

Qualitative Critique: Missed Nursing Care

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Title

The title, Missed Nursing Care, is ambiguous, and lacking in information. Missed Nursing care could mean a number of things of which are not specified. The phenomena being studied is evident however the population under study has been omitted. More information should be provided in the title in order to inform the reader about the article's content.

Abstract

The abstract manages to answer the two research questions stated in the article in the first sentence. Findings in the study are listed in the abstract, which are describing the missed nursing care. Later in the abstract, it states that seven themes were also found but are not explicitly listed. These themes are the reasons nurses give regarding why they do not complete nursing care. The abstract is shorter than a typical abstract at 71 words. According to Pollit and Beck (2008), abstracts are usually 100-200 words (Pollit and Beck, 2008, p. 72). Although brief, the major aspects of the article are summarized in this section.

Introduction

Statement of the Problem. After reading the introduction, one can determine that by "Missed Nursing Care" the author is trying to tell us that omissions in care can have certain adverse effects. It is stated that literature about the specific omissions has not been completed. Additionally, research is lacking regarding the reasons nursing staff have as to why care has been omitted. By these statements, one can deduce what problem will be discussed in the remainder of the article. The problem statement could be worded more clearly and directly. Due to a lack of current literature on the subject, and the challenges we currently face in providing great nursing care one can see the value in conducting such a study and the potential benefit to the profession of nursing. The methods used are not mentioned in the first paragraph but in a separate section following the research question where they are outlined clearly. The method of interviewing participants in focus groups is consistent with the naturalistic paradigm of qualitative research. The research tradition used is not stated in the introduction. We cannot make an assumption about the research problem correlating with the tradition, due to lack of information.

Research Questions. The reader is able to identify the research questions in this section. The two questions, "1) What nursing care is regularly missed on medical-surgical units in acute care

hospitals? and 2) What are the reasons nursing staff give for not completing these particular aspects of care?" are easily identifiable and stated directly. These two questions appear to be consistent with the study's subject. The study is entitled "Missed Nursing Care" and the questions are essentially, what is being missed and why don't the nurses complete the care? These questions will give insight to why nursing care isn't getting done, relating to the conceptual framework of the study. At this point in the article, the research tradition remains unidentified.

Literature Review. In the introduction, reference to the literature review is made. The author states that prior research studies have shown that decreased staffing can cause an increase in detrimental outcomes for patients. Major topics in the review are related to staffing, nutritional risk/malnutrition, benefits of ambulation, and problems after discharge. The articles mostly originate in nursing journals and other primary sources. There seems to be a wide variety of topics reviewed creating a strong framework for this study. A gap in research has been identified in the area of missed nursing care, which shows a need for more research in this area.

Conceptual Underpinnings. In the introduction, the key concepts of the study are easily identifiable for the reader. We are told about how staffing is related to poor patient care, yet we do not know specific examples of what entails poor patient care/missed nursing care. The author makes it clear that we are going to explore and examine this concept and additionally, identify why nurses do not complete the care.

Method

Protection of the participant's rights. The methods are clearly identified in this section. The data collection and data analysis methods are explained thoroughly. The participants, which are LPN's RN's and CNA's in the hospital were asked to commit to confidentiality. However, they were asked to speak frankly about neglecting to perform routine aspects of their day-to-day jobs in front of their peers. This could cause people to become uncomfortable and withhold information from the researcher, regardless of her assurance of confidentiality. More validity and privacy could have been obtained from a one to one interview. It would not be hard to imagine that people would not want to participate in this study, for that reason alone.

Research Design and Tradition. The research tradition is identified in this section. The author uses a, "grounded theory approach by which empirical data are thematically categorized by induction." The data was analyzed twice and similar themes were found. Data collection in grounded theory is

appropriate to be done from single or group interviews. As stated in Pollit and Beck, "In a grounded theory study, you might be concerned if the researcher relied exclusively on data from interviews; a stronger design might have been obtained by including participant observations" (2008, pg. 241). The focus groups used by the interviewer were the sole means of data collection, no time was spent in the field observing the subjects. The design appears to have been pre-determined before any interviews had been conducted, meaning it did not unfold in the field. There does not appear to be any reflexivity, or self-reflection about biases in this section. The amount of contact made with the study participants was limited to only one session. The researcher did document the subject's statements by tape recorder and the data were analyzed multiple times.

Sample and Setting. The sample is clearly defined. It states the job titles of the participants and the amount of participants from each job title. Additionally, the number of focus groups and the length of the group meeting are stated. Information regarding the hospitals where the subjects work is included in the article. It is not clear how the researcher was able to gain entrance to the facility. The author chose to sample nurse techs, RN's and LPN's which gave diversity to her study. Also, she separated each section during the focus groups which broke down potential communication barriers. The sample size appears to be large enough to achieve saturation; however it is not specifically mentioned. Perhaps saturation would not have been achieved if nurses from more hospitals were interviewed that have different barriers to patient care.

Data Collection. The data collection method of focus group interviews prove to be consistent with grounded theory and the naturalistic paradigm. The data from the focus groups was tape recorded, then transcribed. This was the only method of data collection, which may decrease the reliability of the study. It is not mentioned which questions were asked by the researcher or who was leading the focus groups. From the length of the focus group interviews and the sample size, it is safe to say that the data was of sufficient quantity to provide richness and depth to the study.

Procedures. The data collection procedures are stated clearly under the data analysis section and it could be easily replicated by another researcher. The recording procedures are noted as well and are sufficient for this type of study. By directly recording the study participants, there is no room to interject personal feelings or biases. It is not mentioned who conducted the focus group or the amount of training they possessed.

Enhancement of Rigor. To enhance the validity of the data, it was analyzed by two different researchers independently of each other. A qualitative analysis software was also used, which should assist to eliminate opinions and influence of the researcher. From what the researcher describes in this section, the data has been carefully handled as to avoid including themes that were not strongly expressed in the focus groups. She includes criteria for the data to become a theme in the data analysis section of the article.

Results/Data Analysis

The data analysis methods are described in this section. The author says she uses a grounded theory approach, but there is no explicit reference of her coding or which grounded theory model was utilized. She does state that, “empirical data are thematically categorized by induction.” From the analysis emerged several themes, which the author goes on to describe. Bias was successfully reduced by the methods described in the above section. More information on the data analysis methods could be included.

Findings. Findings from the study are identified and explained in this section. Frequently, quotes are used from the focus groups which support the suggested theme. The themes express to the reader why the nurse cannot typically complete his or her nursing care. The findings of the specific nursing tasks as well as the themes fit the original concept and framework of the study. The questions from the beginning of the article are answered and the reader can really understand the viewpoint of the nurse and the obstacles she faces. The quotations definitely add an element of understanding for the reader and give good insight to the outlined themes.

Theoretical Integration. The themes and findings are described and revealed in an organized and logical fashion. The findings of what is commonly missed relates with the themes of why the nurse cannot complete her care. This layout follows the original framework of the study and continues on the path of answering the two original research questions. There were no visual aids included in the article to supplement the research findings.

Discussion

In the findings section, the aspects of missed nursing care and nurses reasons for omissions are discussed. The focus groups identified tasks most commonly omitted which are listed in the section. The risks of omissions are also discussed with validating sources. These prior nursing studies add insight to

the findings of commonly missed nursing care as well as the poor outcomes associated with care omission. The use of sources is not utilized when describing reasons for missed nursing care. The findings are easily transferrable to other hospital settings, and the authors allude to this in the discussion. The article goes into detail about the nurse's use of denial, self-esteem, etc. This subject could be the start of another research project entirely. Perhaps this should have been disregarded as this is not a reason the nurses gave as a reason for missed nursing care, rather an inference made by the researcher.

Implications/Recommendations. In this section the researchers explain how we can incorporate findings from their study into our practice. Their findings are discussed and the researcher explains how the data is valuable to nurses and managers on med-surg units and how it can help reduce the amount of missed care. The author also expresses what questions remain unanswered and the opportunities for future research on this specific subject. Also, she mentions aspects of her study which can be improved upon.

Global Issues

The report was well written and organized. The direct quotations from study participants provided an insightful description of why nurses missed care. Perhaps more quotations could be included to enrich the descriptions. After reading the article, one can tell the researcher is a credible source. The choice of methods, data analysis, and general layout of the article shows she is an experienced researcher. I believe that the findings are trustworthy. The reasons for missed nursing care seem reasonable and coincide with reasons why I myself sometimes miss nursing care on my med-surg unit. The method of data collection from interviews seems mostly reliable with exception of participants withholding information, as I explained above. The evidence gathered can definitely be applied by hospital management when making decisions regarding nurse-to-patient ratios and how to provide excellent care to their patients. At the end of the article, she states other questions that remain unanswered, which provide a basis for future research which shows how nursing care affects the patients and their recovery.

Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice* (8th ed.). Philadelphia: Lippincott Williams.