



# Determinants of the rationing of nursing care provided to older patients

Uwarunkowania racjonowania opieki pielęgniarskiej nad osobami starszymi

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## ■ Abstract

**Introduction and Objective** According to estimates, one in five senior citizens is not receiving the care they are entitled to. It is suggested that older people are less assertive and therefore unable to effectively express their needs and preferences on the available treatment options. In addition, they are more likely to have higher care needs and unable to perform certain daily activities; they are also at greater risk of communication disorders, depression, or exposure to social isolation, thus preventing them from expressing their needs. The aim of this study is to analyse the literature on the ethical considerations of the rationing of nursing care for older people.

**Review methods.** A critical analysis of the literature was applied. The material analysed was the scientific literature available in PubMed, SCOPUS, CINAHL Complete, and Web of Science databases, using the following key words: nursing rationing, lack of care, older people, ethics.

**Brief description of the state of knowledge.** The factors contributing to the rationing of nursing care for older people is an inadequate care environment. Another factor contributing to the occurrence of nursing rationing is the discriminatory behaviour of nurses towards weak, older, adult patients in cases in which care is in the terminal phase.

**Summary.** Nursing rationing occurs mainly due to organisational factors in the healthcare facility and nurses' biased approach towards seniors. There is a need for an in-depth analysis of the decision-making process undertaken by nurses, and the ethical elements inherent in such a process.

## ■ Key words

nursing care, ethics, ageism, healthcare rationing

## ■ Streszczenie

**Wprowadzenie i cel pracy.** Szacuje się, że co piąty senior nie otrzymuje przysługującej mu opieki. Sugeruje się, że osoby starsze są mniej asertywne i dlatego nie są w stanie wyrazić swoich potrzeb i preferencji dotyczących opcji leczenia. Ponadto częściej mają większe potrzeby w zakresie opieki i nie są w stanie wykonywać niektórych czynności życia codziennego oraz częściej występują u nich zaburzenia komunikacyjne, depresja czy narażenie na izolację społeczną, co może uniemożliwiać im wyrażanie swoich potrzeb. Celem pracy jest analiza piśmiennictwa dotyczącego etycznych uwarunkowań racjonowania opieki pielęgniarskiej nad osobami starszymi.

**Metody przeglądu.** Zastosowano krytyczną analizę piśmiennictwa. Materiałem analizowanym w pracy była literatura naukowa dostępna w bazach danych PubMed, SCOPUS, CINAHL Complete oraz Web of Science, wybierana według słów kluczowych: „racjonowanie opieki pielęgniarskiej”, „brak opieki”, „osoby starsze”, „etyka”.

**Opis stanu wiedzy.** Czynnikiem przyczyniającym się do racjonowania opieki pielęgniarskiej nad osobami starszymi jest nieodpowiednie środowisko opieki. Innym jest dyskryminujące zachowanie pielęgniarek wobec słabych, starszych pacjentów, będących w fazie terminalnej.

**Podsumowanie.** Głównymi powodami racjonowania opieki pielęgniarskiej są czynniki organizacyjne placówki oraz uprzedzenia pielęgniarek w stosunku do seniorów. Istnieje potrzeba dokładnego zbadania procesu decyzyjnego pielęgniarek w tym zakresie oraz zasad etycznych nieodłącznie z nim związanych.

## ■ Słowa kluczowe

opieka pielęgniarska, etyka, ageizm, racjonowanie opieki zdrowotnej

## INTRODUCTION

The rationing of care (sometimes also referred to as *missed care*) encompasses any aspect of clinical, emotional and administrative nursing care that was delivered only partially, late or not delivered at all [1]. This issue stems, among other

things, from staff reductions, increased demand for care due to new technologies, and new treatment options. The rationing of nursing care can also occur in relation with certain attitudes of nurses and their knowledge (or lack thereof) applied in the process of resource allocation. The result can be a failure to meet patients' basic needs and a violation of human rights [2].

Missed nursing care is one of the key factors contributing to the problem of inadequate care provided to hospitalised older people. It is argued that some form of rationing seems

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to be inevitable due to limited resources. There are certain instructions which explicitly recommend that biological age be used as a determining factor in rationing these limited resources. Therefore, age is sometimes considered a criterion for the allocation of medical services [3].

With an ageing population, the rationing of nursing care may become more common, which will have a negative impact on the entire healthcare system. On the one hand, the use of age as a criterion for allocating medical services seems fair and objective as everyone ages. On the other hand, however, every person has the right to receive nursing care of good quality, as well as co-deciding about the treatment process. Nurses are responsible for protecting the rights of older patients as they have the most contact with patients and should respect their decisions and opinions [4].

According to estimates, one in five senior citizens is not receiving the care they are entitled to. It is often believed that older people are characterized by low assertiveness, which makes it difficult for them to communicate effectively with medical staff. [5]. In addition, they are more likely to have higher care needs and be unable to perform certain daily activities; they are also at greater risk of communication disorders, depression or exposure to social isolation, thus preventing them from expressing their needs [6]. As the most often hospitalised group of patients who, at the same time, have increased difficulty in expressing their needs compared to other adult patients, they are particularly exposed to the risk of not receiving nursing care or receiving it late. For this reason, an analysis of the literature on the determinants affecting the rationing of nursing care for older people was undertaken.

The aim of the study is to analyse the literature on the considerations of the rationing of nursing care for older people.

## MATERIALS AND METHOD

A critical analysis of the literature was performed. The material analysed in this study included scientific literature available in PubMed, SCOPUS, CINAHL Complete, and Web of Science databases. The following combination of key words was used: rationing of nursing care, lack of care, older people, ethics. The thematic synthesis included 35 articles published between 1988–2023 on the subject of the rationing of nursing care.

## RESULTS

### Organisational factors and the rationing of nursing care.

One of the factors contributing to the rationing of nursing care for older people is an inadequate care environment [7–8]. For example, overwork, staff shortages, and heavy reliance on supporting staff mean that the time for contact with patients is not sufficient to provide direct, tender care, and to develop a relationship that would allow for the early recognition of subtle signs of changes in the patient's condition [9]. Nurses are also exposed to excessive workloads due to the large number of patients, staff shortages, and multiplicity of tasks, thus resulting in the rationing of care [10, 11, 12].

The organisation's structure plays a crucial role when nurses prioritise their tasks, as does their ability to make

decisions which have an impact on what kind of care will be delivered, and which tasks will be omitted [13, 14]. Therefore, in cases where many people require urgent care on the ward, there is usually not enough time for nurses to talk to older patients – in consequence their needs are not satisfied [15].

An inadequate work environment in medical units increases the workload, causing the nurse to lose control of care, and resulting in missed nursing care [16]. The ethical climate of the hospital is not insignificant in this regard [17]. Furthermore, one study showed that an appropriate ethical climate of the hospital influences the readiness to report nursing errors [18]. This should also reduce the occurrence of nursing errors and rationing of nursing care [19]. As a consequence, the promotion of ethical nursing improves the work of nurses, which in turn supports a more effective decision-making during the treatment process [20].

### Nurses' discriminatory behaviour against older people and the rationing of nursing care.

Another factor contributing to the occurrence of nursing rationing is the discriminatory behaviour of nurses towards weak, older adult patients whose care is in the terminal phase. A study conducted in Australia in a group of nurses with a history of employment in a teaching hospital ranging from 2–35 years, revealed that negative attitudes could lead to the needs of older people being disregarded [21].

While ageism – discrimination based on age – has already been indicated as a factor influencing the decision of nurses to provide medical services, it came into greater focus during the COVID-19 pandemic. This was due to the fact that older patients who suffered from other diseases were more at risk of severe COVID-19 and death after infection [22]. In one study, as many as, three-quarters of respondents stated that 80-year-olds should have access to a ventilator the last; only one in eight stated the opposite [23]. A closer look at the latest literature on healthcare staff decision-making during the COVID-19 pandemic reveals that in emergencies, nurses are less likely to follow ethical principles and instead focus on factors related to the possible benefits for the community in general [24, 25].

Age discrimination also occurs in acute care settings involving older people, usually those with complex needs. These patients, who require longer periods of recovery and rehabilitation after an episode of illness, are a nuisance to staff working in a system with rapid patient turnover [26]. They are sometimes placed in rooms located at the very end of the ward because priority is given to younger people. Some nurses also believe that there is no point in administering continued CPR to an older, ailing patient [15]. In a study by Deasey et al., 66% of ED nurses said they found it easier to accept the death of an older than a younger patient. In addition, 70% of respondents thought older patients were being resuscitated too often, and 57% of nurses thought older people were being admitted too often in the ICU [27].

In many societies, the life of senior citizens is not considered equal to that of younger people, and the allocation of resources is not based on needs, but rather on views on the usefulness of a particular group for society [28, 29]. Furthermore, there are serious concerns suggesting that age discrimination was a major cause of unmet care needs, which indicates the presence of perpetuating stereotypes of older people [30, 31, 32].

When there is not enough time, nurses provide only basic care to senior patients [33]. According to a study by Mallidou et al., nurses rarely spend time socialising with older people [34]. The most commonly overlooked task among nurses is the appropriate completion of medical records – according to Phelan et al., as many as 79% of nurses fail to do so systematically [35].

**Limitations of the study.** There are some limitations to this review of literature. Most importantly, this was not a systematic review and no clear inclusion and exclusion criteria for publications were established. In addition, only four scientific databases were queried for literature in the subject area.

## CONCLUSIONS

The current literature on the rationing of nursing provides increasing evidence of the widespread nature of this problem and, more importantly, of the threat that it poses to patient safety. Looking through the prism of ethics, lack of care, as well as the processes that lead to lack of care, require further investigation. Nurses make decisions and determine actions every day while caring for many patients. They provide care to different patients practically simultaneously, when patients' needs are varied. There is a need for an in-depth investigation of the reasons for nurses' decisions to allocate care to patients, and the ethical issues involved. This is important for determining the ethical awareness of nurses. Ethical issues of nursing care rationing are usually problematic because it is difficult to notice. This can result in discrimination, non-compliance with nursing ethics, and negligence in patient care.

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