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Missed Nursing Care: An Overview

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Abstract

It is critical that health care delivery meets demand as populations grow. The current global nursing shortage is having a negative influence on global health systems. Missed nursing care is a widespread problem in all sectors. Nursing care that is delayed, partially completed, or not performed at all is referred to as missed nursing care. Missed care is linked to poorer patient mortality and morbidity outcomes and lower patient satisfaction with hospital services. Here in this review some fresh information related to missed nursing care is mentioned below.

Keywords: Missed care, care left undone, unmet nursing care needs

INTRODUCTION

It is critical that health care delivery meets demand as populations grow and many global health initiatives lead to community care (Phelan et al., 2018). Aging populations will raise the burden on healthcare systems and the prevalence of noncommunicable diseases. Global pandemic threats are projected to rise as the globe becomes more globalized. The increase in drug costs will place a lot of strain on healthcare systems, insurers, patients, employers, and providers (Yeganeh, 2019). The current global nursing shortage is having a negative influence on global health systems. The International Council of Nurses sponsored a major project that generated critical information on the shortage and potential remedies. Policy intervention; macroeconomics and health sector funding; workforce planning and policy, including regulation; good practice environments; retention and recruitment (including migration); and nursing leadership are the five main areas. On a global scale, momentum is growing, allowing to draw attention to these challenges and take action (Oulton, 2006). Missed nursing care is a widespread problem in all sectors. Nurse leaders have called for clear political, methodological, and theoretical methods to address the consequences of missed care for patient outcomes (Jones et al., 2020). Missed care, which is defined as any part of patient care that is omitted or delayed, is gaining popularity. The imbalance between patients' nursing care needs and available resources is the primary cause, making it an ethical dilemma that tests nurses' professional and moral beliefs (Gustafsson et al., 2020). Missed care is becoming widespread, according to global surveys (Blackman et al., 2018). Missed nursing care and the causes for missed care can

be used to design measures to eliminate interruptions, increase unit cohesiveness, and improve the nurse work environment, all of which lead to better patient outcomes (Winsett et al., 2016). To prevent missed treatment and improve patient experiences, enough nurse staffing is necessary (Cho et al., 2017). Nursing care that is delayed, partially completed, or not performed at all is referred to as missed nursing care. Communication and information exchange are among the categories of care that are missing; b) self-management, autonomy, and education, which includes care planning, discharge planning, and choice; c) basic physical care; and d) emotional and psychological care, which includes spiritual support. Staffing numbers and/or labor resource skill mix, lack of material resources, patient acuity, and teamwork/communication are all factors that contribute to missed care. Less/poor quality of patient care, patient happiness, and nurse job satisfaction, increased patient adverse events, and the organizational outcomes of increased hospital length of stay and hospital readmission were all effects of missing nursing care. To further understand how nurses prioritize care and why care is ignored, more qualitative and mixed techniques research is needed. Longitudinal and experimental research is needed to determine if the links between missed appointments and poor patient outcomes are likely cause and effect (Chaboyer et al., 2021). Missed care is linked to poorer patient outcomes (mortality and morbidity) and lower patient satisfaction with hospital services. Missed care has also been linked to lower employee satisfaction and a higher likelihood of quitting. Registered nurses have also been observed to be dissatisfied in general (Gibbon and Crane, 2018). Health-care

facilities around the world are facing challenges such as reduced workforce levels, as well as a shortage of time and resources. Patient care is often of worse quality or non-existent in such situations (O'Donnell and Andrews, 2020). Up until the first decade of this century, the nursing literature paid relatively little attention to missed nursing care. This is changing, and a number of nurse researchers have recently identified missing care as an important and pressing issue (Suhonen and Scott, 2018). According to a growing body of evidence, missed nurse care is widespread in hospitals and may have a role in poor patient outcomes (Lake et al., 2017). Differences in registered nurse staffing levels have been linked to variations in post-operative mortality rates. There is a higher incidence of necessary but missed nursing care when nurse staffing levels are low. Nursing care that is not provided may be a significant predictor of patient mortality after surgery. Missed nursing care, which is strongly linked to nurse staffing, is linked to a higher risk of patients dying in hospital after routine surgical procedures. The findings confirm the notion that the association between registered nurse staffing and patient mortality is mediated by missing nursing care. Missed care may serve as a "early warning" sign indicating a higher likelihood of poor patient outcomes (Ball et al., 2018). Missed care rates varied depending on nursing activities. A higher frequency of missing activities was linked to insufficient personnel. Patient safety, nursing care quality, work satisfaction, and intent to leave were all linked to a larger number of missing activities and low staffing. Under hypothetical conditions of increased staffing, nurses prioritized focused patient reassessments, timely prescriptions, and patient education. To

prevent missed care and improve care quality and nurse outcomes, adequate staffing is essential (Cho et al., 2020). In hospitals, a strong patient safety culture may be linked to better patient outcomes. To reduce missing nurse care and negative patient outcomes, prioritized efforts to improve PSC should be performed (Hessels et al., 2019). Can nurses be held morally responsible for inadequate care? In terms of ethics, it is widely agreed that if a person has a moral obligation to do something, he or she must be capable of doing it. If a person lacks the capacity to fulfill a moral commitment, he or she cannot be held accountable for not doing so (Kearns, 2020).

Measures

Missed nursing care is typically quantified by surveys that explain the precise tasks that are rationed or delayed, as well as the reasons behind this. The two principal metrics used in these studies, Kalisch's MISSCARE and the RN4Cast Basel Extent of Rationing of Nursing Care (BERNCA), show significant levels of agreement across and between nations. The majority of these research were conducted in acute care settings and show how a lack of human and other resources influences decisions to forego treatment. Staffing shortages and challenges meeting residents' complicated health care needs due to increased resident acuity and less competent nurses to satisfy this demand are the key reasons for missed care (Henderson et al., 2017). 334 nurses were surveyed by Chapman et al., (2017). Ambulation three times per day (433%), rotating the patient every two hours (29%) and oral care were the most commonly reported components of missed care (28 percent). The most common reasons for missing treatment were a lack of labor resources (range 69–53%), followed by a lack of material

resources (range 59–33%), and a lack of communication (range 39–27%). Missed nursing care was found to be highly influenced by nurse collaboration. Teamwork could be a key in addressing missing care. Nursing management should consider improving communication between team members and units. Changes are required regarding task division and payments to the nursing staff (Chegini et al., 2020). Park et al. (2018) employed secondary analysis of the "2015 National Database of Nursing Quality Indicators" registered nurse Survey data to investigate which practice environment variables were connected with missed nursing care in U.S. acute care hospital units. Practice environment features were measured using subscales of the Nursing Work Index's Practice Environment Scale. The survey results from 31,650 registered nurses were collected from 1,583 units in 371 hospitals. At least one of the 15 required care actions was reported missing by 84.1 percent of unit registered nurses. The probabilities of registered nurses missing care activities were 63.3 percent lower in good environment units than in poor environment units. With 1 point increase in the staffing and resource adequacy score, units had 81 percent lower odds of registered nurses missing any necessary activities; 21.9 percent lower odds with 1 point increase in the nurse–physician relations score; and approximately 2.1 times higher odds with 1 point increase in the nurse participation in hospital affairs score. Low levels of missing care were substantially connected with good settings. The impact on missed care varied depending on the practice's features. To prevent missing care tasks and perhaps improve patient outcomes, hospital and nursing administration should maintain acceptable practice settings for nurses. Their efforts should

be focused on enhancing staffing and resource adequacy, as well as nurse–physician relations and reducing workloads in hospital administration. The type of hospital and unit, the participants' age and role, and their impression of adequate staffing and teamwork all play a role in missed nursing care. Controlling for unit type, position, age, and staffing adequacy judgments may be beneficial (Bragadottir et al., 2017). Missed care and in-hospital mortality are influenced by the amount of nursing hours per patient day and the percentage of professional nurses. The serious repercussions of missed care, such as mortality, as well as the relationship between in-hospital mortality, nursing education, and nursing–patient ratio, all of which are indicators of care quality, argue for proper staffing levels to avoid missed care (Wieczorek Wojcik et al., 2020). Beyond constrained resources, personal and ward accountability are important attributes linked to fewer missed nursing care. Local and national education initiatives for nurses and managers, along with empirical research, could improve personal and ward accountability, resulting in fewer missed nursing appointments. This could contribute to the development of a safety culture and the reduction of negative outcomes for patients, nurses, and organizations (Srulovici and Drach-Zahavy, 2017). While adequate resources and staffing levels are essential for providing optimal nursing care, developing and encouraging nursing students' awareness of and openness about personal behaviors, critically reflecting on practice reflection, and strengthening nurse educators' collaborative links with healthcare practice can all help to mitigate care deficits (Bagnasco et al., 2017). Upon release from the neonatal intensive care

unit, many parents of critically ill infants are totally responsible for the infant's care. The registered nurse is the primary healthcare provider for the infant during his or her stay. Effective nursing care, which includes communication with parents as well as counseling and instruction, can boost their confidence and capacity to care for their children at home. Nurses in neonatal intensive care units frequently miss care. Missed nursing attention is linked to parent satisfaction with care and treatment. Nursing care that is not provided focuses on the parents' care of the baby, which might have long-term health and developmental repercussions. Parent-infant bonding and parents' ability to care for their baby after discharge are both influenced by parent satisfaction in neonatal intensive care. Given the primary caregiver role of nurses in this context, high-quality nursing care has an impact on parent satisfaction. Parent satisfaction may be influenced by nursing care that is required but not provided, such as counseling and support (Lake et al., 2020a). When needed nursing care is not provided, the health outcomes of infants in neonatal critical care units may be endangered. Nurses with heavier workloads, higher acuity assignments, or poor working conditions were more likely to skip appointments. Patient comfort and counseling, as well as parent education, were the most frequently overlooked actions (Lake et al., 2020b).

What to do to reduce missed care?

In the case of missed nursing care, nurse supervisors have a role to perform. Missed care can be reduced with more transparency, strong leadership abilities, and supportive connections with personnel. Nurse supervisors are in an ideal position to affect missed care rates. They can assist reduce incidents by how they carry out

their leadership and management positions. Managers may be better able to recognize levels of missing care if they pay heed to nurses' complaints. Nurse managers need guidance on monitoring levels of missed care and the skills needed to change levels within their units (McCauley et al., 2020). Clinical supervision is offered as a solution-focused method that assists nurses in high-volume health-care settings, assisting in the reduction of missed care occurrences. Clinical supervision promotes a positive working atmosphere in which opportunities to critically reflect on caring principles are provided, dedication to improving care standards is fostered, and bravery to question care standards is encouraged. Nurse managers must realize the importance of clinical supervision in improving nursing care standards and take the lead in its implementation (Markey et al., 2020). Communication can be an essential tool to avoid missed nursing care and address the critical need for nursing managers to restore the fundamentals of care (Avallin et al., 2020). Missed nursing care due to inadequate time or resources is common in nursing homes and is associated with registered nurse burnout and job dissatisfaction. Improved work environments with sufficient staff hold promise for improving care and nurse retention (White et al., 2019). Missed nursing care is a significant threat to quality patient care. Promoting collective efficacy within nurse work environments could decrease missed care (Smith et al., 2018). The association of job dissatisfaction and burnout, which are modifiable states, with increased rates of missed maternity care suggests that addressing job dissatisfaction and burnout may improve care quality. Job dissatisfaction, burnout and missed care

may decrease with an improved work environment (Clark & Lake, 2020).

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