Distal causal factors
Underlying problems (e.g. poor management, organisational culture, staffing policies) within a healthcare system that create the conditions for poor hospital care to occur at a localised level

Proximal causal factors
Aspects of the working environment (e.g. high workloads, staffing shortages) and practices of healthcare staff (e.g. rule breaking, relationships with patients) that influence the attitudes and behaviours of healthcare staff towards patients care

Caring neglect
Care behaviour that leads to the belief that healthcare staff 'do not care'. Such attributions are based on staff behaviours that fall below the threshold of being proceduralised, are subjective (e.g. ignoring a patient, not helping them to eat), and may not cause measurable clinical harm

Procedure neglect
Care behaviour that falls short of the objective and observable standards that constitute good care (feeding, washing, pain management). Incidents can be isolated or systemic, and may occur due to caring neglect, or alternatively error/patient abuse

Patient neglect

Outcomes of patient neglect
Widespread physical and emotional patient harm
Widespread physical and emotional patient harm that occurs due to the systemic presence of procedural and caring neglect, but may not be traced to an individual or event due to its prevalence

Localised physical and emotional patient harm
Localised physical and patient harm (e.g. a single patient) that occurs due to the presence of procedural and caring neglect, and may be associable with a single individual or event

Emotional patient harm
Emotional harm (with no physical consequences) caused to patients, resulting in a loss of dignity and confidence. The effects on short or long-term patient outcomes are unclear

Antecedents to patient neglect

Failure to follow procedures can lead patients and families to perceive caring neglect
Where caring neglect becomes systemic or widespread, procedure neglect can occur