

Oncology Missed Care

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Abstract

Identified as a universal phenomenon, missing nursing care has a significant impact on patient safety and outcomes¹. To better understand the impact missed nursing care has on the cancer patients, further exploration examining patient-reported missed nursing care is vital. Thus, the purpose of the proposed study was to identify aspects of nursing care most frequently missed as well as associated patient factors among oncology patients. A cross sectional, survey-study design was conducted between January to August 2019. A convenience sample of 111 hospitalized cancer patients meeting eligibility criteria were recruited to participate. Participants will be asked to complete a demographic questionnaire, Katz Index of Independence in Activities of Daily Living, and the MISSCARE Survey-Patient. Oral care was reported as the most frequent element of missed care, followed by ambulation, and assistance to chair. Age and type of cancer diagnosis (hematology versus oncology) were found to be significant ($p < 0.05$) patient factors associated with missed care. Findings indicate that missed care is prevalent among the oncology population.

Introduction

- Missed nursing care is a term used to describe elements of required patient care that is either omitted or delayed².
- Prior research indicates that interventions such as ambulation, oral care, turning, patient education, and emotional support are elements of care most frequently missed³.
- Although missed nursing care has been extensively studied over the past decade, there is limited research examining missed nursing care among the oncology population.
- When hospitalized, cancer patients may be at greater risk for experiencing adverse events (e.g., infection) associated with missed nursing care due to their immunocompromised state⁴.

Aims

1. To examine the type and prevalence of patient-reported missed nursing care among cancer patients.
2. Identify patient factors (age, gender, ethnicity, cancer diagnosis, time elapsed since cancer diagnosis, current treatment regimen, and self-reported functional status) associated with patient-reported missed nursing care.

Methodology

- Cross-sectional, explorative study design conducted at a Level 3 trauma acute care teaching facility located in the Western US.
- Institutional review board approval was obtained from the study site.
- A convenience sample of inpatient oncology patients were recruited to participate between January to August 2019.
- Participant eligibility:
 1. English speaking
 2. > 18 years of age
 3. Hospitalized for at least two days
 4. Current pathology confirmed diagnosis.

Survey Instruments

1. Demographic survey – items included age, gender, ethnicity, education level, cancer diagnosis, time elapsed since diagnosis, and current treatment regimen.
2. Katz Index of Independence in Activities of Daily Living (Katz ADL) - assess functional status as a measurement of patient's ability to perform activities of daily living independently.^{23,24} For each activity, patients are scored as either yes (1) or no (0). Scores range from 0-6, with higher scores indicating full function

3. MISSCARE Survey-Patient – 13 item questionnaire measuring patient report missed nursing care using three subscales: communication (5), timeliness (4), and basic care (4).

- Completed survey packets were collected from participants prior to discharge.
- In compensation for time, participants were provided a \$10.00 gift card when survey packets were collected.

Data Analysis

- Differences and relationships between patient characteristics and patient-reported missed nursing care were explored using the following four tests based on the level of data: one-way analysis of variance (ANOVA), independent samples t-tests, Point-biserial correlation, and Pearson's product-moment correlations.
- To determine which demographics are associated with patient reported missed care, a multiple linear regression was conducted.

- A two-tailed significance level of $p < 0.05$ was used for all analyses.

Results

- 111 oncology patients participated in the study; the demographic composition of the sample is illustrated below.
- Oral care was reported as the most frequent element of missed care. Oral care was missed 72.9% ($M = 3.68$) of the time, followed by ambulation (65.5%, $M = 3.36$), and assistance to chair (58.9%, $M = 2.97$).
- Elements of care to be least missed were call light assistance (22%, $M = 1.31$), alarm response nurse (14.8%, $M = 1.66$) assignment (11.7%, $M = 1.56$), and toileting (11.7%, $M = 1.59$).
- A significant positive association was observed between age, $r(110) = 0.22$, $p = 0.02$.
- No significant correlations or differences were observed among missed care and time elapsed since cancer diagnosis, gender, ethnicity, and Katz index score.
- Multiple linear regression was used to determine which independent variables were associated with missed care. Regression results indicated that the model was not statistically significant, $F(20, 83) = 0.99$, $p = 0.48$, adjusted $R^2 = 0.001$. Of the variables entered into the regression, only cancer diagnosis (hematology) was found to significantly ($p < 0.05$) contribute to the model.

	N	%
Gender		
Male	60	54.1
Female	51	46
Race/Ethnicity		
White Non-Hispanic	59	53.15
Hispanic/Latino	37	33.33
Others	15	13.51
Education		
Less than 12th Grade	18	16.2
High School Graduate	20	18
Some College	32	28.8
Trade/Technical/Vocational Training	10	9
Associate Degree	13	11.7
Bachelor	8	7.2
Master or Doctorate	10	9
Oncology or Hematology		
Oncology	90	81.1
Hematology	19	17.1

Table 1. Patient Characteristics

Conclusion

- The occurrence of missed care has a profound effect on patient care and outcomes.
- The results from this study indicate the basic elements of care are frequently missed. Missed care was observed more among older patients and individuals with a hematology diagnosis.
- These findings are consistent with the literature and further validate the need for organizations to address missed care.
- This study is one of few that explored patient perceptions of missed care. Additionally, this study aimed to address missed care among the oncology population.
- Further research should aim to address reducing missed care.
- This study was limited to a single institution with a small sample size.

Reference

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