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NURSING CARE THAT IS LEFT UNDONE

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Background:

An association between nurse staffing levels and patient outcomes has been established (1, 2). Recent research from the USA suggests that lower staffing levels result in more care being left undone and that this affects patient outcomes (3). A large-scale survey of nurses in England allowed this relationship to be explored further.

Aims:

How commonly is nursing care left undone?

What type of care is most likely to be undone due to time pressures?

How much variation in missed care is there between and within hospitals?

What is the relationship between nurse staffing levels and skill-mix and missed care?

Methods:

A cross-sectional survey of registered nurses working on medical and surgical wards was undertaken January-September 2010. The survey covered 31 NHS general acute hospital Trusts in England (64 were invited), including 46 hospitals and 401 wards. The sample was stratified by size, teaching status and region. 2990 responses were received, representing a response rate of 39%.

Results:

The majority of nurses reported leaving some care that was needed undone on their most recent shift. During the daytime, communication with patients/families, care planning, documenting nursing care and providing adequate patient surveillance were the most frequently left undone due to time pressures. Missed care was more likely to vary between wards within hospitals than between hospitals and a relationship with adequacy of resources and staffing was identified.

Discussion:

Examination of care that is left undone provides an insight into the association between poor staffing levels and the quality of care provided, and on patient outcomes.

Conclusion:

Lower staffing levels contribute to care not being delivered.

Contextual information:

The research in England was undertaken as part of a multi-country EU funded study: RN4Cast. The authors acknowledge the role of the RN4Cast consortium in the study design.