

EDITORIAL

Rationed, Missed, or Nursing Care Left Undone: a comment from the Antipodes

Two papers in this issue address the problem of implicit rationing or missed nursing care. In both cases they report on research conducted by nurse scholars and clinicians from the Czech and Slovak Republics engaged in scholarship that is now of global concern. As the Acknowledgements suggest these papers arise from the work of a COST (OC-2015-2-20085 Rationing Missed Nursing Care: An international and multidimensional problem) funded project spearheaded by Professor Evridiki Papastavrou from the Cyprus University of Technology. The COST agenda is to build research networks within the European union. One of the strengths of this project is that the networks have extended beyond Europe to New Zealand, Australia and the USA enabling all of us to identify a shared concern with healthcare rationing and resource shortages impacting on the quality and safety of patient care or to ponder on what might be happening to nurse leadership in the contemporary world that brings about missed care. So pervasive is this issue that concern has gone beyond Europe, and the Antipodes of the south; papers are now appearing from all over the globe; Iran and Africa.

What has struck me during my four visits to RANCARE European meetings is the way in which this issue resonates with all attendees, who for the most part are nurse academics or colleagues from policy, economics or psychology. Missed care appears to be universal. There does not appear to be any particular health care system that exacerbates rationed care. Research findings from the Australian publicly funded system have results that are similar to the USA for profit system, or for that matter the private system in Australia or the national health systems in Italy and Cyprus. Now we know it is ubiquitous, the looming question is “What next?”. Three directions are worth comment. Firstly, RANCARE itself has embarked on a campaign of disseminating information on this issue. Most workshops and meetings deliberately invite national health care politicians and senior leaders to listen and learn from this research. This is an agenda that must be done with care given the crisis in healthcare is part of the political agenda in many countries. Secondly, researchers within RANCARE are engaging in research project cross-nationally that attempt to cost the impact of rationed care both economically and in terms of patient comfort and wellbeing. This is a tricky task given the difficulties of finding shared data sets, or measures that can be used across any number of nations. A third direction, more advanced than the previous two, is the attempt to theorise ‘rationed care’. This has involved attempting to generate a unifying theory that might explain this phenomenon. The difficulty with theory generation is that it is useless if it does not point in the direction of solutions. To date there has been significant work that identifies the systems, economic and political economy underpinnings of missed care, but very little work on whether there are characteristics within the nursing profession itself, or something about the leadership that might contribute. The papers in this issue by Zeleníková et al. (2019) and Kalánková et al. (2019), are part of this theory building.

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