

# An Exploration of Nurses' Perceptions of Rationing of Care: A Pilot Study

Mary Lee Potter, RN, MBA, BSN, CWOCN

The University of Texas Health Science Center at San Antonio

## Introduction

Unfinished nursing care exists within today's acute care setting and impacts both patients and nurses. The concept of unfinished care and related concepts has been documented in the literature for almost two decades. Researchers have examined the concept of unfinished care or the omission of care within the acute-care setting and what impacts this has on patients, staff, and organizational outcomes.

The purpose of this pilot study was twofold;

- to explore the perceptions of acute-care registered nurses regarding their experience with unfinished nursing care using a qualitative approach
- to explore the usefulness of the conceptual framework: implicit rationing of nursing care as a guiding context for future research in this area.

## Materials and Methods

A qualitative descriptive approach for data elicitation and collection captured details about implicit rationing of care in the everyday language of the nurses (Sandelowski, 2000). Nurses were asked to reflect on their past work shifts and provide their perceptions of what enabled or inhibited them from completing care with their patients

Inclusion criteria included registered nurses

- with at least six months of experience within an acute care hospital
- Who provide direct patient care in an inpatient unit.

Data was collected from four nurses. Each interview lasted less than 45 minutes.

Coding and analysis of the interviews were guided by the Implicit Rationing of Care conceptual framework (Schubert et al, 2007).

## Sample

The sample consisted of two women and two men. Three of the four nurses worked day shift and one worked night shift. Two of the nurses worked in intensive care units, one with nine years of experience and one with 40 years of experience. The other two nurses who each had three years of experience worked in medical units. All four nurses worked in the same hospital within central Texas.

### Quote

I would like to be able to do everything for every single one of my patients and I focus on the essentials and then as the day goes by when crises emerge and fires have to be put out and all that type of business that goes along with being a nurse, the little things don't get taken care of. (staff nurse, medical unit, 3 years of nursing experience)

## Results

1. Four related constructs from the implicit rationing of care framework emerged and an outcome: philosophy of care, nurse variables, nursing work environment, organizational variables, and related nurse outcomes
2. Philosophy of care: narratives were full of hope (positive, proactive, goal setting), tenacity (resilience, perseverance), and dedication.
3. Nurse Variables: descriptions of personal characteristics (strength, experience/tenure) and observed characteristics (time management, clinical prioritization).
4. Nursing Work Environment: provided the largest segment of data . A dichotomy between ideal and reality materialized from the stories.
5. Organizational Variables: narratives included facilitating influences (positive relationships with physicians, caring leadership) and barriers (lack of resources such as staffing and supplies).
6. Nurse Outcomes: expressions of regret, guilt, moral distress and physical stress emerged as a result of rationing of patient care.

## Conclusions

The findings of the four interviews were congruent with the implicit rationing of care framework and the literature reviewed.

The data built upon and extended the nurse outcome related construct. Data analysis highlighted nurse outcome influences as moral distress, physical distress, and turnover.

Although none of these individuals knew each other, their stories and struggles were notably the same. Their reflections, though personal, shared similar tone and texture. The tone was one of hope, tenacity, and dedication. The texture of the reflections felt comforting and reassuring. The stories warmed the heart and instilled a sense of pride in the nursing profession. These nurses valued not only their mission to help others, they espoused their dedication to patients, colleagues, and the nursing profession.

## References

- Jones, T. L., Hamilton, P., & Murry, N. (2015, June). Unfinished nursing care, missed care, and implicitly rationed care: State of the science review. *International Journal of Nursing Studies*, 52(6), 1121-1137.  
<http://dx.doi.org/10.1016/j.ijnurstu.2015.02.012>
- Sandelowski, M. (2000, August). Whatever happened to qualitative description? *Research in Nursing & Health*, 23(4), 334-340. [http://dx.doi.org/10.1002/1098-240X\(200008\)23:4<334::AID-NUR9>3.0.CO;2-G](http://dx.doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G)
- Schubert, M., Glass, T. R., Clarke, S. P., Schaffert-Witvliet, B., & De Geest, S. (2007, November/December). Validation of the basel extent of rationing of nursing care instrument. *Nursing Research*, 56(6), 416-424.  
<http://dx.doi.org/10.1097/01.NNR.0000299853.52429.62>

Additional references available upon request