

RANCARE- CA15208
Rationing – Missed Nursing Care
An International and Multidimensional Problem

RANCARE ONLINE CONFERENCE
16th and 17th February 2021
3:00 pm - 7:00pm (CET)



Marble Statue of Health, Asclepius' Daughter and Guardian of Good Health. Archaeology Museum of Rhodes

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BOOK OF ABSTRACTS (ebook)

RANCARE ONLINE CONFERENCE

**RATIONING – MISSED NURSING CARE: AN INTERNATIONAL AND
MULTIDIMENSIONAL PROBLEM - COST ACTION 15208**

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Nicosia, Cyprus

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The RANCARE Action

RANCARE (<https://www.rancare-action.eu/>) is funded by the COST (European Cooperation in Science and Technology, <https://www.cost.eu/>), a funding organization of the European Union for research and innovation networks, aiming to connect research initiatives across Europe and beyond and enable researchers and innovators to grow their ideas in any science and technology field by sharing these ideas with their peers.

RANCARE started in 2016 and ended in 2021, bringing together 29 European COST member countries, one COST Near Neighbor Country and four COST International Partner Countries (<https://www.cost.eu/actions/CA15208/#tabs|Name:overview>). The overall aim of this Action was to facilitate discussion about rationing of nursing care, based on a cross-national comparative approach with implications for practice and professional development. This was achieved by advancing collaboration and networking and by integrating different disciplines and approaches including nursing, ethics and moral philosophy, health care studies in general, economics and social policy.

The research objectives of the Action were achieved with the work of the members of four Working Groups (WG), each focusing on a specific dimension of the problem under study. The WG1 worked on the conceptualizations of care rationing and the research methodology, WG2 focused on the evidence-based interventions and intervention design, WG3 concentrated on the ethical dimension of missed and rationing of care and WG4 worked on the educational issues and training related to patient safety and missed care. The capacity building objectives, that is the creation of a network to foster knowledge exchange and dissemination of good practices, were achieved through Short Term Scientific Missions, Conferences, International Workshops and Training Schools.

Through the almost 5-year life of the Action, knowledge and understanding of the phenomenon of rationing and missed care have been advanced, as this is evident by the plethora of the published scientific papers in international and national journals. Much of the work continuous through other European Union funded projects or other proposals planned to be submitted through collaborations and synergies between the members of the Action, hoping to get the science forward.

Professor Evridiki Papastavrou
Chair of the RANCARE Action

Dear Colleagues, Dear Guests,

It is a great pleasure to welcome you all to the RANCARE Online Conference. First of all, I would like to thank the Chair of the Cost project Prof. Evrydiki Papastavrou and the Leaders of the working groups Professors: Walter Sermeus, Maria Schubert, Riitta Suhonen, & Olga Riklikiene, and the colleagues of their groups for the great work they have done during the whole program as well as for helping us to organize this Conference. I would also like to thank the scientific and organizing committees and all the colleagues for accepting our invitation to submit and present their work.

Missed Nursing Care is of current interest but still downgraded and under investigation. In the face of great nursing shortage, and other scarce resources, in almost every country, nurses may delay or omit some nursing interventions resulting in fair or unfair priorities and distribution of resources, which may have an impact on patient safety, quality, and dignity in care. As we all know nowadays, nursing shortage is getting worse throughout the COVID-19 crisis, as the workload of nurses is extremely high. This calls governments to immediately act on improving nurses' working conditions and staffing.

This Conference can serve as an opportunity to exchange the most recent knowledge and research, as well as applications that improve healthcare practices, and we hope that the results will be used by all of us to improve nursing care.

Finally, we would like to express our support and gratitude to the nurses who are involved in the care of patients with COVID-19, knowing that they and their families are at high risk of infection, which would be life threatening or fatal.

I wish you all a successful conference!

Professor Chrysoula Lemonidou
Vice-chair of the RANCARE Action

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RANCARE Online Conference / 16th and 17th February 2021

(all times in Central European Time)

16th February 2021

3.00pm – 3.50pm Opening session

Moderator: Dr. Georgios Efstathiou

3.10pm – 3.30pm RANCARE Project - **Prof. Evridiki Papastavrou**

3.30pm – 3.50pm Key-note speaker - **Prof. Jonathan Drennan**
Missed Care following an Intentional Change to Nurse Staffing:
Outcomes from Medical, Surgical and Emergency Settings

3.50pm – 4.00pm Break

4.00pm – 5.10pm Session 1

Moderator: Prof. Walter Sermeus

4.00pm – 4.15pm RANCARE working Group 1 - Overview (**Walter Sermeus**)

4.15pm – 4.30pm Missed nursing care and nurse staffing levels: A vicious circle
(**Venetia Sofia Velonaki**)

4.30pm – 4.45pm Priority setting and compromised nursing care. A mixed method
study in Italian medical surgical units within acute care hospitals
(**Erika Bassi**)

4.45pm – 5.00pm Nurse Navigators meeting the needs of patients and reducing
missed care (**Clare Harvey**)

5.00pm – 5.10pm Discussion

5.10pm – 5.20pm Break

5.20pm – 6.30pm Session 2

Moderator: Prof. Maria Schubert

5.20pm – 5.35pm RANCARE working Group 2 – Overview (**Maria Schubert**)

5.35pm – 5.50pm Missed nursing care in Turkey: A systematic review
(**Aysel Özsaban**)

5.50pm – 6.05pm Midwife continuous support care during labor: Overreaching the
missed care to preserving the perineum intact? (**Sílvia Rodrigues**)

6.05pm – 6.20pm Interventions to prevent or reduce rationing or missed nursing
care: a scoping review (**Maria Schubert**)

6.20pm – 6.30pm Discussion

6.30pm End of first day

17th February 2021

3.00pm – 4.10pm Session 3

Moderator: Prof. Riitta Suhonen

3.00pm – 3.15pm Working group 3 – Overview (**Riitta Suhonen**)

3.15pm – 3.30pm Impact of medication errors on patient safety
(**Salvador Postigo Mota**)

3.30pm – 3.45pm Falls in the elderly as a patient safety issue (**Raul Cordeiro**)

3.45pm – 4.00pm Pressure ulcers as a patient safety issue (**Salvador Postigo Mota**)

4.00pm – 4.10pm Discussion

4.10pm – 4.20pm Break

4.20pm – 5.30pm Session 4

Moderator: Prof. Olga Riklikiene

4.20pm – 4.35pm Working group 4 – Overview (**Olga Riklikiene**)

4.35pm – 4.50pm What is the perception of Missed Nursing Care in nursing students?:
A multicentric validation study
(**Alvisa Palese, Stefania Chiappinotto**)

4.50pm – 5.05pm Effects of rationing on nursing education regarding to
professionalization (**Karin Reiber, Jutta Mohr**)

5.05pm – 5.20pm Patient Safety: Undergraduate nursing students' perspective on
patient safety and missed care (**Maria Dimitradou**)

5.20pm – 5.30pm Discussion

5.30pm – 5.40 Break

5.40pm – 6.50pm Session 5

Moderator: Prof. Chrysoula Lemonidou

5.40pm – 5.55pm Implementation of a training program to increase knowledge,
improve attitudes and reduce nursing care omissions towards
patients with dementia in hospital settings: a mixed method study
(**Melina Evripidou**)

5.55pm – 6.10pm Patient education is not a care to be missed: the case of adherence
to treatment (**Maria Achilleos**)

6.10pm – 6.25pm The challenges of translation of concepts and measures between
languages and cultures – experience from Iceland
(**Helga Bragadóttir**)

6.25pm – 6.40pm The missed nursing care phenomenon and its relation to infection control: a cross-sectional descriptive international study
(Eftychia Evangelidou)

6.40pm – 6.50pm Discussion

6.50pm **Conference closing**
Prof. Evridiki Papastavrou, Prof. Chrysoula Lemonidou

Abstracts

Missed nursing care and nurse staffing levels: A vicious circle

Venetia Sofia Velonaki

Background: Rationed nursing care has been found associated with adverse outcomes for the patient, nurse, and organization. One of the reasons of rationed nursing care is the low nurse staffing levels.

Aim: To synthesize the knowledge on the relationship between rationed nursing care and nurse staffing levels.

Methods: We reviewed research and theoretical articles discussing or analyzing, directly or indirectly, the above-mentioned relationship in MEDLINE and CINAHL.

Results: Twenty-five articles were included. 1. Rationed nursing care has been found associated with nurse staffing level, perception of adequate staffing and lack of management support, nurses' burn out, job dissatisfaction, time of shift, practice environment, level of teamwork, poor handover, and satisfaction with current position. 2. Antecedents of rationing include resource and staffing inadequacy, organizational work environment, bullying at work, routinism and nurses' accountability. 3. Rationed care has been found predictor of increased turnover, decreased job and occupational satisfaction, intention to leave, lower self-esteem and negative feelings. The limited knowledge on the direction of the causality between rationing and nurse staffing levels indicates a vicious circle: poor nurse staffing is considered predictor of rationing, while rationing has been found predictor of occupational dissatisfaction and intention to leave.

Conclusions: Findings suggest urgent actions to interrupt the vicious circle and future research to clarify causalities and mediations.

Relevance for nursing science in Europe: Nurse staffing levels should be added to the list of modifiable factors associated with rationed care, as this may be an important pathway for improving patients' outcomes.

Keyword: Rationed care, nurse staffing levels, nurse satisfaction, nurse retention.

Priority setting and compromised nursing care: A mixed method study in Italian medical surgical units within acute care hospitals

Erika Bassi, Terry Jones, Daniela Tortaglini, Alvisa Palese

Background: Priority setting is the act of classifying problems and concerns into those that require immediate actions and responses, and those that can be delayed until a later time.

Aims: Understand how priority setting criteria used by medical-surgical nurses influence reported patterns of compromised care.

Methods: A mixed-method sequential explanatory design was adopted: a first quantitative multicenter survey, aimed at collecting data on compromised care occurrence, was followed by a qualitative descriptive study aimed at understanding the priority setting criteria.

Results: Similarly to other evidence, this study reported a prioritization practice mostly based on biomedical patient needs (Maslow's hierarchy) and physician-centric workflow expectations. Using the Maslow's hierarchy, with physiologic needs taking priority over psychological and emotional needs, is a reasonable way to sequence care in order to maximize the benefit for patients' care, unless the care context is characterized by time and resources scarcity. Given the alarming staffing levels reported in this study, the adopted prioritization practice affected necessarily patient education, communication and basic care provision or supervision.

Conclusions: The pattern of compromised care emerged was mostly a consequence of time and resource scarcity rather than the result of nurses' decision-making model: the original intent of nurses' prioritization was to sequence care but, due to time scarcity, the unintentional consequence of these priority criteria was to leave some activities undone.

Relevance for nursing science in Europe: Due to the present results it will be relevant to understand which is the best way to prioritize in contexts of time scarcity.

Keywords: compromised nursing care, priority setting, time scarcity, missed care

Nurse navigators meeting the needs of patients and reducing missed care

Clare Harvey, Adele Baldwin, Amy Byrne, Brody Heritage, Eileen Willis, Janie Brown, Bridget Ferguson

Aims: Nurses navigators were introduced to the Queensland Health system in Australia in 2016 and are currently being evaluated by the authors over two years. Navigators co-ordinate the care of people living with chronic conditions, with a specific aim of reducing acute hospital utilisation.

Methods: The evaluation is underpinned by a theory of change framework and social return on investment which allows for two things 1) regular data analysis supporting responsive industry adjustment, and 2) capturing value-based outcomes of navigated care, hitherto not fully examined.

Results: By examining patient and nurse narratives against self-reported patient wellbeing and quality of life, and hospital admission data, we have been able to describe and identify the value of the nurse navigators through their effective amelioration of after-effects of hospital-based missed and rationed care.

Conclusions: The nurse navigator model of care is effective in rebuilding the trust of patients who have been let down by a system that has not adequately met the needs of people living with chronic conditions.

Relevance for nursing science in Europe: Nurse as co-ordinators of long-term care have raised to awareness, the deficits of discharge planning and have contributed towards remediating the effects of this. Nurses need look beyond the traditional roles of nurses, to develop value-based models of care responsive to changing patient populations, particularly in the face of escalating chronicity.

Keywords: rationed nursing care, nurse navigators, chronic care co-ordination

Missed nursing care in Turkey: A systematic review

Aysel Özsaban, Yeliz Çulha, Seçil Erden Melikoğlu, Rengin Acaroğlu

Background: Missed care threatens patient safety, leading to ethical issues that is an error of omission and a universal, critical discussion issue.

Aim: This study is a systematic review that was conducted in an attempt to analyze of the missed nursing care articles in Turkey.

Methods: The sample of the review was created of articles accessed via EBSCO, Pubmed, Ulakbim Turkish Medical Database, Turkish Medline databases until January 2021. Literature searching were completed with various combinations of the Turkish and English keywords that commonly was used missed care phenomenon. 12 articles that agreed with the inclusion criteria were analyzed. The review was carried out in line with the guidance of the PRISMA statement guidelines.

Results: Aim of the included studies were missed care and reasons in Turkey. One study was focused amount of missed care and causes. Other four studies investigated missed care amounts and nurse-related outcomes. Another four studies were associated with oncology patients' care, one study out of four was qualitative. Three studies were validity and reliability of MISSCARE survey. In addition, three studies out of 12 were in international level.

Conclusions: The studies which evaluation of missed care and causes limited in Turkey. But it was seen to increase studies last years associated with the subject.

Relevance for nursing science in Europe: This review is a first systematic analyse about the missed care in Turkey. The findings of this study are important in order to draw attention to the subject and will be guide to the new studies.

Keywords: Missed care, nursing, Turkey

Midwife continuous support care during labour: Overreaching the missed care to preserving the perineum intact?

Silvia Rodrigues, Corália Vicente, Ramon Erscuriet

Background: The usual model of care generically implemented during labour throughout Portugal, can be characterized by more than one labouring woman to a midwife. The scarcity of time can contribute for missed care. The midwife continuous support care during labour can be characterized one-to-one support care.

Aims: Investigate the prevalence of intact perineum and the impact of midwife continuous support care in the rate of intact perineum among women who had normal vaginal births in one birth centre in northern Portugal.

Methods: A descriptive, cross-sectional, prospective and randomised study was carried out. Pregnant women who had normal vaginal births, between April 1, 2019 and December 31, 2019, in 1 birth center in Portugal, were included. Following ethical approval, the prevalence of intact perineum was calculated and multivariate analysis with logistic regression was carried out, to identify the impact of midwife continuous support care during labour.

Results: A total of 400 pregnant women had normal vaginal births. Intact perineum rate in midwife continuous support care group were 18.5% (74/400) and 13.5% (54/400) in the not midwife continuous support care group. Two women experienced a third-degree laceration (0.5%) in continuous care and five women (1.4%) in not continuous group. Episiotomy rate was 5.3% (21/400) in continuous group and 14.2% (57/400) in the not continuous group. The midwife continuous support care during labour increases 90% ($p=0.004$; $OR=1.902$; $IC= 1.234/3.055$) the odds of intact perineum.

Conclusions: The midwife continuous support care during labour could facilitate the management of spontaneous vaginal birth to promote an intact perineum.

Relevance for nursing science in Europe: Many countries in Europe has the same model of care during labour as Portugal. If this kind of model of care during labour is contributing for missed nursing care, the effect of this factor in patient outcomes should be studied.

Keywords: Missed care, continuous, perineum, midwife.

Interventions to prevent or reduce rationing or missed nursing care: a scoping review

Maria Schubert, Dietmar Ausserhofer, Helga Bragadóttir, Christian M. Rochefort, Luk Bruyneel, Renate Stemmer, Panayiota Andreou, Marcel Leppée, Alvisa Palese

Background: The prevalence of rationed and missed nursing care and its effect on patient safety, quality of care has been studied widely.

Aims: To identify and describe interventions developed and tested to prevent or reduce the rates of rationed or missed nursing care across various healthcare settings.

Design: A scoping review on studies published between 1980 and 2019.

Data sources: We searched for eligible studies in the electronic databases: MEDLINE (PubMed), CINAHL, PsycINFO, EMBASE, ProQuest Dissertation & Theses.

Review methods: For each central search term, researchers screened abstracts of the retrieved studies against the inclusion criteria and exclusion criteria. Decision about whether to include or not any given study was made through consensus.

Results: The search yielded 1815 records, of which 13 records were eligible and included. Of these, three reported structural interventions, focusing on increased nurse staffing and improved nursing teamwork, resulted in significant reductions in the rates of rationed or missed nursing care. The remaining 10 reported on process interventions: four referred to reminders (technology or designated persons) and seven to interventions to change or optimize the relevant care processes. All 10 process interventions contributed to significant reductions in rates of missed nursing care.

Conclusions: Evidence emerged that interventions targeting the structure and process of care have the potential to prevent or reduce rationed or missed nursing care.

Relevance for nursing science in Europe: The results underline the need for interventional studies which focus on the structure and process elements of care that influence rationed and missed care.

Keywords: Allocation of resources, Health care rationing, Personnel Staffing, Quality of health care, Outcome and Process Assessment, Reminder System

Impact of medication errors on patient safety

*Salvador Postigo Mota, Salvador Postigo Vidal, Maria Dorado Gutiérrez,
José Antonio Iglesias Guerra, Alba Dorado Gutiérrez, Raul Cordeiro,
Juan Antonio Carrillo Norte*

Background: Medication errors are a serious public health problem and can even lead to the death of the patient. Since the emergence of the World Alliance for Patient Safety (WHO) in 2004, measures have been established to control them, on two bases: the Reason theory of error and the implementation of a culture of patient safety. Different studies at a global and national level such as IBEAS, ENEAS and APEAS have concluded that medication errors are a preventable problem in most cases.

Aims: Identify the types of errors that occur in the preparation and administration of medicines and identify measures related to the training of health care providers, family and caregivers to avoid the problem.

Methods: A search has been carried out of the main evidence-based databases on systematic reviews assessing patient safety in relation to medication errors. The following key words adapted to our objectives have been used: error, medication, nursing, prevention.

Results: The most common types of errors by nurses are related to overwork, interruptions and inadequate staffing. Factors that increase the risk of confusion include an illegible prescription, coincidence in dosage form or dosage, or disappearance.

Conclusions: The administration of medication is one of the activities where nurses play a very important role. Knowledge of the factors that trigger them and the implementation of corrective measures contribute to improving the quality of care and patient safety. Within safe practices, the "5 right" strategy (dose, route of administration, drug, patient and correct time) should be highlighted.

Impact for nursing science in Europe: This project highlights the global concern related to the development of patient safety strategies. Organizations such as the Council of Europe, the American Institute of Medicine and the World Alliance for Patient Safety believe that all actors involved should be sensitized to patient safety and continue to be trained in this field to provide quality care.

Keywords: Medication errors, nursing, patient safety

Falls in the elderly as a patient safety issue

Raul Cordeiro, Maria Dorado Gutiérrez, Inés Casado Verdejo, Alba Dorado Gutiérrez, Jose Ramón Vallejo Villalobos, Laura Muñoz Bermejo, Rosa M^a Píriz Campos, Salvador Postigo Mota

Background: Falls are a persistent problem that causes serious injuries, increasing the length of hospitalization and consequently the cost of health care. Maintaining autonomy and independence is the goal of active aging, a term coined by the WHO in the late 1990s. There are different strategies for dealing with this health problem, such as the European Innovation Partnership on active and healthy ageing (EIP on AHA), the FRADEA and FRALLE study at national level, among others.

Aims: The main objective is the analysis of the different patient safety strategies related to the prevention of falls in the elderly in the health care, social care and home environments.

Methods: To meet the above objectives, a literature review has been carried out on the main evidence-based databases assessing patient safety in relation to fall risk. The key words used were: falls, fragility, ageing and safety.

Results: According to the different studies analyzed, 50% of falls generate some type of minor injury, which causes pain and functional limitation, and between 5-10% of the elderly suffer a fracture or trauma. The incidence of non-hospitalized people over 65 years old who suffer falls is around 30%, increasing up to 40% the risk in institutions.

Conclusions: From the nursing field, it is essential to detect the causes of falls, evaluate the characteristics of the elderly person and their environment through the relevant questionnaires and act on the risk factors, in order to create preventive activities.

Relevance for nursing science in Europe: The realization of the present project evidences the global concern related to the creation of patient safety strategies related to active aging. Different strategies are offered that can be used as a guide for care in an international scope, as well as the acquisition of new skills that prevent the appearance of falls in the different care environments and at home.

Keywords: Accidental falls, frailty, aging, safety

Pressure ulcers as a patient safety issue

Salvador Postigo Mota, Maria Dorado Gutiérrez, Fátima Postigo Gallego, Alba Dorado Gutierrez, Andrés Redondo-Tébar, Marta Redondo de Sa, Raul Cordeiro

Background: Historically, patient safety has always been one of the healthcare system's priorities. Since 1999, different safety strategies have emerged both nationally and internationally. In 2004 the World Alliance for Patient Safety was founded by the WHO. Years later, the ENEAS study appeared in Spain aimed at hospital care and APEAS for primary care, as well as the Patient Safety Strategy of the National Health System 2015-2020.

Aims: The main objective is the analysis of the different patient safety strategies related to pressure ulcer prevention in social health services.

Methods: A search of the main evidence-based databases on systematic reviews assessing patient safety in relation to the occurrence of pressure ulcers has been carried out. The information was selected using the following keywords which are adapted to our objectives: safety, prevention, pressure ulcers, strategies.

Results: Reporting and recording of pressure ulcers in care plans, standardisation of care and health education of patients, families and carers has been confirmed as an effective safety strategy. The results offered by ENEAS, APEAS in recent years, show that these practices have significantly reduced the prevalence of the problem. In hospital centres in 2013 the prevalence was 8%, in primary care 9.1% and in social health centres between 12.6% and 14.2%.

Conclusions: The implementation of safe practices and action protocols by nurses has reduced the occurrence of pressure ulcers, thus improving the incidence of this preventable health problem. The prioritisation of care activities can be considered one of the keys to solving the problem by reducing care and human costs.

Relevance for nursing science in Europe: The realization of this project demonstrates the global concern related to the creation of patient safety strategies. Different safety strategies are offered that can be used as a guide for care by nurses internationally, as well as the acquisition of new skills.

Keywords: Pressure ulcer, nursing, patient safety

What is the perception of Missed Nursing Care in nursing students?: A multicentric validation study

Alvisa Palese, Stefania Chiappinotto, Emanuele Canino, Giulia Martinenghi, Rebecca Sist, Laura Milani, Ilaria Marcomini, Anne Destrebecq

Background: Nursing students are exposed to episodes of Missed Nursing Care (MNC) during their clinical training. However, their MNC perceptions have been little investigated to date and no validated tools have been rendered available.

Aims: The study was two-fold: (a) to validate a tool measuring MNC; and (b) to measure the MNC occurrence and causes among nursing students. A multicentre validation study involving two universities (from 2017 to 2018). The validity measures have been assessed according to the COnsensus-based Standards for the selection of health Measurement INstruments guideline.

Methods: All students: (a) attending their clinical rotation lasting > 2 weeks during the study period; and (b) willing to participate were included in the study. With the aim to explore also the interrater validity, a convenience sample of clinical preceptors who were willing to participate in the study by filling-in the tool in the same day of supervised students, were involved.

Results: The content and the face validity of the tool developed by Bassi and colleagues (2019) have been assessed; all validity properties investigated (explorative and confirmative factor analysis, internal consistency, interrater reliability, Mokken scaling) by involving 737 nursing students and 30 clinical tutors have been explored achieving in all good indexes.

Conclusions: A validated tool capable of measuring MNC among nursing students has been established. First-year students perceive high occurrence of MNC while third years less suggesting that in the learning process there is a sort of normalization of MNC.

Relevance for nursing science in Europe: Educational strategies capable of supporting clinical preceptors and nursing students in debating factors implicated in MNC as well as in preventing its occurrence are suggested.

Effects of rationing on nursing education regarding to professionalization

Karin Reiber, Jutta Mohr

Background: Rationing of nursing care is highly influenced by staffing and staff shortages. Reports state that not only is there a failure of nursing care but also of education activities e.g. bedside teaching. The (in)direct impacts of rationing for professionalization appear to be neglected.

Aims: The aim of this presentation is to report and discuss our results regarding the effects of staff shortages on education. Further, the results will be discussed in terms of their consequences for professionalization and, in turn, staff shortages.

Methods: The presentation is based on findings of a multi-method study on securing skilled personnel, including expert interviews, company case studies, and a Delphi-survey.

Results: In times of staff shortages the requirements for trainees are reduced. Intensified support is necessary in theory and practice. Coincidentally, complex care situations increase while rationing leads to insufficient care. State-of-the-art-Nursing often cannot be realized and demonstrated. Companies seem to be aware that high-quality training is needed, yet this blatantly suffers under shortages of staff.

Conclusions: The existing staff shortages contradict the required training efforts. Rationing may lead to a loss of competencies not only at the individual but also professional level. Additionally, there is a lack of professional development effects e.g. due to missing experiencing professional everyday practice or positive role models. In turn, this may have effects on job retention and exacerbation of staff shortages.

Relevance for nursing science in Europe: Dealing with rationing in the educational context should focus on implications for vocational education and effects on professionalization.

Keywords: Rationing nursing care, nursing education, nursing competence, professionalization

Patient safety: Undergraduate nursing students' perspective on patient safety and missed care

*Maria Dimitriadou, Anastasios Merkouris, Andreas Charalambous,
Androulla Ioannou, Evridiki Papastavrou*

Background: There is evidence that patient safety in nursing curriculums is not well incorporated. This does not allow students to develop strong competences to support patient safety throughout their professional life.

Aims: To explore the perspectives of undergraduate nursing students, among Greece and Cyprus populations, regarding their knowledge and attitudes on patient safety-related issues and missed care.

Methods: A descriptive comparative study was conducted with third and fourth-year undergraduate nursing students from Cyprus (n=243) and Greece (n=481). All students were surveyed using the a) 34-item Health Professional Education Patient safety Survey (H-PEPSS) to describe students' knowledge in the classroom and clinical setting and b) the 23-items Health Care Professionals Patient safety Assessment Curriculum survey (HPPSACS), which evaluates attitudes and c) a brief questionnaire to explore their understanding of missed care.

Results: Students' knowledge about patient safety was expressed significantly higher ($p < 0.001$) in classroom (mean=4.0), comparing to the clinical setting (3.7) (1-5 scale). The knowledge in the dimension "clinical aspects" was valued the highest and the dimension "Working in teams" was valued the lowest. Regarding the attitudes, the lower was reported in the topic "denial" (mean 2.1) (1-5 scale). Also, differences were recorded between countries with Cyprus reported higher level of knowledge than Greece students in most of dimensions. One third of all the students reported body hygiene as missed care incident

Conclusions: The findings indicated the gap between theory and practice and the need of collaboration of the two settings. Also, the highest score in "Clinical aspects" (in both settings) reflect the fact the nursing education tend to cite on technical issues, whereas fewer tend to the more sociocultural aspects of patient safety.

Relevance for nursing science in Europe: Under the absence of EU directives or curriculum guidelines on how patient safety training to be incorporated into the curriculum, study reveals important points, both theoretically and clinically, about patient safety training in two EU countries. Further research to define and update the syllabus is needed, to ensure pre-registration nursing students become engaged and therefore prepared to sustain a culture of safety.

Keywords: nursing students, patient safety, undergraduate curriculum, missed care

Implementation of a training program to increase knowledge, improve attitudes and reduce nursing care omissions towards patients with dementia in hospital settings: a mixed method study

*Melina Evripidou, Andreas Charalambous,
Anastasios Merkouris, Evridiki Papastavrou*

Background: Patients with Dementia (PwD) in hospital settings are characterized as a vulnerable group, due to memory and behavioral problems associated with the disease, leading to problems related to their care. PwD might be more prone to missed care, since they cannot express their needs through verbal communication or to demand better care.

Aims: The aim of the study is to investigate the knowledge and attitudes of nurses regarding the care of PwD, to evaluate the care that PwD receive and to identify any omissions. The study concluded with the implementation of a training program that increased knowledge and improved nurses' attitudes.

Methods: This is a mixed method study constituted of three stages: 1) cross sectional study among all the Cypriot nurses, 2) observation study, among 13 hospitalized PwD and 3) the implementation of a training program, addressing to 40 nurses.

Results: During the first stage of the study low level of knowledge and non-favourable attitudes towards PwD were revealed among Cypriot nurses. The observation study identified 4 thematics a) fundamental patient needs remain unmet, b) several cases of dignity violation during nursing care, c) communication deficiencies and d) nursing care techniques were lacking. Timing of patient contact lasted from 5 to 7 minutes. Many care omissions were identified during nursing care. Regarding the third stage of the study the training program has indicated remarkable improvements on both variables, which lasted three months after the intervention.

Conclusions: Many of patients' basic needs remain unmet and this raises considerable ethical issues. This vulnerable group of patients is "at risk" for dignity and human rights violations, during hospitalization.

Relevance for nursing science in Europe: Low level of knowledge and non-favourable attitudes towards PwD were detected in several international studies. Applying an educational program will promote ethics of care among nurses and reduce care omissions.

Keywords: nurses, dementia, omissions, training

Patient education is not a care to be missed: the case of adherence to treatment

*Maria Achilleos, Evridiki Papastavrou,
Anastasios Merkouris, Andreas Charalambous*

Background: Although patient education is one of the main responsibilities of nurses, there is evidence that it is very often missed and not considered as a priority. Adherence to prescribed medication for chronic diseases such as diabetes, hypertension and glaucoma is generally poor and there are studies showing that patient education may have a positive effect.

Aims: To examine patient education interventions in order to improve medication adherence in patients with chronic diseases, such as glaucoma.

Methods: Systematic Review of the literature.

Results: Patient education can be used to provide patients with important knowledge about their disease, such as the severity of the situation, the benefits of the treatment and the consequences of non-adherence aiming to modify patients' behavior toward treatment, to promote healthy lifestyles and positive changes. Moreover, there is evidence that patients who receive information and emotional support benefit by displaying good adherence and collaboration with their care.

Conclusions: Healthcare professionals must take into account that their patients need to be well educated about their disease and by doing that, automatically, contribute to the reduction of disease's burden, for the patient and the society in general.

Relevance for nursing science in Europe: As the world population ages, the number of chronic diseases is rapidly increasing. Hence, education must be a top priority to all health professionals, worldwide, in order to contribute to the reduction of chronic diseases' burden.

Keywords: patient education, medication adherence, chronic diseases, glaucoma.

The challenges of translation of concepts and measures between languages and cultures – experience from Iceland

Helga Bragadóttir

Background: When translating concepts and measures from one language to another, language and culture play the key roles as comparable words or concepts may not be found in the different languages or that literally translated words may have different cultural meanings between languages or countries. This may be a challenge, even when translation is being done between related languages from countries with somewhat comparable cultures.

Aims: The objective of this presentation is to share the experience and encountered challenges of translating the MISSCARE Survey from US English to Icelandic.

Method: Rigid back-translation methods were used during the translation and testing process which involved collaboration with authors of the original version, clinicians, linguists and scholars.

Results: The translation process required the work of a diverse group of people with different knowledge as well as time, precision and critical thinking. Most challenging was the translation of concepts, capturing the exact meaning of statements, translating metaphors and culturally bound expressions and adapting linguistically and culturally correct directions for participants.

Conclusion: Even though English and Icelandic have common linguistic roots with the US and Icelandic cultures having many things in common, several challenges were encountered when translating measures from US English to Icelandic.

Relevance for nursing science in Europe: The importance of cross-cultural studies is acknowledged and translation of concepts and measures from one language to another is assumed to be a common challenge among European scholars, not the least on complex concepts such as missed nursing care.

Keywords: culture, missed nursing care, survey, translation

The missed nursing care phenomenon and its relation to infection control: a cross-sectional descriptive international study

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Background: Missed nursing care has been explored and described as a cause of adverse events on patients. Its relationship with the transmission of infections among hospitalised patients has not yet been examined.

Aims: To examine how frequently are elements of infection control missed and to explore the reasons infection control care/practices are missed.

Methods: A cross-sectional descriptive international study among 712 nurses in Cyprus and Greece was conducted in 2019. The missed infection control nursing care, 62-item scale, translated into the Greek language, was used.

Results: Most frequent missed care practices described were related to hand hygiene and information of medical officers/senior nurses on patient's condition. The least frequent missed care practices described were related to disinfection procedures. Missed care was related to insufficient infrastructure, lack of equipment, insufficient staffing and managerial reasons.

Conclusions: Missed nursing care may lead to the transmission of infections among patients, negatively affecting their safety. Nurses and nurse managers as well as educators should focus on the development of guidelines, training and the provision of equipment, to facilitate the implementation of infection control practices.

Relevance for nursing science in Europe: Patient safety in Europe is of high importance as adverse events to patients are factors for substantial loss of money. Transmission of infections can be controlled by implementing necessary nursing practices related to infection control.

Keywords: infection control, international study, missed care, nurses



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