Likelihood of nursing care being missed is influenced by several work-based factors

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Implications for practice and research
- Accumulating evidence, both through objective data and self-report, supports the influence of nursing work conditions such as staffing and skill mix on the likelihood of care being missed.
- In absence of objective data, self-report measures may provide proxy yet useful information about the relationships between nursing work environment and care quality.

Context
In the past two decades, a compelling body of evidence has linked higher nurse-to-patient ratios, higher proportion of baccalaureate-prepared nurses and higher total nursing care hours to lower patient mortality, decreased length of stay and a lower likelihood of patient complications such as nosocomial infections and pressure injuries. Many of these studies used a complex mix of data sources including medical and administrative hospital records from which patient outcomes, staffing and skill mix were extracted, as well as concurrent surveys measuring perceptions of the work environment. Access to these complex data and resources to manage and analyse them are formidable barriers to empirically examine the contribution of nursing to patient-care outcomes.

Methods
In this study, a modified version of the Missed Nursing Care (MISSCARE) self-report survey was used to examine associations between sociodemographic characteristics, work environment factors and reports of missed care and reasons for omission of care, among a relatively large sample of 1195 nurse respondents in four Australian states. Dimension reduction of the 22 items reporting missed care and the 16 items with perceptions of reasons for omission of care resulted from the inability to incorporate non-causal covariation relationships by the PLS-SEM approach. Some questions are not answered fully; for example, is the relationship between day shift and late/afternoon shift missed care covariation or cause-effect? Why would late/afternoon shift missed care be a causal predictor of endorsement of reasons for missed care, and not the other way around? Given the large sample size, a split-sample approach to validate the resulting model or models and the more traditional covariance-based SEM, which can also be robust to distributional assumptions, could have been ways to deal with these issues.

Competing interests None declared.

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