Missed Nursing Care in Hospitalized Patients in Two Health Institutions

INTRODUCTION

Patient safety is a priority worldwide and the effectiveness of health systems in different countries is being reconsidered. It is essential that nursing staff perform all care activities that their assigned patients need to achieve quality and safety; when activities are not performed this is called missed nursing care or errors of omission, which favors the presence of harm to the patient, and increases costs and hospital stay. The theoretical basis of this study is the missed nursing care model, where the different types of nursing that are missed or omitted during care are identified; likewise, organizational factors that contribute to missed care as attributed to human resources, material resources, and communication. Therefore, this study aims to determine missed nursing care and their contributing factors from the perception of nurses and patient in two health institutions: one public and one private.

In both institutions, the patient perceived greater omission in relation to nursing care. The greatest omission from the patient's perspective corresponded to discharge planning and patient education (mean = 44.00, SD = 25.86 public institution; mean 55.00, SD = 28.38, private institution) and the lowest omission in ongoing care evaluations (mean = 20.74, SD = 3.68 public institution; mean = 11.07, SD = 0.30 private institution). The nurses perceived greater omission of basic care interventions (mean = 41.52, SD = 17.03, public institution; mean = 19.18, SD = 4.60, private institution) and less omissions in ongoing care evaluations (mean = 17.78, SD = 13.73, public institution; mean 5.44, SD = 0.64, private institution). The nursing staff of the public institution perceived greater omission in care.

The study results helped identify the care that is missed or omitted during hospitalization as well as factors related to its omission. It is noteworthy that greatest omission of care is perceived by patients in both institutions and by the nurses in the private institution. The findings of the study helped identify errors of omission in a complementary way between the parties involved in the care process. This knowledge allows the nursing administrator, first, to propose action strategies aimed at reducing these areas of opportunity and promote continuity of care with a positive impact on the quality and safety of care; moreover, it strengthens aspects related to human resources, a key factor that contributes to missed care.

METHOD

The study design was descriptive. The population corresponded to nurses and patients hospitalized in two health institutions, one from the public sector and another from the private sector in Monterrey, Nuevo León and San Luis Potosí, San Luis Potosí, México, respectively. Thirty-two nurses from the public hospital and 160 from the private hospital participated. Patients were randomly selected, 180 from the public hospital and 160 from the private hospital. Data collection was done by applying the MISSCARE Nursing Survey to nurses and patients. This survey consists of 64 items in three sections: demographic and labor data of nurses, missed nursing care, and reasons for missed nursing care. For data analysis, descriptive statistics were used.

Regarding the factors that contribute to missed nursing care according to the perception of nurses in both the private and the public institution, those related to human resources predominated (mean = 80.67, SD = 17.06, private institution; mean = 82.46 SD = 12.94, public institution), followed by material resources (mean = 69.72, SD = 23.45, private institution; mean = 73.17, SD = 17.92, public institution) and communication factors (mean = 65.16, SD = 21.55, private institution; mean = 65.62, SD = 19.45, public institution). Regarding the perception of the patient, while in the private institution missed care was attributed only to aspects of human resources, in the public institution they perceived human resources as the first problem, followed by material resources and communication.