STRATEGIES FOR REDUCING RATIONED NURSING CARE: QUALITATIVE SECONDARY ANALYSIS

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A b s t r a c t

Introduction: Nursing students spend a meaningful part of their professional training in clinical practice. However, to a significant extent, they actively or passively contribute to the occurrence of rationed nursing care in clinical practice. Therefore, it is crucial that they actively participate in implementing targeted strategies to reduce rationed nursing care.

Aim: To explore nursing students' experience with strategies focusing on the reduction of rationed nursing care.

Methods: We chose a qualitative secondary analysis to address unpublished data related to nursing students' experience with strategies focusing on reducing rationed nursing care. The data included a set comprising of 148 pages with transcribed verbatim of 18 semi-structured interviews. The data were analyzed by a deductive content analysis.

Results: Based on the outcome of the secondary analysis, we identified two meaningful categories: Preventive strategies in clinical practice and Importance and meaning of preventive strategies. These two categories reflected nursing students' experience with targeted strategies to reduce rationed nursing care in clinical practice.

Conclusion: Proposal and subsequent implementation of preventive strategies are essential for reducing rationed nursing care phenomenon from the clinical practice environment. The perspective of nursing students is vital due to their intensive perception of rationed nursing care in clinical practice. Students may identify areas that workplace staff may not explicitly focus on and consider important but jeopardize the quality of care or patient safety.

Keywords: nursing students, rationed care, strategies, secondary analysis

INTRODUCTION

The phenomenon of rationed nursing care has increased the concern of researchers in nursing worldwide. Rationed care is usually described as the withdrawal of necessary nursing care activities during the working shift of nurses (1). The occurrence of rationed nursing care relates primarily to the imbalance between nursing care needs and available resources, resulting in ethical problems violating nurses' professional and moral values (2). The phenomenon represents a global problem and is supported by many international studies showing that between 55 to 98 % of nurses do not provide at least one nursing care activity to the patients during their shifts (3). Approximately 87.6% of Slovak nurses rationed at least one nursing care activity (4). However, withholding any necessary activity significantly jeopardizes nursing care quality and patient safety (5). Moreover, the negative impact of the phenomenon was identified concerning nurses and healthcare organizations (4, 6). Therefore, a sys-

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thematic exploration of this phenomenon is necessary for various clinical settings. Up to date, many researchers have focused their studies on identifying types of care that are rationed, reasons for the occurrence of the phenomenon, and structural or organizational antecedents and consequences for nurses, patients, or organizations. Most of them have focused on investigating factors contributing to rationed nursing care with the aim to plan effective strategies focusing on its reduction or elimination from the clinical setting (1, 7). Nowadays, several strategies have been developed yet, such as adequacy of human resources, nurse-to-patient ratio, workload distribution, improvement of the working environment with increased teamwork and effective communication among all health professionals (8). Furthermore, Longhini et al. (9) identified eight strategies focusing on nursing care capacity, nurses' performance, active engagement of nurses in rationed nursing care issues, nursing documentation, contrasting predictable issues, the system for detecting and managing risks, communication and collaboration, and the role of nurse leaders. Besides this, Cordeiro et al. (10) published recommendations for nurse managers to promote patient safety by minimizing rationed nursing care. However, most strategies have been designated only for nurse managers. Identifying and solving the individual preventive strategies directed to reducing rationed nursing care is not necessary only from their perspective. Meaningful perspectives should be provided by persons responsible for planning, delivering, and coordinating nursing care, including nursing students who are inseparable, albeit only a temporary part of the nursing team. Nursing students directly or indirectly contribute to the prevalence of rationed nursing care (11). However, nursing students' experience with this phenomenon have been described only in three qualitative studies (12-14). These studies have not reported the nursing students' perspectives on their experiences with preventive strategies and the importance of these strategies for clinical practice. Using nursing students' experiences may provide us with a different perspective on preventative strategies and solutions of rationed nursing care.

METHODS

The method of a secondary analysis of the data (re-using existing datasets) with the aim to address new research questions represents the benefit that supports the advancement of nursing science. Supplementary secondary analysis might be used if the primary dataset has not been fully explored in the primary study (15). We conducted a secondary analysis based on the existing dataset obtained in 2019 (14). The primary analysis of the dataset was thematic, based on the interpretation and experience of nursing students with the concept of rationed nursing care in clinical practice. The current secondary analysis is supplementary to the published qualitative study. This study addresses meaningful data that have not been reported yet (16): experience with strategies focusing on reducing rationed nursing care and their importance for clinical practice from the nursing students' perspective. The dataset comprised transcribed verbatim of eighteen semi-structured interviews conducted between February and October 2019. The primary research sample consisted of eighteen 3rd year nursing students from three universities in the Slovak Republic. The students were included in the sample based on the purposeful method. All of them were females aged between 21 and 33 (mean age 23.5). All of them were final year students of the bachelor study program. An interview guide was developed based on the literature review (12, 13). The interviews lasted between 18 to 26 minutes, were recorded using a voice recorder, and transcribed verbatim. The recordings were transcribed using Microsoft Word editor. The final dataset consisted of 148 pages of text. Prior to the data analysis, the assessment of the dataset re-usability was necessarily completed by determinants of accessibility, quality, and suitability (17). The assessment result indicated that the dataset was readily accessible, retained quality data, and was suitable for the planned analysis (Table 1). The data were analyzed by the method of a deductive content analysis (18).

Table 1 Determinants and assessment of the dataset re-usability (17)

Determinant	Assessment
Accessibility	<ul style="list-style-type: none">• Original recordings and their transcripts were stored by one of the current study researchers, thus easily accessible.
Quality	<ul style="list-style-type: none">• The approval of the ethical committee was not required for the secondary analysis of the data previously approved by the ethical committee (EC no. 135/2018).• One hundred forty-eight pages of transcribed verbatim recordings with eighteen nursing students from three universities represent a sufficient group size.• Transcribed verbatim recordings were adequate; in the context of the accuracy and credibility, several steps were followed, such as triangulation, peer debriefing, and member checking.• No data were missing (recordings, transcriptions).• The ability of the researcher to review and analyze the data was meaningful as the primary researcher was a co-author of the previously published paper.
Suitability	<ul style="list-style-type: none">• Convergence between the aims of the previous and current study was declared: to better understand the nursing students' experience with the concept of rationed nursing care.• The current study deepens the knowledge of the previously reported analysis and provides for the emergence of new knowledge.

RESULTS

Based on the secondary analysis results, we identified two categories: *Preventive strategies in clinical practice* and *Importance and meaning of preventive strategies*. The description of categories is supplemented with the participants' statements.

Preventive strategies in clinical practice

Nursing students described their present experience with strategies to reduce or eliminate rationed nursing care from clinical practice. They stated that that they had not encountered these strategies in care units, as well as this phenomenon has not been given enough attention: *„How is it prevented? Come on...I do not think that anyone prevents this phenomenon in practice“* (S9). On the contrary, nursing students reflected on how they might support the more effective provision of nursing care. In addition, the students highlighted the need to increase the number of nurses and assistive personnel: *„...recruiting nursing aides or assistants could be the solution for this phenomenon“* (S7); or *„they should try employing more personnel, especially nurses“* (S9). In case of increased numbers of personnel, nurses do not have to have overtime hours and there exists a possibility to call a nurse to the shift if the workload increases: *„there are wards with more staff; therefore, there is prevention that they (nurse managers) can call someone to the shift based on awareness of increased workload hence they will be pretty sure that situations at care units are manageable and nothing will be left neglected“* (S6). According to the students, another important factor is the organization of work at care units that mainly depends on the nurse manager who is responsible for assigning the tasks, effective delegating of tasks, or ensuring enough staff for providing nursing care: *„Probably it depends on assigning tasks or the whole management of the care unit. I think nurse manager is responsible for other's knowing what to do“* (S10). With an effective task delega-

tion and its reliable implementation it is possible to reduce the prevalence of withdrawing necessary nursing care activities: *„For example, if one nurse will be assigned to particular patients, another nurse as well, it would be more effective...they (nurses) will have fewer patients hence there is the prevention of withdrawing nursing care activities“* (S4). The effective task delegation is also associated with an effective teamwork representing that each employee knows what to do: *„...by some reasonable delegation of tasks among colleagues because it is not entirely fair if one nurse is doing everything and the other one nothing...but also by talking with patients and physicians to ensure mutual communication in order to avoid situations when no one has seen a patient for the whole day because no one entered the room“* (S5). Based on the students' statements, adequate communication and sufficient information about the patients often result in the provision of higher quality nursing care: *„if we sit in the morning and discuss about the adequate assignment of patients' room and provide enough information about patients, then we basically avoid transferring responsibility for our work to others so we reduce rationed nursing care and no activity will be left missed“* (S17). Nursing students commented that continuous education and workshops with the employees may have a positive impact on elimination of rationed nursing care: *„Maybe it is just education that keeps the brain tingling“* (S5), or *„...leading the workshops with employees, also about rationed care“* (S12). The students also gave several examples of how they could contribute to the decrease in prevalence of rationed care after graduation: *„I will try to do my best to help my patients. I will approach them equally, and definitely, I would like to improve their health status or conditions so they will feel quite good within the hospital setting“* (S10). The nurses' attitudes to their profession seem to be the most effective preventative strategy: *„...by their attitudes and determination of priorities in care...just by keeping learning“* (S1). Self-management also plays a vital role: *„I would try to meet all patient needs to the extent that the patient needs...I would not miss any of those activities either in terms of biological needs, neither spiritual nor psychological“* (S9), as well as the time management of nurses: *„...to divide the interventions in time, to determine when to do something, not to postpone activities, such as to do documentation at first...to have any system and work according to it“* (S8). According to the students, the next step is to integrate novice nurses into the healthcare team effectively, to enhance their adaptation process, and focus on empowerment of the teamwork: *„The head nurse should educate nurses about the organization of work and motivate them. The critical aspect for novice nurses is to take a rest to not being emotionally exhausted from the beginning of their career..., so this is the role of the head nurse also“* (S6). The students also expressed the concerns that improvement suggestions might be implemented to the practice only if they are solved systematically: *„...this is essential to also talk about rationed nursing care among colleagues at wards but also among students...However, I think one person will not do anything about it“* (S13).

Importance and meaning of preventive strategies

Concerning the importance and meaning of strategies focusing on prevention of the rationed nursing care occurrence, nursing students in most cases concentrated on mutual satisfaction of both patients and nurses: *„...so that patients are satisfied with the care they received. And probably to prevent nurses from getting burned out...to make everyone satisfied“* (S8). The implementation of preventive strategies leads to the support of the effectiveness of the provision of nursing care, prevention of adverse event occurrence, patient outcome deterioration, and preterm mortality: *„...to avoid worsening of the patient's condition, prolongation of treatment, increase in costs and event death or irreversible damage of the patient“* (S12). By the provision of quality and safe care: *„...holistic patient care would be provided so that no nosocomial infections occur, to maintain the pressure ulcer prevention...so that necessary nutrition and hygiene care would be provided to our patients...“* (S7). The result of the described care is the satisfaction of the patient: *„...this is necessary for patients to provide them with all of their needs so that they are sa-*

tified with received care. We do not want them to express their concerns about incomplete care when leaving the hospital...it is all about patients and their satisfaction" (S9). The implementation of preventative strategies is also necessary for the prevention of burnout syndrome. The students believe that if there is an effective organization at wards, nurses are more motivated; thus, the risk for burnout syndrome is lower: "...if there is adequate planning of the work and no one is forced to provide the routine care for patients...and the work is constantly changing, and no one is missing something...so that the work is dynamic. These are strategies for eliminating burnout syndrome" (S4). Furthermore, the students realize that if they use the up-to-date knowledge in clinical practice, they might be role models for other novice nurses, thereby improving nursing care and preventing it from withholding: "...students entering clinical practice should be role models for further generations. They should follow the standard procedures and utilize the up-to-date knowledge in their practice" (S3). The positive aspect of the implementation of preventive strategies is the increase in the welfare of the organization, production of satisfactory outcomes, and the provision of higher quality healthcare: "...also the image of the particular wards might be impaired due to poor patient outcomes such as unexpected death or deteriorations in patient's condition...primarily, the wards should have good organization of work and produce good results. If not, or no one knows own competencies...then it is not such a proper procedure" (S6). Moreover, the students perceived particular gaps within the provision of nursing care, while the statement: "...to carry out all of the nursing care activities...that the patient care is accurate, not only recorded on the paper" (S11) supports the importance of nursing care activities being genuinely implemented and the nursing documentation being recorded truthfully and that the patient has all of his/her needs saturated pleasingly, because: „We never know when we will be lying on that bed“ (S10).

DISCUSSION

The secondary analysis of the qualitative data aimed to explore nursing students' experience with strategies focusing on reducing rationed nursing care. The study revealed some important information about the awareness, importance, and meaning of preventing strategies to reduce rationed nursing care.

In general, rationed nursing care and contributory factors are frequently assessed by various instruments, as they may also reveal significant predictors that need to be addressed in the context of applying the preventive strategies, especially those related to the organizational aspects and the work environment of nurses, staffing and material resources of the workplace, communication and relationships, and management and support (3, 19). Several studies have shown that by identifying factors and predictors of the rationed nursing care phenomenon, hospital management may develop and subsequently implement targeted strategies to eliminate this phenomenon from the clinical practice environment (1, 20). However, the mentioned studies focused on delineating factors and predictors of this phenomenon from the perspective of nurses working mainly in standard care units. According to Farzi et al. (21), nursing students have the potential to propose and subsequently implement effective strategies aimed at improving the clinical environment, which we have confirmed in our study. The view of nursing students can help clarify problematic areas in clinical practice. The nursing students' experience with rationed nursing care during their clinical practice was further specified in another study (14). We confirmed that the view of nursing students brings completely new dimensions to this issue. In our research, the students stated that they did not encounter implemented prevention strategies during their clinical teaching, but they understand their significance and importance. Concerning the workplace where they practiced, they proposed implementing several strategies, while among the most important they included an increase in the number of

staff. However, according to national and international studies, the inadequate staffing of the workplace is a global problem (19, 22). In the Slovak Republic, staffing is exacerbated mainly by insufficient determination of staff competencies, inadequate nurse-patient ratio, and inefficient delegation of tasks (22). The students stated that increasing the number of staff would reduce the number of overtime hours for the nurses and provide space for regeneration. The number of overtime hours is also one factor that negatively affects the incidence of rationed nursing care (23). From the perspective of effective management, they proposed a fair redistribution of work in the workplace by the head nurse and the provision of a sufficient number of qualified staff based on competencies. Effective redistribution of tasks is also closely related to the effective delegation of independent nursing activities to lower medical staff. However, a precise determination of the competencies of healthcare professionals is essential for this step. In the Slovak Republic in 2018, there was a change in educational content and the competencies of healthcare assistants who were renamed to practical nurses. This change deepened the unclear determination of staff competencies (24). In the beginning of 2021, the Slovak nursing practice registered another significant change, namely the renaming of practical nurses to nursing assistants, but without a difference in the existing regulation on the scope of training provided by healthcare assistants. This fact will again bring problems with the determination of competencies. Other preventive strategies proposed by the students included continuous education, self-management, time management, and effective prioritization of provided care. However, the implementation of these strategies is related to the nurses' inner values and beliefs and, according to the students, the nurses must initiate a change (25). The students consider implementing scientific seminars, integrating novice nurses into the healthcare team, and improving teamwork within the strategies. This teamwork mainly informs the healthcare team about the patient and treatment procedures (12). According to them, the implementation of these strategies could lead to the provision of safe and high-quality nursing care with an emphasis placed on the prevention of adverse events, increased health protection, prevention of deterioration of patients and premature mortality, as well as support for burnout syndrome prevention and support for future generations of nurses. According to Bagnasco et al. (11) a higher quality of nursing care might be achieved by supporting nursing students by raising awareness of dissonance, critical reflection, and developing their critical thinking, strengthening nursing values in practice and close cooperation.

CONCLUSION

The proposal and subsequent implementation of preventive strategies are necessary to reduce or eliminate the phenomenon of rationed nursing care from the clinical practice environment. The perspective of nursing students is essential, given their intense perception of the rationed nursing care in clinical practice. The students can also identify areas that workplace staff do not perceive as threatening patient quality and safety. In our research the students declared that they did not encounter preventive strategies that impede head nurses or hospital management for their targeted implementation. Although nursing students are a temporary part of the nursing team, they might become permanent members over time. The management of hospitals, thus, offers space for their motivation to enter the workplace and introduce specific prevention strategies and, thus, improve patient care.

Acknowledgements: Supported by the project COST Action CA 15208 Rationing Missed Nursing Care: An international and multidimensional problem.

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Received: September, 14, 2021

Accepted: October, 14, 2021