most common is related to patient surveillance (observation and monitoring), patient and family health education, discharge preparation, comfort and talking to the patient, making proper nursing notes, administering medication on time, skin care, oral hygiene, pain management, some treatments and procedures, care and time management and updating care plans. (Hessels et al, 2015)

However, there is a variable that has had little impact on the analysis of these data, which relates to the appreciation of the opinion given by the target of care, the patient. This is the main agent for which care is planned, developed and executed. Thus, the patient has the right to express his or her opinion about the care provided to him / her in order to evaluate the nursing care received, that is, to analyse the patient's perception as a recipient of care, in order to compare the perception from the patient and the nurse about care delivery or lack thereof. (Moreno-Monsiváis, Moreno-Rodríguez & Interrial-Guzmán. 2015)

Finally, we can define omitted nursing care “as any aspect of care required by the patient that is delayed or omitted (in part or in full).” (Siqueira, Caliri, Kalisch & Dantas, 2017)

MISSED NURSING CARE INFLUENCE FACTORS

Throughout the analysed literature we realize that there is a significant recurrence regarding the factors that can lead to missed

nursing care. The most noteworthy factors are related to “inadequate human resources, inadequate material resources and poor communication / teamwork” (Kalisch, Tschannen, Lee & Friese, 2012). Correlated with the “inadequate human resources” factor, Kalisch, Tschannen, Lee & Friese (2012) admit that it is directly influenced by the sudden increase in the volume of admitted patients or their severity. Approaching another perspective, the factor “human resources” can also be influenced by the profile of the health professional, in this case the nurse, corresponding to: category, level of education, work experience, distributed tasks and shifts (Moreno-Monsiváis, Moreno-Rodríguez & Interrial-Guzmán, 2015). Studies have shown that there is less missed nursing care reported in professionals with a higher level of education and greater work experience and that it occurs more in the night shift (Moreno-Monsiváis, Moreno-Rodríguez & Interrial-Guzmán, 2015). Icelandic hospitals revealed that younger nursing teams reported less missed nursing care as well as night shift workers. In the same study, nurses who are not present daily in the services reported more missed nursing care, as well as those who have more clients under their responsibility. (Kalischl, Tschannen, Lee & Friese, 2012)

The most common example of lack of material resources reported by nurses was medication, clinical material or equipment not available when needed (Moreno-Monsiváis, Moreno-Rodríguez & Interrial-Guzmán, 2015).

In addition to the factors already mentioned, other studies point to the importance of the work environment and its relationship in the existence of missed nursing care, pointing out that a better work environment corresponds to less missed nursing care (Hessels et al, 2015). Studies revealed that more missed nursing care was committed, and more readmissions were found in services where a poorer work environment was identified (Bragadottir, Kalisch & Tryggvadóttir, 2016). We can also find reference to inefficient delegation of tasks, refusal of certain tasks by the professional (“this is not my competence” syndrome), the nurse-patient relationship and long working hours, as other factors influencing missed nursing care (Moreno-Monsiváis, Moreno-Rodríguez & Interrial-Guzmán, 2015).

A positive work environment has been described as one that includes more professional autonomy, positive team relationships, job satisfaction and lower risk of burnout (Ball et al, 2012). More effective communication between team members has been shown to be important in the occurrence of lost nursing care. Proper communication and transmission of information are crucial factors in preventing and preventing omissions that influence patient outcomes and well-being (Valles, Moreno-Monsiváis, Guzmán & Arreola, 2016). A positive work environment, the right staff, and the material resources needed to provide nursing care are crucial as they have a strong impact on quality care (Hessels et al, 2015). Identifying resources in the workplace that can be modified and thereby improving collaboration between nurse directors, chief nurses and hospital management can mean a reduction in lost nursing care. Always with the main and common goal to improve patient satisfaction and results, obtaining quality maintenance services (Hessels et al, 2015).

MISSED NURSING CARE CONSEQUENCES

After reflecting on the nature, as well as, the factors that influence missed nursing care, the question arises: what impact may they have on them?

The article by Kalisch, Tschannen, Lee & Friese (2012) stated that the consequences of missed nursing care will affect the outcomes of patients and health professionals. Another study points out that the impact of missed nursing care can lead to increased mortality rates, hospital infections, pressure ulcers and falls. These complications themselves may result in longer hospitalizations and higher costs, which is an impact factor on the quality and safety of care. (Moreno-Monsiváis, Moreno-Rodríguez & Interrial-Guzmán, 2015).

Other consequences also associated with missed nursing care were, besides the above mentioned, increased infections and falls. New occurrences were also reported, such as delusions, pneumonia, late discharge, increased pain and discomfort, and malnutrition. (Hessels et al, 2015) Regarding health professionals, the consequences of missed nursing care mentioned in several articles are related to their satisfaction, demotivation in the performance of

their function, weariness of professionals and may eventually lead to the intention. to leave the service. (Kalischl, Tschannen, Lee & Friese, 2012)

In a study conducted in a private hospital in Monterrey, Nuevo Leon, Mexico, it is noted that, according to the nursing team's perception, the area where the impact of missed nursing care is most relevant is on the patient's basic needs followed by interventions that aim to meet the individual needs of each one (Moreno-Monsiváis, Moreno-Rodríguez & Interrial-Guzmán, 2015). There is also agreement in this study when the patients themselves are questioned about how they feel about missed nursing care. The data discussed in this study were compared with those from previous studies by Kalisch et al, concluding that there were comparatively similar results, thus having a similarity, although the study focuses on different sites with their different characteristics.

CONCLUSION

The missed nursing care is thus presented as a broad concept regarding any and all care that is not provided or omitted in part or completely to the patient. The missed nursing care contributes several factors that are related to health professionals and the professional environment that surrounds it. The most precipitating factors for this event are inadequate human and material resources and ineffective communication between team members.

All aspects of omitted nursing care have a direct implication on patient safety during hospitalization. It is at this point that we have the genesis of the problem of nursing care omitted, since it is not only intended to take care of the patient, but to minimize the damage that may result from the provision of nursing care. Thus, ensuring the quality of care and patient safety represents a current and very important challenge to be faced by care management. That said, it is extremely relevant that teams feel committed to providing high quality nursing care in view of the care plan determined for each patient as a natural person with specific and timely needs. (Moreno-Monsiváis, Moreno-Rodríguez & Interrial-Guzmán. 2015)

The Missed Nursing Care theme is still a recent and little studied theme, as can be evidenced by the lack of Portuguese literature. After reflecting on the nature of missed nursing care, the

way it presents itself, exists and influences patients, health professionals, satisfaction and quality of care, we can say that this theme should become a point of study for health managers in Portugal. By identifying the factors that contribute to missed nursing care managers, as well as the health professional himself, can develop appropriate interventions and conditions to minimize their consequences, always aiming to improve outcomes and patient satisfaction and improve quality care.

Literature

1. Antoñazas F (2013) Aproximación a los costes de la no seguridad en el sistema nacional de salud. *Rev Esp Salud Pública*. 87:283-92. Consultado a 19 de Julho de 2019 .

2 Ball, Jane, Murrells, Trevor, Rafferty, Anne Marie. (2014) 'Care left undone' during nursing shifts: associations with workload and perceived quality of care. *BMJ Qual Saf*, Vol. 23. (116-125). Consultado em 19 de maio de 2019.

3 Bragadóttir, Helga, Kalisch, Beatrice, Tryggvadóttir, Gudný (2016). Correlates and predictors of missed nursing care in hospitals. *Journal of Clinical Nursing*. 26. Consultado em 9 de Junho de 2019.

4 Galvão CM, Sawada NO, Trevizan MA (2004). Revisão sistemática: recurso que proporciona a incorporação das evidências na prática da enfermagem. *Rev Latino-Am Enfermagem*. Vol. 12. Nº 3. (549-56) Consultado a 19 de Julho de 2019.

5. Hernández-Valles JH, Moreno-Monsiváis MG, Interrial-Guzmán MG, Vázquez-Arreola L. (2016). Cuidados de enfermagem omitidos em utentes com risco ou com úlceras por pressão. *Revista Lstino-Amerina de Enfermagem*. 2016;24: e2817. Consultado em 10 de abril de 2019.

6. Hessels, Amanda, Flynn, Linda, Cimiotti, Jeannie, Cadmus, Edna, Gershon, Robyn (2015). The impact of the nursing practice environment on missed nursing care. *Clinical Nursing Studies*. Vol. 3. Nº 4. (60-65). Consultado em 19 de maio de 2019

7. Kalisch BJ (2009). Nurse and nurse assistant perceptions of missed nursing care. *J Nurs Admin*. (11):485-93. Consultado a 19 de Julho de 2019.

8. Kalisch BJ, Landstrom G, Williams RA (2009) Missed nursing care: Errors of omission. *Nurs Outlook*. 57:3-9. Consultado a 19 de Julho de 2019.

9. Kalisch, Beatrice, Tschannen, Dana, Lee, Hyunhwa, Friese, Christopher. (2012) Hospital Variation in Missed Nursing Care. Consultado em 9 de junho de 2019.

10. Moreno-Monsiváis MG, Moreno-Rodríguez C, Interrial-Guzmán MG. (2015) Missed Nursing Care in Hospitalized Patients. Colombia. *Aquichan*. Vol. 15. Nº 3. (318-328) Consultado em 10 Abril de 2019.

11. Polit DF, Beck CT, Hungler BP (2004) Fundamentos de pesquisa em enfermagem: métodos, avaliação e utilização. 5a ed. Porto Alegre (RS): Artmed. Consultado a 19 de Julho de 2019.

12. Rosswurm M and Larrabee J. A Model for Change to Evidence-Based Practice. *Journal of Nursing Scholarship*. 1999; 4 (31), 317-32. Consultado em 10 de Abril de 2019.

13. Siqueira, Lilian, Caliri, Maria, Kalisch, Beatrice, Dantas, Rosana (2013). Adaptação cultural e análise da consistência interna do instrumento MISSCARE para uso no Brasil. *Revista Latino-Americana de Enfermagem*. Vol. 21. Nº 2. Consultado em 10 de abril de 2019.

14. Whittemore R, Knafl K (2005). The integrative review: update methodology. *J Adv Nurs*. 52(5):546-53. Consultado a 19 de Julho de 2019.

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