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RESEARCH ARTICLE (ORGINAL)

Missed nursing care in a Portuguese hospital: nurses' perceptions of minimizing strategies

Cuidados de enfermagem omissos num contexto hospitalar português: perceção dos enfermeiros sobre estratégias minimizadoras

Cuidados de enfermería omitidos en un entorno hospitalario portugués: percepción de los enfermeros sobre estrategias minimizadoras

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Abstract

Background: Missed nursing care (MNC) is a problematic issue in clinical settings. The contextual knowledge of the reasons underlying it calls for managers to implement guidelines for minimizing MNC and redesigning nurses' practices.
Objectives: To identify strategies perceived by the nurses in an oncology hospital to minimize MNC.
Methodology: Exploratory, descriptive, cross-sectional study with a qualitative approach based on case study assumptions. Environmental sample composed of 10 nurses from the medical specialties of an oncology hospital. Semi-structured interviews were applied from September to October 2018. All participants gave their informed consent.
Results: Nurses identified the following strategies to minimize MNC and improve the quality of nursing care: Error awareness, Training, Communication, Adequacy of resources, and Change in the organizational culture.
Conclusion: MNC compromises the quality of care and increase patient vulnerability. Adopting the identified strategies can benefit the organization studied and improve the quality of care.

Keywords: missed nursing care; patient safety; medical oncology; strategies; total quality management

Resumo

Enquadramento: Os cuidados de enfermagem omissos (CEO) são uma problemática existente nos contextos da prática clínica. O conhecimento contextual das razões subjacentes a esta problemática convida os gestores a implementar diretrizes minimizadoras de CEO, redesenhando as práticas dos enfermeiros.
Objetivos: Identificar estratégias percecionadas pelos enfermeiros de um hospital de oncologia como minimizadoras de CEO.
Metodologia: Estudo exploratório, descritivo, transversal de natureza qualitativa assente em pressupostos do estudo caso. Amostra de meio, constituída por 10 enfermeiros das especialidades médicas de um hospital oncológico, com aplicação de entrevista semiestruturada, entre setembro e outubro de 2018. Obtido consentimento informado dos participantes.
Resultados: Os participantes identificaram como ferramentas passíveis de minimizar os CEO e melhorar a qualidade dos cuidados de enfermagem a Consciencialização do erro, a Formação, a Comunicação, a Adequação de recursos e a Mudança da cultura organizacional.
Conclusão: Os CEO comprometem a qualidade do atendimento e aumentam a vulnerabilidade dos doentes. A adoção das estratégias identificadas poderá constituir uma mais-valia para a organização estudada e melhorar a qualidade dos cuidados prestados.

Palavras-chave: cuidados de enfermagem omissos; segurança do doente; oncologia; estratégias; melhoria contínua da qualidade

Resumen

Marco contextual: Los cuidados de enfermería omitidos (CEO) son una problemática que se da en los contextos de la práctica clínica. El conocimiento contextual de las razones que subyacen a esta problemática invita a los gestores a implementar directrices minimizadoras de CEO, mediante el rediseño de las prácticas de los enfermeros.
Objetivos: Identificar estrategias percibidas por los enfermeros de un hospital de oncología como minimizadoras de CEO.
Metodología: Estudio exploratorio, descriptivo, transversal, de naturaleza cualitativa basado en los presupuestos del estudio de caso. Muestra de medio constituida por 10 enfermeros de las especialidades médicas de un hospital oncológico, se aplicó la entrevista semiestructurada entre septiembre y octubre de 2018. Se obtuvo el consentimiento informado de los participantes.
Resultados: Los participantes identificaron como herramientas capaces de minimizar los CEO y mejorar la calidad de los cuidados de enfermería la Conciencia del error, la Formación, la Comunicación, la Adecuación de recursos y el Cambio de la cultura organizativa.
Conclusión: Los CEO comprometen la calidad de la atención y aumentan la vulnerabilidad de los pacientes. La adopción de las estrategias identificadas podrá constituir un valor añadido para la organización estudiada y mejorar la calidad de la atención prestada.

Palabras clave: cuidados de enfermería omitidos; seguridad del paciente; oncología médica; estrategias; gestión de la calidad total

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Introduction

The quality of nursing care and patient safety are ethical obligations because they play a key role in reducing avoidable risks in patients, nurses, and organizations (Ordem dos Enfermeiros, 2012).
In the nursing practice environment, where nurses are expected to rise to their excellence, it is important to identify barriers to improving outcomes and optimize the processes of health systems. Therefore, it is as important to identify the strategies for reducing the occurrence of missed nursing care (MNC) as to assess its incidence or analyze the reasons underlying the omission of nursing care (Recio-Saucedo et al., 2018).
This study aims to identify the strategies perceived by the nurses of an oncology hospital to minimize MNC to mitigate the phenomenon in this specific context.

Background

Quality in health is a dynamic concept, so it is important to assess professionals' perceptions of quality to better target the organization's strategies. In this way, it will be possible to make care delivery more compatible with the institutions' context and objectives and better meet patients' needs (Ribeiro et al., 2017).
The priority strategy for quality is patient safety, which consists of making care safer by reducing the harm caused in the delivery of care and ensuring that each person and family is engaged as partners in care (Agency for Healthcare Research and Quality, 2016).
Nurses are usually unable to provide the planned care, leading to the omission and delay of required nursing care - MNC - and increasing patient vulnerability (Kalisch et al., 2009).
Paiva (2019) found five reasons for MNC: reasons associated with the nurses, such as negligence/devaluation, willful misconduct, and beliefs, and the organization, such as the scarcity of resources and the organizational culture.
Quality care management involves the implementation of programs capable of setting a standard of excellence in care based on the continuous improvement of the context. Thus, the strategies perceived as more effective to minimize MNC allow restructuring nurses' roles, responsibilities, and work to ensure every aspect of care is delivered and quality is improved (Kalisch et al., 2009).

Research question

Which strategies are perceived by the nurses of an oncology hospital to minimize missed nursing care?

Methodology

Exploratory, descriptive, and cross-sectional study with a qualitative approach based on case study assumptions.
The target population consisted of nurses working in medical specialty inpatient wards for more than 1 year at an oncology institution. Ten nurses were intentionally selected through the environmental sampling technique due to greater accessibility to the researcher. Informed consent was previously obtained.
The following instruments were designed: a self-administered questionnaire for the participants' sociodemographic and professional characterization and a semi-structured interview script for exploring the object of study.
Data were collected between 5 September and 9 October 2018 and interrupted by data saturation. The interviews lasted, on average, 50 minutes.
After each interview, the audio-recorded data were transcribed and analyzed based on Bardin's content analysis technique. Questionnaire data were analyzed using descriptive statistical analysis.
The ethical principles inherent to the nature of this study were ensured. The material obtained during data collection and analysis was destroyed.
The research and ethics committee of the health unit under analysis approved the study (Opinion No. TI 12/2020).

Results

The majority of participants were women (80%), with a mean ($\bar{x}$) age of 37.9 years, a standard deviation (*SD*) of 6.33 years, a minimum of 27 years, and a maximum of 49 years.
The mean length of professional experience was 14.9 years (*SD* = 6.03), with a minimum and a maximum of 4 and 23 years, respectively. Participants had been working in the analyzed wards for 11.9 years (*SD* = 5.5), with a minimum and a maximum of 2 and 17 years, respectively. All participants worked shifts, and 70% reported working, on average, 5 hours more per week than the contracted hours; 20% had a master's degree, and 20% held the title of specialist nurse assigned by the *Ordem dos Enfermeiros* (Portuguese Nursing and Midwifery regulator).
Based on content analysis, the following strategies were found to minimize MNC: Error awareness, Training, Communication, Adequacy of resources, and Change in the organizational culture.

Error awareness

Error awareness emerged as a strategy to minimize the problem at an individual level, given that each professional "is not aware of the severity of MNC" (I1), and at an institutional level, where the institution should "focus potentially omitted nursing care and study each cause" (I8).
For the participants, "without awareness of the actions and their consequences, it is not worth it!" (I3) to try to mitigate the problem. They also reported that the reflection on MNC raised their awareness and made them improve their practices: "The best strategy is awareness: knowing what we don't do and the consequences of our actions (or lack thereof). What we can improve and how we can improve it" (I2).
However, the interviewed nurses reported that their ex-

cessive amount of work makes them have "no time to reflect on care" (I6), although they admit that this is an excuse often used to justify the existence of MNC. They also admit that there are other reasons for MNC besides the lack of time: "it is a determining factor for MNC but it's not the only one..." (I10).

For some interviewees, it is important to assume that a certain aspect of care has not been provided and document it together with the underlying reason to "overcome the barrier of ignoring it" (I5), with care being omitted intentionally and not due to ignorance or willful misconduct. "It is important to reflect on the practices and assume that a certain aspect of care has been delivered or not... but you knew you had to do it" (I5).

Awareness of the error and the omission of care in nurses' autonomous areas was the most common reason mentioned by the participants. This awareness process can make them "reattach importance to autonomous actions" (I6, I9). The nurse's "initiative and motivation" (I3) would be the best tools for promoting awareness and, consequently, behavioral change.

Nurses also reported error awareness at the institutional level that could be corrected by adapting training programs to the needs of nursing teams and other professionals, given that "overall, the institution offers training but does not take notice of the teams' needs" (I5, I6).

At this level, they also identified the need for the institution to "look for strategies to enable the professionals to talk to and support each other" (I3, I6, I9, I7; I10) because the complex situations they manage daily can contribute to MNC. The institution should also provide "safety systems for employee protection (e.g., Occupational Health)" (I8).

Training

Training is identified as the best strategy to "awaken mentalities" (I10) and "empower people" (I6), whether it is self-directed training, in-service training for nurses and other professionals of the institution, and training for informal caregivers.

Nurses' knowledge about themselves, the context where they work, and their needs are reasons to seek specific training, "that many of us don't have" (I3, I10), to acquire knowledge and apply them into clinical practice: "I seek training options to bring something more to benefit my patients" (I5).

For the interviewees, the training that benefits the ward is the best way to update knowledge and change clinical practices. If nurses are officially authorized by the institution to attend the training course, they should then present the findings to their peers so that "changes can occur at the ward, with something new for the team . . ." (I3, I8, I9).

The existence of MNC and the awareness of their existence can also trigger the search for training because "nurses must have specific training in the area, depending on the incidence of MNC" (I2).

In-service training should also be promoted by the nurse manager who "should promote the training sessions" (I1) and delivered by different team members. This aspect increases professional motivation because it allows them "to reflect on their practice" (I1, I6) and should occur regularly, "more regular so that everyone can attend them. . . [the training should be] brief and more concise, people end up receiving more information and retaining it" (I7, I8). The "Journal Club" (I5), "the role-play, or the listening center" (I6) were identified as strategies that should be used to encourage nurses to participate in training sessions and analyze their clinical practice in a critical and constructive manner.

Topics could range from "minor updates" (I7) to training on how to handle a new medical device, adjusting the offer to the identified needs: "Training with specific materials (the type of device, how it is handled, maintenance care) or about the ICNP language. . . There are some knowledge gaps" (I6, I7, I8).

Training should also include physicians, who would receive information on how to "prescribe correctly" (I8), and operational assistants, who "lack adequate and sufficient training" (I9). "Perhaps it would raise their awareness to certain attitudes and they would change some behaviors" (I8, I9): "The system has therapy prescribed at 4 o'clock in the morning, by default, such as Lactulose or Nystatin; it is a prescription error that could be addressed by discussing the patients' situation" (I8).

Informal caregivers of hospitalized patients should also receive training to reduce the possibility of omitted care at home:

"It is urgent to make the family co-responsible . . . and it's even a good thing . . . because it's a possibility of integration into the therapeutic process and even reduce the possibility of omission of care" (I5).

At this level, they also pointed out that if "we invest in training family members, . . . we allow them to have a different relationship with the patient and we can redirect our time [during hospitalization] to other activities" (I5).

Communication

The category Communication emerges as a strategy that encompasses communication between peers and communication between nurses and other multidisciplinary team members.

Concerning peer communication, the interviewed nurses highlighted shift handover as a moment when "we take a long time because we don't have a method" (I5, I6) and where "[care] may not be continued when they are not transmitted" (I8). Participants believe that "there could be a general document where we would pass on the information" (I5, I6).

For the interviewed nurses, the "inability to ask for help and work in a team" (I6) could be minimized if there were specific moments to analyze the critical incidents as "opportunities for joint growth" (I3).

For the nurses, the communication of the results and quality indicators increases their professional motivation, "t is important to receive feedback from our interventions" (I4) at "specific moments, created by the head of the team and as a team, to address the less positive aspects and try to improve them" (I6): "The ward should operate based on indicators: x days without pressure ulcers, without falls, without urinary infections... Or how many patients came

in requiring 'total assistance' and came out 'independent'. . . These are all data that should be shared." (I4).
Thus, nurses reiterate the need for "a strong leader with the potential to motivate the team and make us feel good about what we do" (I4) because "leadership in a team is fundamental" (I4). Nurse managers should rotate between wards because "there could be new people, a breath of fresh air, with new ideas" (I9). "Knowing how to listen, accept criticism and suggestions" (I10) are skills that nurse managers should have: "Of course it helps to have a more democratic boss, with a more humanistic leadership style, who knows how to recognize the peers." (I7).
The participants also suggest that a nurse could be involved in care coordination to provide "bureaucratic support in circumstances such as patient admission, supervision of examinations or transfers" (I8), "avoid interruptions in care delivery" (I8), and "improve nurses' predisposition to care delivery by facilitating the management of priorities" (I7). Moreover, communication between nursing and medical teams is also essential to ensure the delivery of effective and efficient care. Nurses reported the need "to row in the same direction" (I1, I9). The "ward meetings to present the results to the team" (I1) and "all professionals working together" (I8, I10) would be useful options to implement.

Adequacy of resources
The category Adequacy of resources also emerged as a strategy for minimizing MNC. It covers the material resources, which should be correctly activated because they exist but "they are not activated by those who should activate them" (I4), and the human resources, which should be better allocated so that "we could better coordinate the professional resources we have" (I3).
From the nurses' point of view, "the lack of human resources should be addressed" (I4) by establishing safe staffing "of nurses and operational assistants" (I1, I3, I4, I5, I6, I7), but also of specialist nurses. These professionals would be an added value to the teams, a reference to support "other colleagues without that training" (I6), and channeled to the delivery of care in their area of intervention because "they work in the ward, have the skills to do so, and should be valued" (I8, I10). For the interviewed nurses, an adequate allocation of resources would reduce the work overload and "minimize MNC" (I1, I2, I4, I6, I9).
The interviewed nurses also reported the need to hire "more psychologists" (I5, I10), "in full-time for each ward" (I9), and allocate enough professionals to the occupational health unit to meet the employees' needs because some nurses "have been waiting for three months for the doctor to see an examination report" (I10).
There is also a need to solve the scarcity of material resources to the extent that "if we increase the amount and quality of equipment, we can do things with the required dedication" (I4, I7, I9). Thus, the acquisition of "adaptive equipment for hygiene care such as commode chairs, horizontal transfer aids, equipment for washing the patient's head in bed" (I1, I4, I9, I10), "more sphygmomanometers" (I10), "alternating pressure mattresses or non-slip equipment" (I9), "computers and the latest version of the record-keeping software" (I7, I8, I9) was reported as being necessary for clinical practice.
Concerning computer equipment, participants also emphasize the need to "have one computer per nurse in the morning shift . . . because there're only three computers in the nursing room" (I9) or "each professional bring a small tablet in their pockets" (I5).
Concerning the lack of structural conditions, the following aspects emerged as solutions that could be adopted: "we have private rooms, welcoming offices, or smaller wards that allow us to have rooms with privacy to talk to the patient" (I6), "adapt the bathrooms to the type of patients" (I10), or build "for example, another bathroom" (I10).

Change in the organizational culture
The Change in the organizational culture emerges as a factor to consider in minimizing MNC, but only after error awareness at the organizational level, that is, after the institution "accepts that they exist and speaks openly about them [MNC]" (I6) and "identifies MNC and seeks to minimize them" (I5). Only after this recognition will it be possible to restructure nursing services.
For participants, the change in the organizational culture involves "a more humanized management that is concerned with the person, the collaborator" (I7).
Nurses highlight the need to standardize the provision of care so that "care are delivered to patients by all professionals" (I2) following the same principles, "the existence of written protocols" (I5), avoiding free will, implemented "after public discussions at the ward as a result of gathering strong aspects" (I6).
The protocols should be comprehensive, ranging from care with "medical devices and device handling" (I6), "how to approach the family and the patient" (I5) to the delegated tasks, "to specify how it's done" (I5) while ensuring safe care.
Participants advocated the creation of the figure of the case manager who would be responsible for ensuring the implementation of "a comprehensive, multidisciplinary care plan that encompasses the several dimensions of patient and family care and then be reassessed or modified" (I5) based on the patient's responses to the plan.
As a strategy to improve organizational culture, nurses identified the need to reformulate the audit system. According to them, the "audit is understood as retaliation" (I5), the "audit system is merely used to disapprove of what you haven't done well" (I4), and it should focus on promoting care quality in a constructive spirit.
The audit "should be carried out in a single shift" (I5) because the auditors can obtain non-conformities when consulting the electronic nursing process as the nurse will know them "after 2 or 3 p.m. [at the time of care documentation, without the presence of the auditor]" (I5).
For the interviewed nurses, the audit intends to "assess the outcome and not the process" (I1), so it is not able to assess MNC that may occur during care delivery and are not documented in the system. For this reason, they believe that the auditor should "accompany the nurse because then the auditor would see many flaws that are not reflected in the record system" (I1): "The way care

are provided. . . process activities, that is where they [the auditors] should have always been focused" (I6).
On the other hand, some nurses reported that "the assessment of the care process may lead to the patient's disregard" (I7).
"Audits should be monitored" (I10) with transmission of the results to the audited nurses to promote "reflection on care and motivation" (I5) and ensure the adequacy of the ward's strategies to the organizational needs.
Moreover, "the auditor's role should be reformulated" (I6) and the auditor should become a facilitator of reflection, with a "proactive attitude, explaining what they'll do and making them [the audited nurses] feel at ease" (I6).
The nurse manager should also have a positive attitude to continuously improve care delivery: "the head of the team should see the audits as something positive rather than punitive and inform [the team] about the non-conformities" (I4, I5, I6).
Nurses reported the need to "simplify the electronic platform, with all the record applications interconnected" (I1, I3, I4, I6, I9, I10) to avoid "duplication of records" (I2) and, consequently, the possibility of "omission and documentation error" (I5).
For the interviewees, the aggregation of the several record-keeping platforms would allow the "link between the nursing process and the Patient Classification System [PCS]" (I9): "When you're assessing a patient, you should only see the interventions related to that level of dependency and the classification should be automatic based on status." (I2, I3, I5, I9).
Despite the use of standardized language, nurses reiterate the need "to change the system based on the specificity of each ward" (I1, I4, I10) given that "some focus areas don't make sense in our clinical practice" (I1) instead of "institutional need" (I5).

Discussion

Of the strategies identified by the participants to minimize the incidence of MNC, Error awareness emerges as a priority to the extent that it is important to value nursing care so that they can be reported as omitted.
Reflection on reflection-in-action is a good strategy to make nurses aware of their practices, with the environment where care is delivered and the way of interacting with problems, information, and values of those involved assuming particular relevance (Schön, 2000).
The institution's awareness to adjust training to the nurses' needs (caregivers and managers) and the valorization of the workplace as a privileged space for the prevention of occupational risks, health protection and promotion, and workers' access to that service should be enhanced (Organização Internacional do Trabalho, 2019).
Training is the most important factor for changing professional practices as it allows acquiring and applying knowledge further explored in professional practice. Self-directed training emerged as an individual strategy to fight against the phenomenon of MNC where nurses, through a confrontation with themselves, the others, and the world, can transform their perspectives and themselves, become agents of change, and improve clinical practice (Trindade, 2014).
In-service training in the different contexts of the organization was identified as a strategy to standardize training among the different team members. Role-play, the listening center, or the Journal Club were identified as strategies that could be adopted to reflect on how nurses work and which behaviors need to be improved (Lachance, 2014).
Training informal caregivers was also identified as a strategy for preventing MNC. Training significant cohabitants is useful to redefine their relationship with the patient and allow nurses to develop other activities with other patients (Direção-Geral da Saúde, 2014).
The category Communication emerges as a strategy to minimize MNC. The problem of communication failures resulting from ineffective communication has harmful consequences for patient safety. Tools have been implemented to standardize communication among nurses, including the ISBAR (Identify, Situation, Background, Assessment, and Recommendation) methodology, which reduces the number of errors associated with the communication process in the transition of health care (Direção-Geral da Saúde, 2017).
Interprofessional collaborative practice in health also seems to reinforce the concept of teamwork and emerges as a way to strengthen health systems and better respond to individuals' needs, given that comprehensive, high-quality care is offered in collaboration with different services (Fernandes, 2014).
Given that the role of collaborators is as relevant as that of leaders, where leadership is marked by the strengthening of the working group and the coordination of group activities, the development of leadership skills is essential for clinical practice. Professional satisfaction is crucial because it reflects how nurses feel about their professional life (Fernandes, 2014).
Interviewed nurses identified the Adequacy of human and material resources as strategies to be adopted to minimize the incidence of MNC.
The efficiency of health services derives from the quality of their structure and is promoted by their agents. As such, improving human resources and safe staffing is the strategy that will bring more benefits to health organizations and systems (Regulamento n.º 743/2019).
Adequate nurse staffing and nurses' qualifications and skills are key aspects to achieving high safety levels and quality care for the target population and the organization. It is not a matter of increasing expenditure but investing with safe returns (Regulamento n.º 743/2019).
The Adequacy of the material resources was also considered a potential strategy to apply the necessary resources into the production process with the required quality and quantity, at the right time, and with the lowest cost (Frederico, 2006).
Finally, the Change in the organizational culture emerges as a factor to be considered as a strategy to minimize MNC. Hospitals are a privileged setting of social interaction, where satisfaction emerges as a social construction in which each individual is a source and a target of influ-

ence. After the interviews, in which nurses reported being dissatisfied with their employment situation and lacking motivation, the Central Administration of Health Services (*Administração Central dos Serviços de Saúde*, ACSS) issued guidelines that enabled professionals to achieve more rapid career progression, which was one of the main demands in the recent negotiations between the unions and the Government (Serviço Nacional de Saúde, ACSS, 2019). As the sample consisted mostly of nurses with an individual employment contract (60%), this strategy may cover all nurses and improve organizational climate and well-being. The organization of care in the wards is identified as the attempt to make the environment more appropriate and efficient. The standardization of procedures arises as a strategy for standardizing practices to enhance the results and minimize the risks associated with clinical practice (Ordem dos Enfermeiros, 2012).

Given that audits are an administration tool used to assess the quality of care delivery and/or compare the care provided and acceptable standards, the interviewed nurses also analyzed the audit system, highlighting the need to restructure how audits are carried out in practical and conceptual terms (Nomura et al., 2016).

The interviewed nurses highlight that the regular, partially limited internal audit should be changed because auditors limit the range of their conclusions or final recommendations; the audited nurses have no access to the audit report. As the object of an audit or process of continuity of care, the documentation of nursing care is a relevant aspect that reflects ethical and safe nursing care. As the records are one of the nurses' responsibilities, they must be accurate and clear and follow the legal, ethical, and professional structure (Ahmandi et al., 2019).

Therefore, the following suggestions were made to the documentation standard used in the institution: need to redesign the record-keeping software, facilitate processes, and condense the several sector systems since the use of these systems can generate stress in nurses with difficulties in using information technologies (Ahmandi et al., 2019). At this level, the automation of the Patient Classification System will significantly increase the time dedicated to patients, leading to potential health gains (Ordem dos Enfermeiros, 2017).

In the international literature, the implementation of measures for minimizing MNC results from an analysis of each specific context. Thus, mechanisms should be implemented that lead to the changes in clinical practices and assess the effectiveness of the identified strategies.

Conclusion

Ensuring the quality of care and patient safety is a major challenge for nurses.

Knowing the strategies that allow minimizing the identified MNC, in a given context, provides important data for a possible adjustment in nursing practice environments to mitigate the normalization of the delay or omission of nursing care. The following strategies were identified: Error awareness, Training, Communication, Adequacy of resources, and Change in the organizational culture. It is necessary to improve the clinical practice environment, but also the professionals who work there. Quality improvement is a matter of continuous search for small opportunities to reduce unnecessary complexity, waste, and work in vain, taking into account clinical effectiveness, the patients' experience, the safety of care, and the optimization of organizational performance.

Thus, this study identified strategies that can be implemented in other contexts with similar patients and care methods based on prior assessment of the reasons for MNC.

Author contributions

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