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Research Article / Araştırma

Evaluation of missed nursing care needs and reasons ın a hospital of turkey: A comparative cross-sectional study

Türkiye'deki bir hastanede kaçırılan hemşirelik bakımı gereksinimlerinin ve nedenlerinin değerlendirilmesi: Karşılaştırmalı kesitsel bir çalışma

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Anahtar Kelimeler: Hospital, Missed Nursing Care, Nursing Care, Unmet Patient Needs, Patient Safety, Quality Health

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ABSTRACT

Background and Aim: The research was descriptive in order to examination of missed nursing care requirements and reasons. **Material and Method:** A descriptive, cross-sectional, and comparative research design was used in this study. The research was conducted with 400 nurses working in the emergency, intensive care and clinics of a hospital in Turkey. Research data were collected the Introductory Information Form and the Missed Nursing Care Scale. The descriptive number of the study was represented by the percentage mean ± standard deviation. **Results and Conclusion:** According to the results of our study, most frequently the nurses found that missed nursing care requirements were ambulation three times daily, turning the patient every 2 h, patient bathing/skin care, mouth care, feeding patients while food is still warm, and to provide emotional support to the patient and / or patient relatives. The most highly ranked reasons for missed nursing care were the inadequate number of staff members, unexpected increase in patient volume and/or acuity on the unit, inadequate number of assistive and/or clerical personnel, urgent patient situations. According to the results of our study, it was determined that the nurses missed the care needs of the patients. Labor resources are among the most important reasons for unmet nursing care needs.

ÖZ

Giriş ve Amaç: Araştırma, kaçırılan hemşirelik bakım gereksinimleri ve nedenlerini incelemek amacıyla tanımlayıcı olarak yapılmıştır. **Gereç ve Yöntem:** Bu çalışmada tanımlayıcı, kesitsel ve karşılaştırmalı bir araştırma tasarımı kullanılmıştır. Araştırma Türkiye'de bir hastanenin acil, yoğun bakım ve kliniklerinde çalışan 400 hemşire ile gerçekleştirilmiştir. Araştırma verileri "Tanıtıcı Bilgi Formu" ve "Kaçırılan Hemşirelik Bakımı Ölçeği" ile toplanmıştır. Araştırmanın tanımlayıcı sayısı yüzde ortalama ± standart sapma ile temsil edildi. **Bulgular ve Sonuç:** Araştırmamızın sonuçlarına göre, hemşirelerin en sık karşılayamadığı bakım gereksinimleri; günde üç kez yürüme, 2 saatte bir hastayı döndürme, hasta banyo/cilt bakımı, ağız bakımı, hastayı yemek sıcakken besleme ve hastaya ve/veya hasta yakınlarına duygusal destek sağlamaktır Hemşirelik bakımının kaçırılmasının en üst sıradaki nedenleri yetersiz personel sayısı, ünitedeki hasta hacminde ve/veya keskinliğinde beklenmedik artış, yardımcı ve/veya büro personeli sayısının yetersiz olması, acil hasta durumlarıdır. Çalışmamızın sonuçlarına göre hemşirelerin hastaların bakım ihtiyaçlarını gözden kaçırdıkları belirlendi. Hemşirelik bakım ihtiyaçlarının karşılanamamasının en önemli nedenleri arasında iş gücü kaynakları yer almaktadır.

INTRODUCTION

Nursing is a concept that is the focus of professional care and is specific to nursing. Nursing care pertains to activities that are developed by the nursing staff, such as "administering medication, patient ambulation and turning, changes of position, bathing patients, mouth care, recording vital signs, intake and output documentation, nutrition, and education for hospital discharge". Nursing care should be provided in a skilled and complete manner by nurses who are competent in their field (Cho et al., 2015; Cho et al., 2020; Diab and Ebrahim, 2019). Quality nursing care is safe, effective, patient-centred care that is equally accessible to all. Across the world, patient care outcomes are used as an important indicator of quality of care in health policy (Mynaˇríkov´a et al., 2020). "Falls, medication errors, nosocomial infections, pressure ulcers and patient satisfaction are indicators of patient care outcomes". Medical errors that occur in nursing practise affect both patient safety and quality of care (Cho et al., 2020; Lee and Kalisch, 2020; Vatankhah et al., 2020).

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Neglecting or delaying some or all of the care that patients need is defined as missed nursing care (Lee and Kalisch, 2020). "Missed nursing care (MNC)" is one of the health concerns worldwide (Dehghan-Nayeri et al., 2018; Gathara et al., 2020). Most cases of missed care from the nurses' point of view include, "positioning, oral care, lack of patient assessment in each work shift, execution, failure to help in feeding, discharge planning, provision of emotional support, hygiene practises and involvement of patients' relatives in care" (Cho et al., 2015; Jones et al., 2015; Lake et al., 2020a; Mynaˇríkov´a et al., 2020). Examination of previous studies reveals that the proportion of care practises that cannot be met is quite high (82-94%) (Cho et al., 2016; Smith et al., 2018; Park et al., 2018). Missed nursing care was affected by many complex factors, including "nursing management style, number of nurses, interdisciplinary communication, age, gender, nurses' work experience and clinic, patient nurse rates, and the number of hours a nurse worked per shift, hospital resources, and the ward's work environment", all of which were associated with missed nursing care (Bragadottir ´ et al., 2017; Bragadottir ´ et al., 2020; Lake et al., 2020b; Schubert et al., 2021). MNC has many negative consequences for patients and the healthcare system, including "decreased patient satisfaction, compromised patient safety, prolonged hospital stay, re-hospitalization, medication errors, increased nurses' workload, increased stress in the workplace, and high hospital costs" (Baljani et al., 2019; Caldwell-Wright, 2019; Cho et al., 2020; Mynaˇríkov´ a et al., 2020; Vatankhah et al., 2020).

Considering the importance of nursing care in improving the quality of life and care of patients and facilitating the recovery process, combating MNC can reduce "the incidence of nosocomial infections, length of hospital stay and health care costs" (Mynaˇríkov´a et al., 2020). Nursing care that cannot be delivered because it compromises quality of care and patient safety is an important nursing problem that should be prioritised and resolved. The aim of this study is to identify the types of care that are missed in Turkey and their reasons.

The specific research questions were as follows:

1.What are the levels and types of missed care in an urban hospital in Turkey?

2.What are the reasons for missed care in a hospital in an urban hospital in Turkey?

MATERIAL AND METHOD

Research objective and type

This cross-sectional, descriptive, and comparative study was conducted to determine the need for missed care and the reasons for it.

Research population and sample

The population of the study consists of 1,000 nurses working at Adana City Training and Research Hospital during the period in which the research was conducted. Nurses who volunteered to participate in the study and were employed in the emergency department, intensive care unit, and clinics at Adana City Training and Research Hospital during the data collection period, as well as those holding a bachelor's or advanced degree in clinical nursing, were included. The sample size was calculated to be 320 nurses using the EPI Info 6.0 program, with a 5% margin of error, 50% prevalence, and a 97% confidence interval. Considering the potential for nurses to leave the study, and to avoid the negative impact on statistical power, the sample size was increased by 25% to account for possible data loss. Therefore, a total of 400 nurses were planned to be included in the sample. The study included 400 nurses who were present and not on leave or sick leave at the time of data collection and who volunteered to participate. Only data from nurses were extracted from the databases because nurses who did not provide direct patient care (ie, nurse managers and administrators or supervisors) were not eligible for this study.

Data collection

Data were collected between March 1 and June 1, 2020, using the "Introductory Information Form " and the "Missed Nursing Care Needs Scale." To avoid disrupting emergency department, intensive care unit, and clinic workflows and to obtain good data, care was taken to ensure that data collection was conducted during periods of low workload.

Introductory information form: It was prepared by the researchers following the literature. The questionnaire contains 18 questions about nurses' demographic characteristics and working life, such as the department they work in, the year they work, the hours they work per week, and the level of satisfaction with their jobs (İlaslan ve Yıldırım Şişman, 2019; Labrague vd., 2020; Von Vogelsang vd., 2021).

Missed nursing care needs scale: Turkish validity and reliability of the scale developed by Kalisch ve Williams (2009) was conducted by Kalisch, Terzioğlu ve Duygulu (2012). The scale contains parts that include ratings about the extent of unmet care needs of caregivers as well as the reasons for them. The extent of unmet care needs of caregivers in the first part of the scale (PART A); (Rarely not given, Sometimes not given, Not often given, Never given, Not adequate) using a five-point Likert scale; in the second part, the reasons for unmet care needs (PART B) (An important reason, a moderate

reason, a minor reason, no reason for not providing care) are asked using a four-point Likert scale. In scoring the scale, there is no point scale that participants can reach that indicates that the magnitude or frequency of the event being examined is increasing or decreasing. While the increase in the score in the first part of the scale indicates that the extent of the unmet need for care has increased, the increase in the scores indicates the degree of importance of the reasons for the unmet need for care. The responses given are used to determine the frequency and reasons for participants' perceived unmet care needs (Kalisch ve Williams, 2009; Kalisch, Terzioğlu ve Duygulu, 2012).

Study procedures

A researcher visited each patient ward and distributed questionnaires to participants or left them at the nursing station if direct distribution was not possible. The questionnaires were accompanied by a cover letter explaining the purpose of the study and the procedures for data collection. Nurses who participated in the study completed the questionnaires within 2 weeks and placed them in the designated box located in each nursing station. All data collected from participants were stored securely. Confidentiality, anonymity, and privacy were ensured. Participation was completely voluntary, and participants were informed of their right to withdraw from the study at any time.

Ethical consideration

This study was conducted in accordance with the Helsinki Declaration principles, received ethical committee approval from the ethics committees of our institution, and had "Informed consent" from the nurses who participated in the study. The study was approved by the Mersin University Clinical Research Ethics Committee (Number: 2020/176) and research permission was obtained from the Provincial Health Directorate of Adana.

Data analysis

The SPSS 23.0 package program was used to analyze the data. The study data were summarized using descriptive statistics (mean, standard deviation, frequency, percentage). Normal distribution of quantitative data was tested using Shapiro–Wilk test and graphical analyses. For pairwise comparisons of quantitative variables, independent groups t test was used for normally distributed data and the Mann-Whitney U test was used for nonnormally distributed data. One-way analysis of variance with Bonferroni-corrected pairwise evaluations were used to compare normally distributed quantitative variables between more than two groups. Kruskal-Wallis test and Dunn-Bonferroni test were used for comparisons of nonnormally distributed quantitative data among more than two groups. Statistical significance was accepted at $p<0.05$.

RESULTS

It was found that the average age of the nurses who participated in the study was 31.30±8.18 years, 81.5% were female, and 78.5% had graduated from higher education. It was found that the working duration of nurses in the institution was 9.14±8.76 years, the weekly working time was 54.01±7.49 days, and the number of patients per nurse during the day was 8.24±8.27. It was found that 64.5% of nurses were on duty, 30.5% worked in intensive care, 91.5% worked day and night, 69.0% were moderately satisfied with their profession, and 61.8% were thinking of leaving the profession.

Table 1 shows the level of unmet nursing needs reported by nurses participating in the study. The most frequently unmet nursing needs included getting the patient up/walking the patient three times a day or as needed (%15.3), turning the patient every two hours (%11.8), bathing the patient/skin care (%11.5), oral care of the patient (%11.5), feeding the patient while the food is still warm (%9.0). The least overlooked treatments were caring for and assessing the intravenous access site according to hospital guidelines (%72.0), assessing the patient every shift (%70.3), assessing the patient's vital signs on demand (%68.3), measuring blood glucose at the bedside on demand (%68.3), recording all required data completely (%67.0), and washing hands (%66.0) (Table 1).

Looking at the nurses' assessments of the reasons for unmet care needs, in the communication/teamwork subdimension they cited as important reasons: inadequate staffing in human resources (81.3%), inadequate materials/aids in material resources (64.0%), tensions or communication breakdowns with medical staff (58.5%). (Table 2).

Tests revealed statistically significant differences in mean missed care scores related to gender ($p=0.008$), working order ($p=0.017$), and perceiving nurses sufficiency ($p=0.038$), on average, missed care scores were lower (better) among those who had female staff, those who were permanent staff, and those who perceived adequate number of caregivers. The mean missed care scores for these variables are shown in Table 3. There were no statistically significant differences for the other caregiver characteristics measured.

DISCUSSION

Unmet need for care is a problem that threatens quality of care and patient safety by negatively impacting patient

Table 1. Missed nursing care needs (n=400)

Needs	Rarely		Sometimes		Often		Never		Not available	
	n	%	n	%	n	%	n	%	n	%
Ambulation three times daily or as ordered	138	34.5	94	23.5	61	15.3	29	7.3	78	19.5
Turning patients every 2	157	39.3	101	25.3	47	11.8	14	3.5	81	20.3
Feeding patients while food is still warm	188	47.0	64	16.0	36	9.0	16	4.0	96	24.0
Setting up meals for patients who feed themselves	199	49.8	51	12.8	22	5.5	18	4.5	110	27.5
Medications administered within 30 min of the scheduled time	258	64.5	48	12.0	14	3.5	27	6.8	53	13.3
Vital signs assessed as ordered	273	68.3	39	9.8	19	4.8	13	3.3	56	14.0
Monitoring intake/output	252	63.0	45	11.3	23	5.8	10	2.5	70	17.5
Full documentation of all necessary data	268	67.0	43	10.8	22	5.5	12	3.0	55	13.8
Teaching patients about procedures, tests and other diagnostic studies	243	60.8	54	13.5	32	8.0	14	3.5	57	14.4
Emotional support for patients and/or family members	225	56.3	84	21.0	36	9.0	15	3.8	40	10.0
Patient bathing/skin ca	203	50.8	67	16.8	46	11.5	19	4.8	65	16.3
Mouth care	223	55.8	49	12.3	46	11.5	18	4.5	64	16.0
Handwashing	264	66.0	41	10.3	22	5.5	11	2.8	62	15.5
Patient discharge planning and teaching	259	64.8	45	11.3	30	7.5	16	4.0	50	12.5
Bedside glucose monitoring as ordered	273	68.3	32	8.0	24	6.0	14	3.5	57	14.3
Patient assessments performed during each shift	281	70.3	37	9.3	18	4.5	11	2.8	53	13.3
IV/central line site care and assessment according to hospital policy	288	72.0	37	9.3	22	5.5	12	3.0	41	10.3
Response to call light initiated within 5 min	261	65.3	40	10.0	19	4.8	14	3.5	66	16.5
PRN medication requests acted on within 15 min	250	62.5	54	13.5	29	7.3	17	4.3	50	12.5
Assessing the effectiveness of medications	255	63.8	64	16.0	22	5.5	11	2.8	48	12.0
Assisting with toileting needs within 5 min of request	215	53.8	71	17.8	28	7.0	16	4.0	70	17.5

Table 2. Reasons for missed nursing care (n=400)

Reasons		Not a reason not to give care		Little reason		Moderate reason		An important reason	
		n	%	n	%	n	%	n	%
Labour resources	Inadequate number of staff	17	4.3	22	5.5	36	9.0	325	81.3
	Urgent patient situations (e.g. a patient's condition worsening)	14	3.5	23	5.8	75	18.8	288	72.0
	Unexpected rise in patient volume and/or acuity on the unit	9	2.3	24	6.0	64	16.0	303	75.8
	Inadequate number of assistive personnel	11	2.8	34	8.5	63	15.8	292	73.0
Material resources	Medications were not available when needed	42	10.5	56	14.0	80	20.0	222	55.5
	Supplies/equipment not available when needed	25	6.3	47	11.8	73	18.3	255	63.8
	Supplies/equipment not functioning properly when needed	21	5.3	54	13.5	69	17.3	256	64.0
Communication	The high number of inexperienced personnel in the service	27	6.8	72	18.0	107	26.8	194	48.5
	Unbalanced patient assignments	33	8.3	70	17.5	121	30.3	176	44.0
	Inadequate handoff from previous shift or sending unit	31	7.8	68	17.0	91	22.8	210	52.5
	Other departments did not provide the care needed	30	7.5	72	18.0	111	27.8	187	46.8
	Lack of backup support from team members	27	6.8	63	15.8	100	25.0	210	52.5
	Tension or communication breakdowns with other ancillary/support departments	34	8.5	67	16.8	96	24.0	203	50.8
	Tension or communication breakdowns within the nursing team	41	10.3	59	14.8	89	22.3	211	52.8
	Tension or communication breakdowns with the medical staff	38	9.5	47	11.8	81	20.3	234	58.5
	The nurse leaving the service for any reason other than the nursing care service or not being able to reach her/him	58	14.5	50	12.5	62	15.5	230	57.5

Table 3. Comparison of missed nursing care needs and reasons according to nurses' descriptive characteristics

Variables	Missed Nursing Care Needs χ ±SD	Reasons for Missed Nursing Care χ ±SD
Gender		
Male (n=326, 81.5%)	1.97±0.91	3.34±0.65
Female (n=74, 18.5%)	2.28±0.88	3.21±0.69
t	-2.685	1.460
p	**0.008***	0.145
Marital status		
Married (n=189, 47.3%)	1.98±0.97	3.26±0.74
Single (n=211, 52.7%)	2.06±0.85	3.37±0.58
t	-0.883	-1.692
p	0.378	0.091
Education status		
Licence (n=379, 94.8%)	2.00±0.86	3.30±0.66
Graduate (n=21,5.2%)	2.19±1.28	3.17±0.81
MWU	0.164	2.940
p	0.983	0.401
Worked Unit		
Internal units (n=121, 30.3%)	2.07±0.94	3.34±0.68
Surgical units (n=121, 30.3%)	2.00±0.95	3.31±0.66
Intensive care (n=122, 30.5%)	2.02±0.88	3.26±0.67
Operating room (n=16, 4.0%)	2.04±0.83	3.65±0.31
Urgent (n=20, 5.0%)	1.91±0.73	3.28±0.68
KW	0.728	4.867
p	0.948	0.301
Degree in the Unit Worked		
Service nurse (n=258, 64.5%)	2.02±0.91	3.34±0.66
Responsible nurse (n=10, 2.5%)	1.81±1.11	3.15±0.77
Intensive care nurse (n=118, 29.5%)	2.05±0.91	3.24±0.68
Operating room nurse (n=14, 3.5%)	2.01±0.82	3.70±0.27
KW	1.589	6.717
p	0.662	0.082
Working Order		
All day long (n=24, 6.0%)	1.62±0.92	3.43±0.72
Perpetual night (n=10, 2.5%)	2.00±0.79	3.06±0.51
Night and day (n=366, 91.5%)	2.05±0.91	3.32±0.66
KW	8.129	4.623
p	**0.017***	0.099
Perceiving Nurses Sufficiency		
Sufficient (n=102, 25.5%)	1.86±0.85	3.14±0.71
Not enough (n=298, 74.5%)	2.08±0.92	3.37±0.63
t	-2.081	-3.072
p	**0.038***	**0.002***
Satisfaction with Professional Position		
Good (n=51, 12.8%)	1.97±0.82	3.22±0.73
Middle (n=276, 69.0%)	2.07±0.94	3.32±0.66
Weak (n=73, 18.2%)	1.92±0.84	3.35±0.62
F	0.880	0.601
p	0.416	0.549
Thought of Leaving the Institution		
Yes (n=89, 22.3%)	2.16±0.97	3.26±0.71
No (n=226, 56.5%)	2.01±0.90	3.34±0.66
Undecided (n=85, 21.2%)	1.92±0.87	3.30±0.62
F	1.633	0.527
p	0.197	0.591
The Thought of Leaving the Profession		
Yes (n=78, 19.4%)	2.12±0.88	3.30±0.65
No (n=247, 61.8%)	2.02±0.93	3.33±0.65
Undecided (n=75, 18.8%)	1.94±0.87	3.29±0.71
F	0.700	0.131
p	0.497	0.877

*p<0.05

outcomes (Hessels et al., 2019; Lee and Kalisch, 2020). Raising awareness of the causes of care delivery failure leads to a better understanding of the risks associated with neglected care and helps identify strategies to minimize these risks (e.g., evidence-based care practices, staff development, etc.) (Blackman et al., 2015).

When examining the results of this study, which was conducted to evaluate the unmet need for nursing care and the reasons for it in a university hospital, it was found that the average number of patients they care for in shifts is 8.24±8.27 and 74.5% of nurses do not consider the number of nurses working in their departments to be sufficient. Similar to the results of the study, the study of Palese et al. found that the number of patients per nurse in day shifts in internal departments varied from 5 to 13 (Palese et al., 2015). Along these lines, the study by Tubbs-Cooley and Guerses found that nursing services not provided increased with the number of patients for whom nurses were responsible (Tubbs-Cooley and Gurses, 2017).

The study found that the majority of nurses had moderate job satisfaction and were not thinking of leaving the profession or the institution. Nurses who have communication problems with the team they work with are dissatisfied with their job and may be thinking of leaving the profession or facility (Blackman et al., 2015). It was seen that nurses with low satisfaction level were disappointed, experienced burnout and neglected patient care. As a result, the quality and quantity of nursing care services are adversely affected, threatening the health and safety of patients (Rivaz et al., 2018). The appropriate number of nurses working in departments and nurse satisfaction affect the quality of care provided and the presence and volume of unmet nursing needs (Duffy et al., 2018).

The study found that the following care needs were not frequently met: getting up/walking three times a day or as needed, turning the patient over every two hours, bathing/skin care, oral care of the patient, and feeding when food was hot. In the study by Falk et al., the most reported numbers of missing items in the MNC were found in 'ambulation three times a day or as ordered', 'turning patients every two hours', 'feeding patients when the food is still warm' and 'setting up meals for patients who feed themselves' (Falk et al., 2022). In the study by Von Vogelsang et al., nursing care that is often missed is turning patient every 2 hr, ambulation 3 times per day or as ordered, assessing effectiveness of medications and mouth care (Von Vogelsang et al., 2021). In the study by Labrague et al., comforting or talking with patients, changing the patient's position frequently, providing skin care, developing or updating nursing care plans, and promoting oral hygiene were cited as the most frequently missed care tasks (Labrague et al., 2020). In the study by İlaslan and Yıldırım Şişman's, the unmet nursing needs were getting up or turning the patient three times a day or as needed (41%), participating in multidisciplinary nursing conferences (41%), providing emotional support to the patient/relatives (40%), and discussing with the patient the dosage, intake time, and side effects of the medications the patient will take (33%) (İlaslan and Yıldırım Şişman, 2019). In the study Absoul et al., regarding basic care, ambulation was the most frequently missed element (34%), followed by turning patient every 2 hours (18.1%) and mouth care (15.9%) (Absoul et al., 2019). In the study by Palese et al. it was found that repositioning the patient (91.4%), turning the patient over every two hours (74.2%), and administering medications at the right time (64.6%) were not frequently adhered to (Palese et al., 2015). As shown in the studies, nurses often neglect to reposition patients. However, nurses play a critical role in providing mobility aids that have a significant impact on patient care and outcomes, and nurses may have a wide range of observational knowledge about whether or not patients can be mobilised, thanks to the continuous care they provide. Low numbers of working nurses, increases in patient volumes, or urgent emergencies are cited as major factors preventing patient ambulance services (Sepulveda-Pacsi et al., 2016). Nurses; they regularly experience care not being met and are disappointed and unable to use the knowledge and skills needed to provide care; instead, they indicated that care is delayed or deliberately not met (Harvey et al., 2016).

In evaluating the reasons for not meeting care needs, insufficient numbers of staff were cited as reasons for not meeting care needs in the labor resources subdimension, insufficient supplies/equipment in the material resources subdimension, and tensions or interruptions in communication with health care staff were cited as reasons for not meeting care needs in the communication/teamwork subdimension. Similar to the survey results, Blackman et al.'s study determined that inadequacies in labor and material resources and communication problems between the health care team or nurses were among the factors that had a strong influence on unmet need for care (Blackman et al., 2015). In the study by Falk et al., the most reported reasons for MNC were 'inadequate number of staff', 'urgent patient situations' and 'unexpected rise in patient volume and/or acuity in the unit (Falk et al., 2022). In the study by İlaslan and Yıldırım Şişman, which examined nurses' assessments of the reasons for unmet nursing needs, insufficient numbers of staff (83.00%) were considered important reasons for work resources, materials/equipment not functioning properly (66.00%) were considered important reasons for material

resources, and insufficient support from team members (53.20%) were considered important reasons for the communication/teamwork subdimension (İlaslan and Yıldırım Şişman, 2019). In the study Absoul et al., urgent patient situations (eg, a patient's condition worsening) (77.3%), heavy admission and discharge activity (72.7%), and unexpected rise in patient volume and/or acuity on the unit (70.4%), unbalanced nurse-patients' assignments (38.6%), medicationsn were not available when needed (34.15), tension and/or communication breakdown with medical staff (25.0%), and tension and/or communication breakdowns within the nursing team (25.0%) were the most common reason for MNC (Absoul et al., 2019). In the study by Palese et al, unexpectedly increasing patient volumes and critical situations (95.20%), insufficient manpower (94.90%), and high levels of patient admission and discharge (93.30%) were cited as the most common causes of unmet care (Palese et al., 2015). Saqer and Abualrub (2018), unexpected increase in the number of patients or the occurrence of critical conditions, insufficient number of staff, and a large number of patient admissions/discharges were factors related to MNC (Saqer and Abualrub, 2018). It appears that staffing resource, which is among the important causes of inadequate nursing care, includes sudden and unexpected increases in patient volume, intensive admissions, and inadequate staffing or desk support for discharges, as well as inadequate support from other team members, even though staffing appears to be adequate (Henderson et al., 2016; Willis et al., 2021). Inadequate staffing and inadequate financial resources were assessed as practice environment factors that were strongly associated with the causes of unmet care needs. Unmet need for care is a problem that negatively impacts patient outcomes (Hessels et al., 2019). As reasons for unmet care needs, shift work, allocation of caregiver resources, ineffective communication, work intensity, caregiver satisfaction with current job, and intent to stay explained 34% of the variance in the regression model (Blackman et al., 2015). The results of unmet care needs assessment can be used to support care management, and care interventions contribute significantly to health care quality and patient safety (Siqueira et al., 2017). As indicated by the data in the literature and the results of the study, the work of nurses and other health care workers who can meet the needs of services provided in facilities, as well as effective communication and teamwork among the health care team, are important for the provision of quality care.

When examining the assessments of the need for care and the reasons for non-compliance according to the descriptive characteristics, the perception of gender, work order, and the number of sufficient caregivers affect the missed nursing care. The literature indicates that inadequate numbers of nurses in hospitals increase patient mortality rates, contribute to patient falls, hospital-acquired infections, and low patient satisfaction, negatively impact quality of care and patient outcomes, and in many ways cause the risk of missing patient care (Griffiths et al., 2016).

Limitations

This study has several limitations. First, this study was confined to nurses in one hospital in the cite; hence, generalization of the findings may be limited. Additional multisite studies are required to further explore factors associated with MNC. Future research exploring other relevant factors (e.g., individual, unit, and organizational factors) that contribute to patient safety outcomes and quality of care should be conducted.

CONCLUSION

As a result of the study, the working nurses overwhelmingly reported that the patient's needs to get up/walk around three times a day or as often as needed, turn the patient every two hours, bathe/nurse the patient, provide oral care to the patient, and feed the patient when the food is hot were not met. Reasons for unmet care needs included insufficient numbers of staff, inadequate materials/aids when needed, and tension or communication breakdowns with health care staff. In accordance with the results of the study and findings from the literature, it is recommended that appropriate nursing standards and protocols be developed and implemented in hospital units in accordance with the opinions of working nurses. In addition, evidence-based studies are needed to better understand the concept of unmet nursing need and the factors influencing it.

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