

CARE LEFT UNDONE AND WORK ORGANIZATION: A CROSS-SECTIONAL QUESTIONNAIRE-BASED STUDY IN SURGICAL WARDS OF ESTONIAN HOSPITALS

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Background

Care left undone is a worldwide problem for both the quality of healthcare and the safety of patients (1, 2).

Previous knowledge about care left undone in the surgical field is missing. However, this knowledge is essential for nursing managers to evaluate the quality of nursing care provided and management mastered (3).

Objective

To describe care left undone and its relationship to nursing and organizational characteristics in the surgical wards of regional and central hospitals in Estonia.

Methods

A cross-sectional study with an online questionnaire took place from June to October of 2018.

The target population (N=570, response rate 30%) consisted of nurses working in the surgical wards of two regional and three central hospitals at the time of the study.

The data was statistically analyzed through the use of descriptive statistics, Pearson's chi-square, and Fisher's exact test. The open-ended questions were analyzed with deductive content analysis.

Results

- Nursing care in the surgical wards was reported as having been left undone sometimes or often by 88% of the nurses.
- Most often, the documentation and evaluation of care plans (33%) were reported as undone and most rarely, disinfection measures were left undone (5%). Care left undone based on nursing care dimensions are presented on Figure 1.
- Nurses with a shorter employment history left care undone more frequently ($p < 0.001$).
- The average number of patients per nurse in the surgical wards was 7.5 (SD=2.5). As the number of patients per nurse increased, the amount of care left undone increased as well ($p < 0.001$).
- More than half of the participants (59%) considered work organization to be the cause of care left undone.

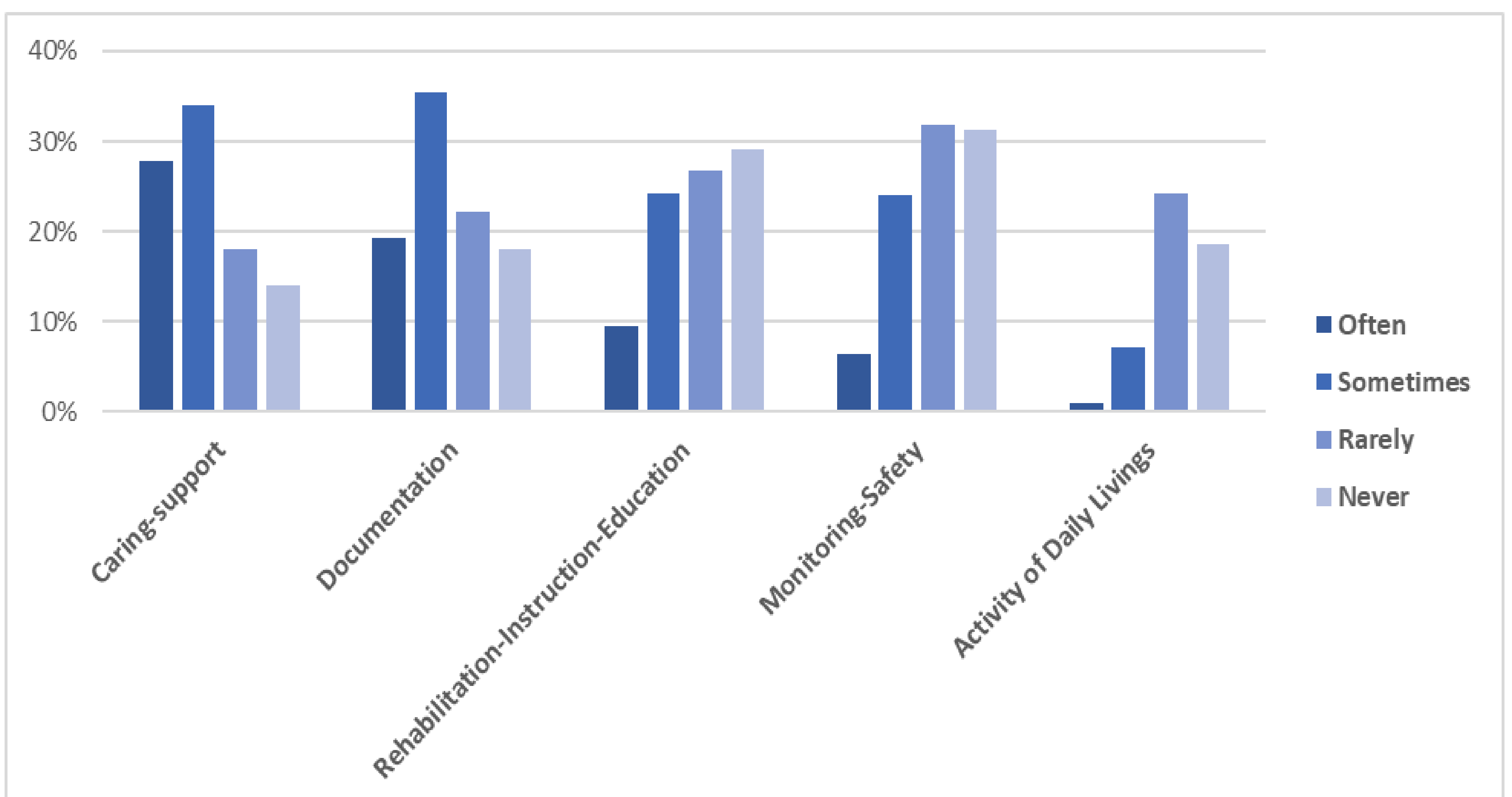


Figure 1. Care left undone grouped into five dimensions of nursing care

Conclusion

The causes and outcomes of nursing care left undone, as well as the possible preventive measures undertaken by managers should be further investigated. Work organization and staffing in surgical wards require more attention at the management level. Strategies and policies for well-adjusted work organization could reduce the nursing care left undone and therefore ensure better quality of nursing care and patient safety (4). Healthcare providers have an obligation to provide safe and high-quality services in which nursing care can neither be postponed nor neglected.

Keywords: nursing care left undone, surgical ward, work organization

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