RICH-Nursing Study  
(Rationing of Nursing Care in Switzerland Study)

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Aims

To document the extent of implicit rationing of nursing care in a sample of Swiss acute care hospitals
To investigate the relationship between implicit rationing of nursing care, nurse work environment quality, staffing and skill mix and selected patient and nurse outcomes
To benchmark the data of the involved Swiss hospitals with data from an international hospital outcomes study (HOS)

Design / Sample

• Multi-center cross-sectional design
• 8 Swiss acute care hospitals in the German (5) and French (3) speaking regions of Switzerland
• Convenience sample
• 1338 of 2052 eligible nurses (DNI or DNII) participated
• 779 of 1190 eligible patients participated
• 65% response rate for both samples

Results

Implicit Rationing of Nursing (BERNCA)

Mean 0.62

Conceptual framework

Implicit rationing of nursing care

Patient variables

Organizational variables

Nurse practice environment (Nurse perception of Care, Nurse management)

Task variables

Patient outcomes

Model 1: Patient Satisfaction* (patient very satisfied)

Implicit rationing of nursing care (0-2 point scale)

Workload (nurse/patient ratio, patient) ↑

Stafing & Resources & Autonomy (0-3, 0-5, 0-5)

Interdisciplinary collaboration & competence

Patient are in less good health compared to other age

Implicit rationing of nursing care (1/2 point)

Falls

Infections

Model 4: Nosocomial Infections*  
(sometimes - often in the last year)

Implicit rationing of nursing care (0-2 point scale)

Workload (nurse/patient ratio, patient) ↑

Stafing & Resources & Autonomy

Interdisciplinary collaboration & competence

Hospital size (no beds)

Surgical department (patients with surgery)

Model 5: Critical Incidents*  
(sometimes - often in the last year)

Implicit rationing of nursing care (0-2 point scale)

Workload (nurse/patient ratio, patient) ↑

Stafing & Resources & Autonomy

Interdisciplinary collaboration & competence

Model 6: Pressure Ulcers*  
(sometimes - often in the last year)

Implicit rationing of nursing care (0-2 point scale)

Stafing & Resources & Autonomy

Interdisciplinary collaboration & competence

Age of the nurse

Hospital size (beds)

Conclusions / Recommendations

Implicit rationing of nursing care

• Is an important new empirical factor, which appears to be directly linked with patient safety outcomes and quality of hospital care
• Appears to reflect conditions affected by the adequacy of staffing and quality of the nurse practice environment vis-à-vis patient outcomes
• Should be avoided as much as possible, since all detectable rationing showed negative effects on three of the six studied patient outcomes

• The identified rationing threshold levels (0.5 and 1.0) can be used (clinicians, administrators) to track negative effects of low resources, or difficulties in allocating those resources, on patient outcomes, and to respond accordingly whenever rationing exceeds tolerable levels

Imlicit Rationing of Nursing Care

„Implicit rationing of nursing care refers to the withholding or failure to carry out necessary nursing tasks due to inadequate time, staffing levels and/or skill mix“

(Schubert & De Geest, 2005)