

# When Nurses Missed the Required Patient Care: A Case Study

Wiljie S. Actub, Irene Faith P. Aquino, Lj E. Conejar, Ian C. Abordo, Raymond M. Salvador, Maria Almira P. Nebres

## ABSTRACT

**Background and Aim:** The required nursing care when missed can be detrimental to the life of the patient. This study focused on exploring the insights of nurses when they omit care, identifying the factors contributing to these incidents, and examining how nurses cope with missed nursing, which plays a pivotal role in patient outcomes. **Design:** Using a qualitative, case study design, data were collected from 10 registered nurses working in ward departments from different hospitals in Iligan City through semi-structured interviews. **Results and Discussion:** Nurses perceived missed care as a form of malpractice and negligence, as evidenced by the failure to provide essential care in their duty. These occurrences are linked to busy work schedules and stressful work environments. The study also revealed that nurses experience a range of emotions after dealing with missed care including fear and guilt. Seeking support, guidance, and self-reflection are strategies for addressing missed nursing care. **Conclusion:** Nurses emphasized that using an adaptive strategy can minimize the occurrence of missed care and its emotional impact. The study reveals that nurses suffer a range of emotions but still retain their professional responsibility as nurses. Creating a supportive work environment, promoting ongoing professional growth, and encouraging self-reflection among nurses are essential steps toward reducing missed care incidents.

**Keywords:** Perceptions of nurses on missed care nurses and strategies in addressing missed care nursing, Missed Nursing Care  
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## INTRODUCTION

A challenge of missed care in nursing can have multiple consequences for the health-care system and patient outcomes. One study looked into missed care among Iranian nurses and their attribution of missed care. It was found that when nursing care is missed, it creates a negative impact on the patient. Dissatisfaction and also various physical and psychological complications might even lead to death.<sup>[1]</sup>

A higher chance of missed care was found in the healthcare settings. A study conducted in the general hospitals of Tigray, Ethiopia showed that a high proportion of nursing care was frequently missed. Specifically, 74.6% of participants in the perinatal setting reported common occurrences of missed care. The primary contributing factors were labor resources, teamwork, material resources, and communication difficulties. Gender, educational level, working shift, and intentions to leave the institution were significant factors associated with missed care.<sup>[2]</sup>

There was also an investigation carried out on the correlation between neonatal intensive care unit nurses and missed nursing care incidents in Chicago, USA. The research uncovers a notable association between nurse workload and missed care, a connection that greatly impacts patient outcomes.<sup>[3]</sup>

The major reasons for missed nursing care were noted to be high patient volume with urgent situations shortage of nursing staff and tasks beyond regular duties. In Asia, specifically in Turkey studies showed that health-care practices frequently missed by pediatric emergency nurses are: gastrostomy care, colostomy care, tracheotomy care, and discharge teaching. It also highlights the difficulties nurses face in their line of duty thus, paying more attention to these issues can contribute to better consistency in health care.<sup>[4]</sup>

Research has pointed out that missed care significantly impacts nurses in worldwide and domestic hospital settings. A study conducted in Chicago highlighted the strong connection between nurse workload and missed care incidences. This link was noted to have a substantial effect on patient outcomes, underscoring how greatly workload can impede the delivery of effective care.<sup>[3]</sup>

Department of Nursing, Adventist Medical Center College, Iligan, Philippines.

**Corresponding Author:** Lj E. Conejar, Department of Nursing, Adventist Medical Center College, San Miguel, Iligan City, Philippines. E-mail: conejarlj@gmail.com

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A study that investigated various job dimensions that contribute to the occurrence of missed nursing care in the Philippines revealed that Nurses who felt they had more decision-making autonomy, experienced a positive safety climate, and had sufficient staffing and resources were less prone to missed patient care tasks.<sup>[5]</sup> Based on the review of the literature, there is a lack of studies on how nurses perceive missed nursing care and how they deal with it. The study focused on the perceptions and coping mechanisms employed by the nurses, which play a pivotal role in patient outcomes.

## METHODS

### Research Approach

The researchers employed a qualitative approach to study and understand real-world nursing challenges thoroughly. This approach entailed gathering the participants' experiences and perspectives, highlighting multiple facets of neglected healthcare tasks for further examination. Tenny *et al.* (2022) asserted that open-ended interviews are the main approach employed in qualitative research to obtain participants' comprehensive perspectives without quantifying their responses.<sup>[6]</sup>

## Bounded System

The study focused on registered nurses employed in ward units across multiple hospitals in Iligan City. The investigation specifically targeted a group of 10 nurses who had been working in a hospital for 1–3 years. The study primarily examined instances of neglected medical procedures that occurred during the nurses' shifts, which typically lasted between 8 and 12 h. This bounded system enabled a focused analysis of occurrences where care was not provided within a specific demographic and period, providing a thorough comprehension of the phenomenon in this unique context.

## Research Design

The study employed a qualitative approach, utilizing an instrumental multiple-case study design. Instrumental case study design emphasizes the researcher's comprehensive investigation of a unique determination, event, activity, procedure, or individual perspective and its capacity to elicit common findings from across different settings.<sup>[7]</sup> Case studies are beneficial for gaining a deeper understanding of an issue or occurrence in its real-life context. The case study design allowed for a comprehensive review of the phenomenon within a specific patient care setting where nurses used health information, communication, and delivered patient care with missed care.<sup>[8]</sup>

## Participants

The inclusion criteria included the following: The study met the target participants, who were registered nurses at hospitals in Iligan City, Lanao del Norte. Based on the inclusion criteria, the participants had one to three years of experience working in a hospital setting. They worked in a ward setting with an 8–12-h shift. The age bracket of the participants was 24–26, regardless of gender.

## Data Gathering Instruments

The researcher used semi-structured interviews to begin with a set of questions. Researchers are flexible to the ongoing discussion and ask pertinent follow-up questions that elaborate on more general knowledge. By digging deep into topic areas generated by participants, semi-structured interviews can help researchers understand how and why something occurs and provide data to support more rigorous testing of processes and expected outcomes related to the specific procedures of a program.<sup>[9]</sup>

Table 1 shows the semi-structured questionnaires contained nine questions.

## Ethical Consideration

The researcher provided the nurses with detailed information about the purpose of the study, procedures, and outcomes. They voluntarily agreed to participate. Informed consent was obtained from all the participants. To protect nurses' privacy, all data collected were anonymized. Personal information was kept confidential, and participants' identities were not disclosed in any reports or publications. Researchers provide digital voice recorders to ensure that the confidentiality of sensitive information is protected.

## Data Collection Procedure

The researchers utilized one-on-one in-depth interviews with participants who met the inclusion criteria to relate and discuss

their various experiences and perspectives of missed care as the main instruments for gathering data. The research data were collected between January and March 2024 using in-depth interviews and the recorder was used to collect the data.

The selected participants were interviewed based on their availability and the questions aimed to provide openness and create a background for the descriptive nature of the variables. This empowers them to observe the environment in which the research population or sample operates, enabling a more comprehensive analysis of their responses.

## Data Analysis

The research study employed a thematic analysis, to help the researchers interpret the participants' perceptions. The first step is to get to know the data. This involves transcribing audio, reading through the text taking initial notes, and generally looking through the data to get familiar with it. After this, the researcher needs to code the data.

The researcher needs to be thorough, review each interview transcript, identify relevant phrases and sentences, and continuously add new codes as they read the text. After reviewing the text, categorize the data into groups based on the code. Next, review the codes have created, identify patterns within them, and begin to generate themes.

The researcher ensured that themes accurately represent the data and are helpful. Once a final list of themes is made, each theme is defined. Naming themes involves creating a concise and easily understandable name for each theme. Finally, we'll write up our analysis of the data. The results section systematically discusses each theme, detailing its meaning and including examples from the data as evidence.

The research study would employ thematic analysis, which aids the researchers in interpreting the participants' perceptions. The study utilized Virginia Braun and Victoria Clarke's thematic analysis method as an iterative process consisting of six steps. Thematic analysis is a qualitative data analysis method that includes reviewing a dataset to discern patterns in meaning and derive themes. Thematic analysis constitutes a robust research approach when the objective is to glean insights into people's views, opinions, knowledge, experiences, or values from a qualitative dataset.<sup>[10]</sup>

## Reflexivity Statement

Researchers emphasize the importance of considering nurses' life and experiences while assessing missing care. First, Researcher 1's ward department experience gives her unique insight into congested ward healthcare staff' difficulties. Despite her little clinical experience, she recognizes resource constraints and scheduling issues that might cause delayed nursing care. However, researchers 1 and 2 have worked in hospital settings, particularly inpatient units, and may focus on IV fluid control, mobility, and bathing in the elderly. A busy environment may influence time management and missing care events. Researchers try to avoid these factors. Neutral researchers work together to grasp various perspectives. To ensure study impartiality, researchers expose each situation and encourage multiple perspectives to gain accurate and useful knowledge.

## Trustworthiness and Authenticity

The researcher followed credibility, confirmability, dependability, and transferability principles to assure study credibility. Transcription and member checks validated the interviews' reliability. To establish trustworthiness, the researcher used triangulation literature and investigator triangulation. The researcher documented all transcriptions for consistency and reliability. The researchers would ask all participants for input to verify interpretations, replies, and outcomes. The researcher builds an audit trail to assure data reliability and confirmability. Researchers employed investigator and literature triangulation to ensure data coding credibility, dependability, and confirmability. Investigator triangulation includes numerous researchers collecting and analyzing data. The main goal is to reduce bias and improve research credibility. The findings of several literature or research investigations are combined in literature triangulation.

## RESULTS

### Participants

The researcher interviewed ten registered nurses, 50% female, and 50% male. All participants had 8–12-h shift experience from 1 to 3 years. All participants hold bachelor's degrees in science or nursing.

### Perceptions of Nurses on Omitting Nursing Care

Understanding nurses' perceptions of omitting nursing can provide valuable insights into their unique perspective and understanding of omitting nursing care and what are the influencing factors.

**Theme 1: Malpractice and Negligence:** The nurses ( $n = 10$ ) presented that this theme encapsulates nurses' views on missed nursing care as malpractice, and negligence. They highlighted that malpractice and negligence are regarding failure in nursing duties and delay of patient care and they stated that this is common during a busy shift.

The participants said:

*Omitting nursing care means fitting in the words malpractice and negligence, meaning malpractice that you did something wrong within the scope of your work. And that is common in the nursing field because sometimes there are hectic schedules or busy schedules (P1).*

*Omitting nursing care for me is like you have things you did not do to the patient of course negligence or something like that (P2).*

*Omitting nurse care for me is that delay in patient care that my patient needs. Which is not supposed to happen but there are circumstances that I or we can't control especially in the field because so many things can happen in a minute or in an hour that day. We will be lucky if we are not toxic that day (P6).*

*Omitting nursing care means the job that I did not render in my nursing profession, procedures missed are like medication or treatment (P7).*

*Omitting nursing care is when we accidentally miss doing something important for a patient, like giving them medication or checking their vital signs (P10).*

**Investigator Triangulation:** When analyzing the interview transcripts and listening to the recorded interview, it is possible to get a clear understanding of the omission of nursing care. Focusing on the administrators' potential reactions to the data, researchers observe that, regardless of the study, when nursing care is not provided, it is seen as a lack of responsibility and duties, drawing

on the concepts of malpractice and negligence. The idea of accountability, therefore, can be said to be well-understood by the respondents, and reflexivity is discernible from all the interviews.

**Literature Triangulation:** The thematic analysis of interviews with ten nurses reveals a common understanding of missed care as malpractice and negligence. Often attributed to hectic or busy schedules and circumstances beyond their control. The results align with the results of a study conducted by Chaboyer et al. (2020), which emphasized that missed nursing care is refers as delayed or neglected.<sup>[11]</sup>

**Theme 2: Failure to Provide Essential Care: Nurses ( $n = 10$ )** understand that missed nursing care means failing to provide essential services. This can happen in various ways, such as failing to provide wound care, forgetting to get the vital signs, administering medication and other responsibilities not completed in patient care as intended. The participants commented:

*In my experience, omitting nursing care typically refers to the failure to provide essential nursing services or interventions that are necessary for a patient's well-being. It can result in oversight, negligence, or other factors that can prevent them from delivering the required care (P4).*

*Well, I think omitting nursing care for me refers to instances where essential care tasks for patients are missed or not completed as intended. It could also be anything from failing to administer medication on time to neglecting to provide necessary wound care (P8)*

*For me omitting nursing care is when essential tasks or responsibilities for patient well-being are accidentally missed or not completed (P9).*

*Omitting nursing care is when we accidentally miss doing something Important for a patient, like giving them medication or checking their vital signs (P10)*

**Investigator Triangulation:** Based on the transcripts and the audio recording, the researchers pointed out that the lack of basic care was the primary reason for the omission of nursing tasks. This view encompasses a number of responsibilities considered relevant to patient care, which are directly linked to patient outcomes and the quality of care provided.

**Literature Triangulation:** The results emphasized that ten nurses perceive missed care as a failure to provide essential care these results align with the results of Amritzer et al. (2024).<sup>[12]</sup> It provides insights into the perceptions of nursing staff regarding the quality of care and patient safety, highlighting that nursing staff perceive a concern for the quality of patient safety and giving essential care, indicating a nuanced assessment of health-care delivery. Interestingly, registered nurses hold more critical views on both quality and safety compared to nursing assistants, suggesting varying perspectives within the healthcare team.

### Ways of Committing the Missed Care

This exploration delves into the various ways missed nursing care occurs. It reveals the specific types or categories of care tasks nurses failed to complete during their shifts.

**Theme 1: Forgetting to Administer or Record Medication:** In this theme, the nurses ( $n = 10$ ) highlighted that nurses face challenges in managing medication administration and recording. Nurses stated that they forgot to give medication, forgot to plot into the patient chart and due meds are lacking. This lack of care, coupled with factors such as high patient load and other distractions, would lead to errors such as forgetting to administer a medication

or failing to record a prescribed medication. The participants mentioned:

*For me, some of the specific experiences that I encountered, some of them was that I forgot to plot the medicines that I gave. And which means that when the time comes that if there are cases or there are problems, I cannot defend myself knowingly that there is no evidence that I have given that medicine because I did not plot it just one doctor but many doctors that will come around in the ward or the unit, then they will give many doctors orders and some of them wants to have an assistance when they give rounds. Moreover, your focus is not there and by the time you go back to the ward there are so many things that you need to do and you tend to forget to plot those things that you need to plot (P1)*

*I was busy and I forgot what specific medication antibiotic that was not carried out. That's it. The reason why the baby died inside is that the bag of water was broken for like three days. So she should start antibiotics. Then in the emergency room as an ER nurse, it was ordered in the emergency room and you should skin test. If you will not skin test the medication should not start. Then during the investigation, it was the charge nurse's fault. Moreover, it was the fault of all. Uhhh it was endorsed by the ER department and was not carried out, it should be known by the charge nurse (P2).*

*In my experience, I missed my due meds and my vital signs that I left out taken. Moreover, for the assessment, I forgot also about the health teaching to the client. It mostly happens in the ward ahh most in the night shift and sometimes in the AM shift because there are too many medicines that I must administer it (P4).*

*There was this one time when I was overwhelmed with multiple patients in the ward, and despite my best efforts, I missed a scheduled medication for one of my patients. It weighed heavily on me because I knew how crucial it was for their treatment. Missed care instances occurred while I was working in the ward (P8).*

*One instance stands out when I forgot to administer medication to a patient during a morning shift because in the morning we do bedside care so there are many things to be done fast. Moreover, it was an accident oversight of medication but at least the patient is not in very bad condition but that left me feeling unsettled (P9).*

*During a super busy morning, I forgot to check a patient's vital signs and its dextrose. I felt terrible about it afterward. It was a morning shift mostly because bedside care can be busy with lots of new patients and tasks. Hence, missed care incidents can happen more then. This mostly happens in the ward setting. When I'm stressed, I tend to rush and that's when I'm more likely to miss something important. I'm trying to get better at slowing down (P10).*

**Investigator Triangulation:** The researcher reviewed the interview transcripts and audio recordings. The researchers agreed that nurses commit medication errors. The nurses also argued that the medication administration and charting were often missed due to several factors, which made it challenging to coordinate such activities.

**Literature Triangulation:** The study reveals that nurses felt they most missed administering medication and charting because of such factors. This result aligns with the study by Hessels et al. (2020).<sup>[13]</sup> The findings of this study revealed that most nurses reported occasionally needing more specific aspects of nursing care, with common tasks such as ambulation, turning patients, and administering medications being commonly missed.

**Theme 2: Lack of Patient Education:** Nurses (n = 10) highlighted that patient education is likely to be forgotten. This involves the lack of informing patients about their health conditions, medications, treatment plans, and self-care strategies. This theme demonstrates

how time constraints and a heavy patient load frequently make it difficult for nurses to do patient education. The participants commented:

*moreover, for the assessment, I forgot also about the health teaching to the client. It mostly happens in the ward ahh most in the night shift and sometimes in the AM shift because there are too many medicines that I must administer it (P4).*

*I have an experience that, wait, I forgot, even if it's in the ward, just edit this, uhhhhhhhhh, it's just that, you probably forget to educate health about the medications, like you're late for example, the medications are needed, you need to explain to him that he is taking medication depending on his case, so some of them don't have any, they don't know what the medication is for, they just take medicine, drink it for them to drink, so you should be a nurse, it's your responsibility, you explain where the med is for, that's why. in the ward, when it comes, in the pm shift, it's the right time because it's always like that, that your brain doesn't function properly, because sometimes you don't sleep properly, that's what (P5).*

*My specific experience or common is failure to educate the patient or the SO about the progress of the patient. Mostly this happens during discharge. Because I'm busy because there's a lot to chart and patients to be taken care of I forgot to give special instructions like monitoring the blood pressure when at home, taking a rest, and the medications that will be taken sometimes I forgot (P6).*

**Investigator Triangulation:** After reviewing all interview transcripts and comprehending audio records, the researchers concluded that the nurses did not pay attention to patient education or missed it due to the rather large number of medications and care they had to face. This diversion of attention from patient education portrays the difficulties that nurses face in meeting their various responsibilities. This shift of focus away from patient education thus highlights the difficulties that the nurses have in fulfilling their roles.

**Literature Triangulation:** The study's results emphasized that nurses tend to forget patient or health education because of multifaceted factors, and these results align with the study of Chozom (2022).<sup>[14]</sup> The findings clearly stated that health education on patients' disease conditions is usually forgotten because of patient-related factors, which hinder the delivery of patient education. This results in a bad outcome of the patient's disease process.

**Theme 3: Issues with Shift Management and Nurse-Patient Ratio.** The nurses (n = 10) stated the systemic issues related to shift management and nurse-patient ratios in this theme. They stated that nursing shifts and nurse's patient ratio is an issues that can be factors in missed care because of these heavy load of patients, and the ratio of the nurses. The participants provide their answers:

*Uhhh it was endorsed by the ER department and was not carried out, it should be known by the charge nurse. If the night shift, the charge nurse should do the checking. Checking every shift. It should be every night shift, the charge nurse should do checking of all the needs to be carried out. Then, that one seems like it took a few days I guess. Then, she undergo a cesarean section, and antibiotics were not given (P2).*

*One night when I was in during the night shift, my partner did not arrive. Hence, I was alone taking care of the medicines and the charts, and that one specific line of medicine, I moved it to the next dose. Hence, this time, this incident happened especially during doctor's rounds when you're alone and you have to go rounds with your doctor and that you have to give that care at a specific time to a different time (P3)*

*If the patient is still in the hospital I cannot give full attention, especially building rapport sometimes we have a 1:10 or 1:15 ratio which is tiring so from that we are omitting nursing care but what can I do I'm in the Philippines and this is the reality (P6).*

*When I'm assigned to the ward there are specific times that we cannot control and accidentally we commit missed care due to the number of patients admitted. It mostly happens in the ward, because of nurse-to-patient ratio is public (P7).*

Investigator Triangulation: The researchers transcribed the data and listened to the audio file again. They agreed and summed up that there were two main concerns that affected the nurses; these being the changes in management and the high patient-to-nurse ratios. As a result, the researchers concluded that the lack of effective management of nursing shifts and the increased workload due to the high number of patients per nurse was the key cause. These are the factors that mean that the nurses are going to have more missed care.

Literature Triangulation: Nurses stated that they have issues with shifting and nurse-patient ratios, resulting in nurses tending to have more missed care. This result aligns with Sharma et al. (2020), who emphasized that nurses with high patient ratios have more missed care because of the heavy workload. The study also highlights that nurse-to-patient ratios are crucial for ensuring patient safety and delivering quality care.<sup>[15]</sup> This study discusses the importance of establishing optimum nurse-to-patient ratios in healthcare settings, emphasizing its benefits for nurses and patient quality care.

### Adaptive Strategies for Addressing Missed Care

It examines the participants' preventative strategies to reduce their chance of missed care, improve patient results, and improve care delivery quality. It emphasizes the significance of mobility and continuous learning in the challenging profession of nursing practice.

**Theme 1: Seeking Support and Guidance:** The nurse's responses ( $n = 10$ ) demonstrated this theme of actively seeking assistance and guidance. Participants often asked for guidance from their mentors, coworkers, or supervisors when they faced situations of missed care. The participant's experience engaging in open communication, asking advice from more experienced people, and collaborating to form solutions were helpful strategies. Participants commented:

*"For me, I remind myself to remain calm and tell my mentor or coworkers about the things that I did wrong and then they will help me on what to do." (P1)*

*"To cope with the miscare I did was to tell the supervisor honestly and truthfully so that they will advise me what will I do to improve my nursing care plan." (P4)*

*"But now, I share what I feel during that day like what bothers me because sometimes your workmates are the only ones who will help you." (P6)*

*"Talking to colleagues who understand the challenges we face and seeking guidance from experienced mentors has been incredibly helpful" (P8)*

*"Seeking guidance from colleagues" (P9)*

*"I take a short break, try to calm down with some deep breathing, and talk it over with my coworkers to figure out how to fix it and prevent it next time" (P10)*

Investigator Triangulation: From the interview transcripts and audio recordings, the researchers reached a consensus and underlined that participants who turn to their supervisors for

support and directions are a good way of handling the missed care situation. This means that collaboration and communication are crucial in nursing practice particularly when things go wrong

Literature Triangulation: The nurses emphasized that seeking help and gaining guidance from mentors or managers can help prevent missed care. This aligns with the study of Najafi et al. (2021), which revealed that managers can prevent missed nursing care by supervising nursing care, reducing the nurses' workload, creating a sense of commitment to work, and enforcing ethical issues among nurses.<sup>[16]</sup>

**Theme 2: Self-Reflection and Learning:** In this theme, the nurses ( $n = 10$ ) provided a significant response. They highlighted that they reflected on the missed care incidents, learned from their mistakes, and strived to prevent similar occurrences in the future; these reflections served as important strategies for acquiring experiential knowledge and insights. They could determine underlying factors contributing to missed care incidents by critically analyzing their oversights' circumstances. The participants stated:

*The mechanism that I have that I need to improve myself, as I apply it to myself, I started to become confident in my work, and by that, I have committed less mistakes and more improvement and gained more confidence as I continue to work on my job as a nurse (P1).*

*Hence, if there is missed care, you will learn from yourself, then even the next time you encounter a patient who needs education-but most of the time it is all necessary because it is your responsibility (P5).*

*I affirm myself, affirmation like you did your best today or there's no perfect person but atleast striving to be better like that because maybe if I'm weak emotionally or my support system maybe I quit already (P6).*

*For me is I reflect on the incident which it helps me understand what went wrong and how to prevent it in the future (P9).*

*I take quick breaks to clear my head, use deep breathing or other calming techniques to stay focused and talk with my coworkers who understand and can offer advice (P10).*

Investigator Triangulation: The researchers then listened to the audio recording and discussed the findings, and both agreed and noted that self-reflection and learning about missed care could be advantageous. Nurses agreed that these are useful strategies for managing missed care occurrences.

Literature Triangulation: Nurses often seek advice from their mentors to help address missed care. These results align with the study of Zarrin (2023), which investigates the level of reflection among nurses in their practice and explores its relationship with two key factors: self-efficacy and work engagement.<sup>[17]</sup> The findings revealed that fostering reflective nursing skills among nurses could improve work engagement and help address missed care. Reflection is a strategy that involves thoughtful consideration of one's experiences and actions and is essential for nurses due to its positive impacts.

### Emotional Dynamics and Ethical Standards of Nurses

Understanding nurses' emotional impact, ethical standards, encounters explains how these factors shape their professional responsibilities, decision-making procedures, and approaches to patient care. It comprehends the diverse aspects of nursing care, revealing the intricacies that impact the provision of healthcare and the results for patients.

**Theme 1: Emotional Impact:** In this theme, the nurses ( $n = 10$ ) express their emotional experiences when faced with incidents of missing care. Their experiences demonstrate a range of feelings,

such as fear, guilt, and hopelessness, highlighting the significant influence of these incidents on the emotional welfare of nurses. The participant said:

*"I feel afraid or scared and sometimes, there's that feeling that I want to quit the job." (P1)*

*"The emotions that I feel is scared and hopeless if things is worse." (P4)*

*"When the patient is dying or already dead I will be affected because we nurses we can build an attachment to our patients even though in a short span of time of care." (P6)*

**Investigator Triangulation:** The researchers had a group discussion and analyzed the transcripts as well as listened to the audio file. The findings of the researchers are noteworthy, as the authors were able to determine the emotional consequences of omitted nursing care on the nurses, which can be considered as one of the main themes of the study. These feelings can greatly influence the behavior and thought processes of the nurse.

**Literature Triangulation:** Based on the results, nurses' emotions have impacted their working methods. This study aligns with the study of Turedi et al. (2024), which explores the relationship between emotional contagion among nurses and missed nursing care.<sup>[18]</sup> Nurses' emotions can impact their productivity and performance. Nurses' ability to understand or feel others' emotions through empathy, as well as their emotional intelligence and emotion management, may contribute to missed nursing care.

**Theme 2: Professional Responsibility and Ethics:** This theme reflects the nurses' understanding of their professional roles and responsibilities and their adherence to nursing ethics. Nurses are acutely aware of the importance of their role in patient care and the potential consequences of missed care. The participant commented:

*"Of course, it is important because we're dealing lives, we're dealing lives right? Hence, their life is in your hands." (P2)*

*"There is a way, in a way that, confidence, confidence in yourself that you need to stand up, stand as a nurse, that's it." (P5)*

*"Feeling overwhelmed by the workload and the dynamics of relationships with peers and colleagues is common in nursing, especially in a busy ward like ours, particularly in a public hospital setting where resources may be limited." (P7)*

**Investigator Triangulation:** The researchers emphasize a consistent result from the interview transcripts: The participants ( $n = 10$ ) have a deep understanding of their nurse roles and duties as well as embrace nursing ethics. It is clear that they adhere to professional commitment and ethical principles in their work and conduct.

## DISCUSSION

The study found that nurses described missed care, its causes, and their response. Malpractice and negligence examined nurses' views on missing care. Nurses see this subject as purposely ignored. Nurses attributed these incidents to hectic work schedules and demanding workplaces. Nurses said they missed nursing care by not providing crucial care to their patients. This is due to overwork. The study also found themes of missed care, such as forgetting to deliver or record drugs, highlighting nurses' pharmaceutical errors that make medication provision difficult. Poor patient education showed that they struggle to provide complete instruction due to time restrictions and busy schedules. The theme of shift management and nurse-patient ratios illuminated systemic issues that affect nurse care. Nurses said they used support, self-reflection, and learning to handle missing care. The nurses said these measures can resolve missing care. Teamwork, communication, and improvement were also

stressed. The emotional effect theme showed nurses dread and regret over delayed care. Nurses are dedicated to their professional responsibilities and ethical principles.

## Comparison with Earlier Similar Literature

In the study, nurses learned about the multifaceted and diverse aspects of neglected nursing care, its causes, effects, and prevention and reduction techniques. Chaboyer et al. (2020) defined missing nursing care as delayed, incomplete, or not done care duties, which matches our findings.<sup>[11]</sup> This study sheds information on nurses' views of missing nursing care as malpractice and neglect. Our findings agree with White et al. (2019) and Hessels et al. (2020), who reported that nurses view missed care as not completing patient care tasks.<sup>[13,19]</sup> The commonalities in this study show nurses' difficulties in providing patient care. Our study shows that nurses interpret missing care as failing to give vital care, implying intentional neglect. The study found that nurses miss medication administration and pain-related pharmaceutical care, consistent with Kiekkas et al. (2021) and Hessels et al. (2020).<sup>[13,20]</sup> The study shows a difference in medicine administration and documentation errors. These missed care incidents occurred during heavy shifts, mostly on the ward. The study's findings that patient education deprivation causes missing nursing care support Linnavuori et al.'s (2024) focus on patient education difficulties.<sup>[21]</sup> However, the study takes a unique approach by emphasizing the role of hectic shifts in missing or forgotten patient education and the need to teach specific therapies and patient problems. Similar to Sabei et al. (2019), the study examined shift management and nurse-patient ratios, which indicated that hospital staffing adequacy can contribute to missing nursing treatment.<sup>[22]</sup> The study provides a compressive view of the stress and pressure nurses face when caring for many patients at a high nurse-patient ratio, which increases the chance of missed care. The study's exploration of adaptive techniques for addressing missed nursing care, such as seeking assistance and advice, self-reflection and learning, and managing emotions and stress, is similar to Najafi et al. (2021), which found that managers can prevent missed nursing care by supervising nursing care and emphasizing supervisory support. The study emphasizes the necessity of nurses requesting help from peers and learning from mistakes to prevent missed care.<sup>[16]</sup> Peer assistance and professional growth reduce missed care events. Our study is similar to Turedi et al.'s (2024) study on emotional contagion and missing nursing care, which demonstrated a link between nurses' emotions and performance.<sup>[18]</sup> In our study, nurses' ability to empathize with others' feelings, influenced by their own emotional experiences, affects their response to missed care episodes. Understanding the emotional impact of missed care occurrences helps healthcare organizations support nurses through these problems. Finally, our study's unique findings on professional duty and ethics help nurses grasp their duties and ethics. This theme shows nurses' respect for their jobs and morality in patient care. Our study stressed the moral compass that guides nurses' decisions by emphasizing professional responsibility and ethics.

## Implications of the Study

The results of the study present important implications for hospital policy development, nurse training on medication application and interventions, professional development, patient safety, and quality

improvement. Addressing the medication errors in novice nurses requires the management to provide specific training and seminars for practicing safety administration, and the novice nurses should be supervised by the nurse's managers or nurses who have more experience in the field.<sup>[23]</sup> Regular training sessions contribute to the ongoing professional development of the nurses, enhancing their ability to deliver optimal healthcare services. Finally, the hospital managers and supervisors should support self-reflection and group discussion as coping mechanisms for missed care incidents, which can help the nurses open up about their feelings and emotions. Prioritize support for nurses and ongoing professional development to enhance clinical judgment and confidence to address any problems in the field.<sup>[5]</sup> By addressing the identified predictors, nurse managers should effectively develop appropriate interventions to support the professional role of nurses and enable them to deliver complete, safe, and quality nursing care to patients.

### Strengths of the Study

This study has several strengths that confirm its results. One of the main strong points is its detailed data collection methods that capture the different views on missed care. This study applied triangulation techniques such as investigator and literature triangulation to enhance the validity and reliability. Besides, through empirical evidence derived from both primary research data and literature review, it is possible to link these two back up with each other, thereby increasing faith in the findings of this study. These strengths emphasize how precise and complicated the methodology adopted for this study was and what nurses think about omitting nursing care.

### Limitations and Recommendations

Despite its limitations, this study highlighted on nurses' views on withholding nursing care. Lack of field observations and incident reports restricts data depth and accuracy, potentially missing critical missed care incidents. Focus on the ward department and biased participant selection based on years of expertise limit generalizability. The convenience sample and somewhat limited sampling size minimize perspective variety, limiting case understanding. To improve validity and generalizability, future research should use field observations and hospital management to obtain documentation, diversity participant selection criteria, and use rigorous sampling procedures. Future research might address these methodological constraints to better characterize nurses' experiences with skipping nursing care and inspire targeted actions to improve patient safety and quality of care.

### CONCLUSION

Nurses perceived missed care as malpractice and negligence. Various missed care are failure to administer medication and providing patient education that can be detrimental to the life of the patients. Nurses suffer various emotions that affect their duties while still maintaining their professional responsibility. The study reveals seeking support and engaging in self-reflection as their adaptive strategy in dealing with missed nursing care. Having coping mechanisms to counteract missed care can have a positive impact on both nurses and patients.

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