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Title

“Missed nursing care” in health promotion: raising awareness

Abstract

Aim(s)

The aim of this commentary is to raise awareness of the possible causes of "missed nursing care" in health promotion and to propose possible solutions.

Background

Although health promotion is an essential function of nursing practice, “missed nursing care” has been scarcely studied in this area. It is crucial to know both its causes and possible strategies to prevent it.

Evaluation

We used evidence to identify possible causes of “missed nursing care” in health promotion and we classified them into categories. We suggested the concept of capacity building to address its underlying causes.

Key issue(s)

Four main factors are involved in “missed nursing care” in health promotion i.e. intrapersonal, interpersonal, organisational, and cultural. Capacity building, including the development of knowledge, skills, commitment, structures, systems and leadership could reduce missed care.

Conclusion(s)

“Missed nursing care” in health promotion is complex and is multifactorial in its origins. Capacity building could be a way to address its causes.

Implications for Nursing Management

Nursing care in health promotion is paramount and a long-term investment that can contribute to the sustainability of the health system. Organisations and managers could

view capacity building processes as a tool to prevent “missed nursing care” in health promotion.

Keywords

Capacity building; Health Care Rationing; Health Promotion; Missed care; Nursing Care; Primary Health Care;

Commentary

Missed nursing care is “any aspect of nursing care that is omitted or delayed” (Kalisch, Landstrom, & Hinshaw, 2009). This phenomenon is associated with negative outcomes in the patient as well as in nurses and healthcare organisations (Jones, Hamilton, & Murry, 2015). Several research studies have been carried out on its magnitude, impact and main causes (Jones et al., 2015; Mandal, Seethalakshmi, & Rajendrababu, 2019). These studies so far have been based primarily on patient safety principles in hospital settings. Organisational culture of current health systems is still predominantly hospital-centred and medicine-centred, which may condition that the concept of “missed nursing care” has been studied mainly in hospitals and disease-focused care settings. Although health promotion interventions can be integrated into any healthcare setting, the characteristics of primary and community care (greater accessibility and the provision of an integral and continuous care) make them the ideal settings for carrying out these interventions (Starfield, 1998; World Health Organization, 2004). Perhaps due to this predominance of hospital-based research, “missed nursing care” in health promotion has been barely investigated.

Health promotion is “the process of enabling people to increase control over, and to improve their health” (World Health Organization, 1986). As highlighted in the Ottawa Charter, health promotion involves not only actions aimed at strengthening people's skills and capabilities, but also actions aimed at changing the social,

environmental and economic conditions that determine the health of the population (López-Dicastillo et al., 2017; World Health Organization, 1986). Community participation is essential to sustain health promotion activities, and primary care nurses and community nurses are well-positioned to achieve this (Pender, Murdaugh, & Parsons, 2015). Therefore, studies on "missed nursing care" or possible barriers to health promotion interventions have essentially focused on primary care and community care settings (Moreno-Peral et al., 2015; Phelan, Mccarthy, & Adams, 2017; Rubio-Valera et al., 2014; Wilhelmsson & Lindberg, 2009).

Evidence shows that nurses do not always incorporate health promotion activities in their practice and do not participate in the combination of actions recommended in the Ottawa charter (World Health Organization, 1986) such as the community-based work and the collaboration with other social sectors (Kemppainen, Tossavainen, & Turunen, 2013). Moreover, a study in Ireland shows that 70% of the community nurses missed nursing care in health promotion (Phelan et al., 2017). However, these findings are contexts dependent, as the health and social systems existing in every country and the training of professionals involved could influence "missed nursing care".

Thus, the aim of this commentary is to increase awareness of the possible causes of "missed nursing care" in health promotion, based mainly on evidence from primary care and community care settings, and to propose possible solutions.

Decision-making on the prioritisation of nursing care is complex because of its multifactorial nature. Several factors such as nursing work environment, characteristics of patients and nurses, philosophy of care and organisational context, interact in different ways (Schubert, Glass, Clarke, Schaffert-Witvliet, & De Geest, 2007). Hence,

the possible causes of “missed nursing care” in health promotion are determined by influences at multiple levels: intrapersonal, interpersonal, organisational, and cultural.

At the **intrapersonal** level, aspects such as beliefs, attitudes, motivation, skills, knowledge and self-concept in both patients (Moreno-Peral et al., 2015) and health professionals (Rubio-Valera et al., 2014) affect health promotion implementation. The age and professional experience of nurses have been shown to be determinants of "missed nursing care" in health promotion (Phelan et al., 2017). Younger community nurses seem to be more likely to miss health promotion activities related to heart disease and stroke, and community nurses with less than five years of experience were significantly more likely to miss health promotion work in the community (Phelan et al., 2017). These findings are in alignment with the main barriers to the development of health promotion activities identified in other studies: lack of practical skills and lack of training in suitable intervention techniques (Wilhelmsson & Lindberg, 2009). Adding to socio-demographic and educational characteristics, two more concepts have also been identified as contributing to “missed nursing care”. These are accountability and personality traits (Drach-Zahavy & Srulovici, 2019). Personality traits such as conscientiousness, agreeableness and openness are related to higher accountability, which is negatively related to “missed nursing care”. Similarly, patients' priorities, perception of risk, ability to find or use information, difficulties in making effective behaviour changes and lack of resources or time are the main patient-related barriers to health promotion (Moreno-Peral et al., 2015). All of these affect the way that people engage in healthy behaviours. Health professionals need to address these barriers if missed care is to be avoided.

At the **interpersonal** level, interactions between health professionals are important. Health professionals are influenced by the other team members and

managers, whereas patients are affected by family and friends. Whether the relationship between patients and health professionals produces positive or negative outcomes regarding the implementation of health promotion depends on the quality of the interaction. Health promotion and prevention may be hampered at this level if the patient feels he is being judged, or the health professional uses fear or puts pressure on him/her, and he/she receives contradictory messages or too general advice (Moreno-Peral et al., 2015). The reasons why health professionals may not provide health promotion interventions are related to their beliefs that patients are not interested in or do not have resources to implement behaviour changes. Other causes are related to health professional's fear that the relationship established with the patient will be damaged if he/she provide advice that the patient does not request, to the lack of coordination between the various levels of healthcare and to the fact that different health professionals provide different forms of counselling (Rubio-Valera et al., 2014).

Organisational factors contributing to “missed nursing care” in health promotion are workload and unsupportive working environments (Phelan et al., 2017; Wilhelmsson & Lindberg, 2009). In hospital settings, it has been observed that incongruities between ward and nurse accountability can result in "missed nursing care". For instance, working in an accountable manner in a low-accountability ward involves stress and social risks that can result into a greater likelihood of "missed nursing care” (Srulovici & Drach-Zahavy, 2017). This could be happening in primary care and community care settings as well. In the acute sector the biomedical model continues to dominant healthcare institutions and influences how work is organised. This disease-oriented approach contributes to the neglect of health promotion (López-Dicastillo et al., 2017). Furthermore, although a large body of evidence is available that demonstrates the efficacy of health promotion interventions, there is little evidence on

how to carry out these activities in a timely and effective manner in the real world of clinical practice (Glasgow, Lichtenstein, & Marcus, 2003; Woodall, Warwick-Booth, South, & Cross, 2018). As well, these studies are little known to nurses (McLellan, O'Carroll, Cheyne, & Dombrowski, 2019). This lack of knowledge and dissemination may contribute to "missed nursing care" in health promotion interventions. Likewise, nurses are currently struggling to perform all the necessary care tasks for patients a result of scarcity of resources on the one hand and the goal of being efficient on the other (Mandal et al., 2019). In this practice environment, curative activities are often prioritised over health promotion activities. For this reason, some authors suggest that "missed nursing care" is inevitable, because nursing practice tends to be fragmented and rationed due to this state of economic crisis (Jones et al., 2015; Mandal et al., 2019). Ronald Labonte (1994) already identified this problem and proposed a continuum for health professionals to move from clinical work to health promotion work (Labonte, 1994). Aspects such as establishing linkages among personal services, group support, organising communities, advocacy coalitions, and political action are necessary to empower and address people's health needs. This approach can help nurses to address patients/clients' needs moving between the health promotion and clinical spaces when necessary and avoid operating all the time in one domain. It is necessary to consider health promotion activities as a long-term investment that can contribute to the sustainability of the health system in the future rather than seeing these activities as non-essential extras (López-Dicastillo et al., 2017). Health systems tend to focus and promote culture of patient safety that often does not include "errors" in health promotion. These errors might not be considered a danger to patient safety but they cost lives in the long term (Woolf, 2004). In 2016, 71% of global deaths were due to non-communicable diseases and modifiable health risk behaviours, such as unhealthy diet or

insufficient physical activity, underlying the main causes of these diseases (World Health Organization, 2004, 2019). A broader approach to safety in healthcare may be needed to mitigate "missed nursing care" in health promotion.

Within the **cultural** context, the implementation of health promotion is affected by social norms, traditions, the stigma of unhealthy behaviours, language barriers and level of awareness of cultural differences between health professionals and patients (Rubio-Valera et al., 2014). Likewise, mass media and social marketing campaigns influence health behaviours and sometimes they provide messages that contradict those that health professionals want to convey. Two other aspects hamper health promotion, on the one hand, the influence of the pharmaceutical industry that emphasises the prescription drugs instead of the promotion of healthy behaviours, and the lack of education regarding skills for health promotion (Rubio-Valera et al., 2014).

All the above factors may lead to "missed nursing care" in health promotion. These factors interact together and point towards the need for complex approaches when implementing health promotion activities and avoiding "missing nursing care". Using simple approaches can lead to seeing interventions as isolated activities and to increase "missed nursing care". However, if health promotion interventions are seen as events in a dynamic complex system and they are designed so that they can be integrated within this system, effective health promotion interventions will be feasible (Moore et al., 2019; Zabaleta-del-Olmo et al., 2015).

The use of capacity building understood as a way of not only developing knowledge skills but also commitment, structures, systems and leadership to enable effective health promotion interventions could help nurses to address health promotion care in a comprehensive way (Smith, Tang, & Nutbeam, 2006). Capacity building aims at increasing the capacity of people, organisations and communities to promote health.

Using this approach can help to identify missed opportunities to promote health, and avoid focusing only on aspects at the intrapersonal or interpersonal level (Smith et al., 2006). At the personal level, nurses need to improve their knowledge and skills regarding health promotion and to increase accountability. Increasing both the nurses' and organisations' accountability can be a valid way to reduce “missed nursing care” as has been observed in hospital contexts (Srulovici & Drach-Zahavy, 2017). At the organisational level, nurses need to contribute to the creation and maintenance of infrastructures and support for health promotion, but also organisations need to support nurses with adequate resources, policies and procedures to institutionalise health promotion and develop structures for its planning and evaluation. Choosing nurses for specific positions paying attention to their knowledge, skills and personality traits is also crucial (Drach-Zahavy & Srulovici, 2019). Building organisational change into practice is essential for effectiveness and sustainability of health promotion care (Heward, Hutchins, & Keleher, 2007). Finally, actions are necessary for the development of partnerships and cohesiveness for health with the population and the communities they care for. All these actions will help address “missed nursing care” in health promotion.

In conclusion, the identification of “missed nursing care” in health promotion and the underlying causes can help to raise awareness in nurses, managers and health policy makers. Capacity building for health promotion is essential for the development of nursing care and for moving it away from a mainly curative approach.

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