Is there a compassion deficit in nursing?

Presented by Professor Anne Marie Rafferty CBE
King’s College London
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Thanks to:

- RN4Cast Consortium
- Linda Aiken and Walter Sermeus
- UK Team-Peter Griffiths, Jane Ball, Trevor Murrells
Aims

• to explore the context in which the debate on compassion in nursing has arisen

• to consider the content of the debate and the ‘causes’ of the compassion deficit

• to examine the evidence on the conditions under which poor care is delivered-reframe the debate
How can a profession whose raison d'être is caring attract so much criticism for its perceived callousness? Or is the answer nursing need to be managed differently? Or is the answer to develop a new culture of compassion?

Prime Minister Under Fire for His Role in Nursing Crisis

Another slap in the face: Care watchdog failed to look at hidden camera abuse footage during investigation.
A crisis in nursing: Six operations, six stays in hospital – and six first-hand experiences of the care that doesn't care enough
RN4Cast

consortium

Europe

Belgium  Finland  Germany

Greece  Ireland  Poland  Spain  Sweden  Switzerland  Netherlands  UK

The USA  Botswana  China  South Africa

King's College London
Methodology

Nurse Survey
- 31 Trusts
- 401 med/surg wards
- 2990 RNs (39% response)

Patient Survey
- National data

Hospital discharge data
- HES data – mortality rates

Hospital characteristics
- Trust survey
Questionnaire

Staffing

• Snapshot – level/mix
• Adequacy

Quality / safety

• Safety culture (AHRQ)
• Incidents / harms
• Missed episodes

Practice environment

• Autonomy
• Resources
• Working relationships
• Leadership

Nursing outcome

• Burnout (Maslach)
• Job satisfaction
• Mobility/intention to leave
### Status Report on European Hospitals:
Problems in Every Country

#### Nurse Assessments (percents)

<table>
<thead>
<tr>
<th>Country</th>
<th>Unit quality poor/fair</th>
<th>Poor or failing safety grade</th>
<th>High burnout</th>
<th>Job dissatisfaction</th>
<th>Intend to leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>28</td>
<td>6</td>
<td>25</td>
<td>22</td>
<td>30</td>
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<tr>
<td>Switzerland</td>
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<td>Germany</td>
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<tr>
<td>Netherlands</td>
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<td>6</td>
<td>10</td>
<td>11</td>
<td>20</td>
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<tr>
<td>Norway</td>
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<td>24</td>
<td>21</td>
<td>25</td>
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<td>Poland</td>
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<td>18</td>
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<tr>
<td>Sweden</td>
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<td>11</td>
<td>29</td>
<td>22</td>
<td>34</td>
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<tr>
<td>England</td>
<td>19</td>
<td>7</td>
<td>42</td>
<td>39</td>
<td>44</td>
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<tr>
<td>United States</td>
<td>16</td>
<td>6</td>
<td>34</td>
<td>25</td>
<td>14</td>
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</table>
Percent Nurses Reporting Too Few Staff to Provide Quality Care

Too few staff to get the work done
Percent Nurses Reporting Too Few Staff to Provide Quality Care

- Belgium: 84%
- Switzerland: 49%
- Germany: 80%
- Spain: 78%
- Finland: 68%
- Greece: 85%
- Ireland: 77%
- Netherlands: 68%
- Norway: 59%
- Poland: 63%
- Sweden: 76%
- England: 63%
- U.S.: 63%

Too few staff to get the work done
Hospital Patient/Nurse Ratio

- Belgium: 7.1
- England: 7.6
- Finland: 5.2
- Germany: 9.9
- Greece: 9.1
- Ireland: 5.9
- Netherlands: 4.8
- Norway: 3.7
- Poland: 9.7
- Spain: 10.2
- Sweden: 5.4
- Switzerland: 5.3
% Nurses Reporting Poor/Fair Hospital Work Environment

- Belgium: 51%
- England: 56%
- Finland: 52%
- Germany: 52%
- Greece: 69%
- Ireland: 54%
- Netherlands: 44%
- Norway: 29%
- Poland: 76%
- Spain: 52%
- Sweden: 57%
- Switzerland: 37%
- United States: 42%
% Nurses not confident management will resolve problems

<table>
<thead>
<tr>
<th>Country</th>
<th>% Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>80</td>
</tr>
<tr>
<td>England</td>
<td>64</td>
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<tr>
<td>Finland</td>
<td>81</td>
</tr>
<tr>
<td>Germany</td>
<td>58</td>
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<tr>
<td>Greece</td>
<td>87</td>
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<tr>
<td>Ireland</td>
<td>63</td>
</tr>
<tr>
<td>Netherlands</td>
<td>81</td>
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<tr>
<td>Norway</td>
<td>74</td>
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<tr>
<td>Poland</td>
<td>85</td>
</tr>
<tr>
<td>Spain</td>
<td>86</td>
</tr>
<tr>
<td>Sweden</td>
<td>73</td>
</tr>
<tr>
<td>Switzerland</td>
<td>75</td>
</tr>
<tr>
<td>United States</td>
<td>56</td>
</tr>
</tbody>
</table>
% Nurses not feel free to question the decision or actions of those in authority
Good Nurse Work Environments are Associated with Higher Patient Satisfaction

- Patients are 16% more likely to give hospitals the best rating if nurse work environments are good

- Patients are 20% more likely to recommend the hospital if nurse work environments are good
Hospital safety grade is higher in hospitals with better work environments:

Every Country by Nurse Work Environment

Nurse Work Environment
The Society for Acute Medicine, 7th International Conference, 3-4 October 2013
Hospitals with Better Work Environments:
Lower Nurse Burnout Every Country

Belgium, China, Germany, Japan, Korea, Netherlands, Nordic, Poland, Spain, Thailand, UK and Ireland, United States
Nurses and Patients Agree Which Hospitals Are Good

% Patients Recommend Hospital vs. % Nurses Recommend Hospital across different countries:
- Belgium
- Switzerland
- Germany
- Spain
- Finland
- Greece
- Ireland
- Poland

The graphs show a positive correlation between the percentages of patients and nurses recommending hospitals in each country.
Staffing: Pt/RN ratio on last shift (day)
Higher proportion of nurses with bachelor’s degrees associated with lower hospital mortality in previous studies

- U.S.: Each 10% increase hospital staff nurses with bachelor’s = 5% lower mortality & failure to rescue, *JAMA* 2003 and *Medical Care* 2011
- Result has been replicated in Canada, Belgium, China
- Is bachelor’s education associated with mortality in Europe more broadly?
% Bachelor’s Prepared Nurses

- Belgium: 56
- England: 28
- Finland: 53
- Germany: 0
- Greece: 20
- Ireland: 60
- Netherlands: 32
- Norway: 100
- Poland: 22
- Spain: 100
- Sweden: 59
- Switzerland: 10
RN4CAST Mortality Findings

• Work environments, % bachelor’s degrees, and patient to nurse ratios are significantly related to hospital mortality rates for general surgery

• Hospitals with good nurse work environments are significantly more likely to have lower mortality

• Every 10% increase in bachelor’s nurses is associated with a 7% reduction in the odds of patients dying

• Each 1 patient increase in nurses’ workloads (patient to nurse ratio) is associated with a 7% increase in the odds of patients dying
Nursing Care Left Undone
Because of Lack of Time

<table>
<thead>
<tr>
<th>% Reporting the Following Tasks Left Undone</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>England</td>
</tr>
<tr>
<td>Administer medications on time</td>
<td>7</td>
</tr>
<tr>
<td>Treatments and procedures</td>
<td>11</td>
</tr>
<tr>
<td>Skin care</td>
<td>21</td>
</tr>
<tr>
<td>Educating patients and family</td>
<td>52</td>
</tr>
<tr>
<td>Comfort/talk with patients</td>
<td>66</td>
</tr>
</tbody>
</table>
What’s left undone...

“On your most recent shift, which of the following activities were necessary but left undone because you lacked the time to complete them?”

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfort/talk with patients</td>
<td>66%</td>
</tr>
<tr>
<td>Adequate patient surveillance</td>
<td>34%</td>
</tr>
<tr>
<td>Educating patients &amp; family</td>
<td>52%</td>
</tr>
<tr>
<td>Develop/update nursing care plans</td>
<td>46%</td>
</tr>
<tr>
<td>Adequately document nursing care</td>
<td>33%</td>
</tr>
<tr>
<td>Oral hygiene</td>
<td>28%</td>
</tr>
<tr>
<td>Frequent changing of patient position</td>
<td>28%</td>
</tr>
<tr>
<td>Planning care</td>
<td>27%</td>
</tr>
<tr>
<td>Administer medications on time</td>
<td>22%</td>
</tr>
<tr>
<td>Skin care</td>
<td>21%</td>
</tr>
<tr>
<td>Treatments &amp; procedures</td>
<td>11%</td>
</tr>
<tr>
<td>Pain management</td>
<td>7%</td>
</tr>
</tbody>
</table>
Volume of missed care by staffing levels (pts per RN)

Missed care score by patient: RN ratio

- Best (< 6.1)
- 6.1 - 7.3
- 7.4 - 9.2
- 9.3 - 11.5
- Worst (> 11.5)
Variation in care left undone

- Greatest variation, for most activities, between nurses/shifts level

- Wards varied on: skin care, treatment procedures, medications on time, documenting nursing care, pressure area care

- Hospital level variation – pain management
Relationship to nurse staffing

• The degree and nature of care not completed on a shift is significantly related to the patient to RN ratio on that shift

• See the impact on better staffed wards (6 -7 pts/RN) – average of 1.4 fewer items of care undone for those vs. those with 9 pts/RN

• Once staffing levels below certain point (> 8 patients per RN) the level of compromised care score static at around 4.2-4.4.

• Pts per HCAS – no effect
Conclusion

• the practice environment impacts the experience and behaviour of staff and patients in positive and negative ways

• the compassion debate needs to be contextualise within the dynamics of the practice environment and key drivers of quality which shape that experience

• care left undone could be a proxy for lack of compassion-poor conditions produce poor care-accurate diagnosis of the problem to put solutions in place
Thank you