

**Sigma Theta Tau International, the Honor Society of Nursing**

**Creating Healthy Work Environments 2022**

**Presentation**

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**Presentation Title**

Between Quality of Care and Moral Distress: The Role of Nurses' Personal Accountability

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**Abstract Pertains To:** Academic

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**Target Group:** Clinical, Academic, Leaders, Researchers

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**Summary**

Missed nursing care (MNC), the necessary nursing care that is omitted or delayed, yields detrimental consequences for patients and nurses. I will discuss how accountability serves as a buffer for MNC and as a shield for moral distress, thus promoting concomitantly quality of care and nurses' well-being.

**Abstract**

Background: In the midst of multiple demands and inadequate resources, nurses sometimes ration care while striving to provide what they perceive to be adequate ("good enough") care under the circumstances, leading to missed nursing care (MNC). MNC, defined as a necessary nursing care that is omitted or delayed 1, has been related to detrimental consequences for patient and nurses alike 2,3. Specifically, when nurses missed care, they might be simultaneously denying the patient's rights to optimal, holistic, and quality care and

compromising their professional and ethical role 4,5.

**Aim of study:** The study aims to address the dilemma of whether we have to choose between nurses' wellbeing and patients' quality care, or whether cultivating accountability can serve as a strategy to design better workplaces to obtain a superior health and quality care promoting system.

**Methods:** The study employed a diary-study design, where nurses were approached on five different occasions, in different shifts, when taking care of a specific patient. Data were collected via validated questionnaires from nurses and their patients. Nurses completed MNC and moral distress questionnaire and provided additional data regarding patient, shift and nurse characteristics, who could serve as cues for deciding to ration care.

Additionally, their patients completed MNC and satisfaction from nursing care questionnaires.

**Findings:** Results supported a moderated-mediation model. Nurses' personal accountability was negatively and indirectly linked to nurses' moral distress through the mediating role of MNC. However, this link was significant only under high and medium workload, but not under lower levels of workload. Under high and medium workloads conditions, MNC and consequently moral distress were lower under high personal accountability.

**Discussion:** Nurses' accountability can serve as a moral compass guiding behavior, thus limiting nurses' tendency to compromise the care provided to patients. The result demonstrated that in times of inappropriate work demands (i.e., high workload), nurses' MNC was lowered due to personal accountability, and as a result moral distress was reduced. In low workloads, accountability didn't make a difference since in low workload MNC rate is lower, which is consistent with other studies 3,6.

**Relevance for research and practice:** Given that nurses usually work under high workloads, the significant role of accountability as a buffer for MNC and as a shield for moral distress is encouraging, since promoting of accountability is feasible 7. Workplaces that concomitantly foster nurse's well-being and quality care can be promoted by implementing accountability as a core value. Organizational (or ward) accountability could be achieved throughout educational programs who encourage nurses to be accountable and head nurses to implement culture of accountability in their wards as a way to create safety climate and decrease negative outcomes for nurses, patients, and organization.

## References

[ "Kalisch BJ, Landstrom G, Williams RA. Missed nursing care: errors of omission. *Nursing outlook* 2009; 57: 3–9.", "Recio-Saucedo A, Dall'Ora C, Maruotti A, Ball J, Briggs J, Meredith P et al. What impact does nursing care left undone have on patient outcomes? Review of the literature. *Journal of Clinical Nursing*. 2018; 27: 2248–2259.", "Chaboyer W, Harbeck E, Lee B, Grealish L. Missed nursing care: An overview of reviews. *Kaohsiung Journal of Medical Sciences* 2021; 37: 82–91.", "Suhonen R, Stolt M, Habermann M, Hjaltadottir I, Vryonides S, Tonnessen S et al. Ethical elements in priority setting in nursing care: A scoping review. *International journal of nursing studies* 2018; 88: 25.", "Mandal L, Seethalakshmi A, Rajendrababu A. Rationing of nursing care, a deviation from holistic nursing: A systematic review. *Nursing Philosophy* 2020; 21. doi:10.1111/nup.12257.", "Tubbs-Cooley HL, Mara CA, Carle AC, Gurses AP. The NASA Task Load Index as a measure of overall workload among neonatal, paediatric and adult intensive care nurses. *Intensive and Critical Care Nursing* 2018; 46: 64–69.", "Srulovici E, Drach-Zahavy A. Nurses' personal and ward accountability and missed nursing care: A cross-sectional study. *International Journal of Nursing Studies* 2017; 75: 163–171." ]