HOW MUCH DO WE KNOW ABOUT CARE DELIVERY MODELS IN NURSING? AN EVIDENCE MAP

Background

To deal with the upcoming challenges and complexity of the nursing profession, it is deemed important to reflect on our current organization of care. But before starting to rethink the organization of nursing care, an overview of important elements concerning nursing care organization, more specifically nursing models, is necessary [1].

Aim(s)

The aim of this study was to map the existing literature, to map the field of knowledge on a meta-level and to identify current research gaps concerning nursing models in a hospital setting.

Methods

An evidence map was conducted to highlight and give an overview of what is known by conducting a systematic search of a broad field of evidence, presenting results in a user-friendly format [2]. Three electronic databases were searched without a limit in time: Medline, CINAHL and Web of Science. All papers were first screened based on eligibility criteria, followed by a full text screening of the remaining literature. During the screening process, papers were labeled by emerging topics. Inclusion criteria were the organization of nursing care, type of ward, all kinds of nursing personnel, and OESO-countries. Exclusion criteria were specialist wards (e.g. intensive care units), military hospitals, physicians, physicians assistants, logistic personnel, unpublished work or opinion papers, and the unavailability of English, Dutch or French full texts.

Results

In this evidence map 297 studies were included. Three topics were of importance when looking at the organization of nursing care: care delivery models, nurse staffing and skill mix. The concept of care delivery models was described by a wide variety of terms in the different papers, while nurse staffing and skill mix were well defined. When looking at the quantity of publications, the three topics were independently discussed in literature and skill mix and nurse staffing were frequently combined (n=90). Skill mix was less frequently linked to care delivery models (n=36), and nurse staffing was rarely linked to care delivery models (n=13) in literature. Seven studies combined all three topics, of which three studies in recent years. The last two decades the number of publications on care delivery models has diminished, while publications on nurse staffing and skill mix were consistently growing.

Discussion

Although it seems that in recent research, the theoretical focus on the organization of nursing care has been left behind, the increasingly complex healthcare environment might gain from the use of nursing theory, or in this case, care delivery models.

Implications and future perspectives

As almost no fundamental studies have been done towards the combination of care delivery models, nurse staffing and skill mix, those elements should be taken into account to fully capture the organization of nursing care in future research.

References

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