Introduction
Missed nursing care, or errors of omission, is an eXtreme phenomenon of global concern which has only recently become a topic in nursing research. It refers to any aspect of required care that is omitted either in part or in whole, or delayed. A well-known model of the phenomenon is the Missed Nursing Care Model demonstrating the concept's antecedents and consequences. The antecedents to missed nursing care are labor resources, material resources and communication framework; these interact with the nursing process and are filtered by the nurse's internal processes. The consequences of missed nursing care pose threats to patient safety and should be given consideration in policy development. A conceptual framework has been proposed that examines the following three concepts: structure (e.g., hospital, patient care unit, individual nursing staff characteristics), process (missed nursing care) and outcomes (self-outcomes including satisfaction with one's current position and job outcomes such as tension and pressure levels). Missed nursing care is emerging as an important indicator of patient safety and satisfaction. The body of literature related to missed nursing care has grown significantly in the past few years. A brief review suggests that unifield care is a global problem obscured by inconsistencies in terminology. Since nursing care is a relative concept in nursing, and Slovak nurses are not acquainted with it or its meaning. Missed nursing care is not a commonly used term in the two countries and it is very difficult to start using this term without deeper explanation of the concept. Even though there are numerous papers and studies over the years, there is still a lack of knowledge on the topic of missed nursing care in the Czech Republic or Slovakia is lacking.

Methods
Design: a cross-sectional descriptive study
Sample: A total of 226 hospital nurses providing direct patient care of whom 92 (40.5%) were from Slovakia and 134 (59.5%) from the Czech Republic (2017-2018). The majority (71.13%) of participants graduated from secondary nursing schools. More than 30 work hours per week were reported by 225 nurses (99.5%).

The Missed Nursing Care (MISSCARE) Survey was used. Part A of the instrument includes 24 items related to missed nursing care activities. Part B contains 17 items related to the reasons for missed nursing care. A higher score indicates a higher level of or a stronger reason for missed nursing care.

Data analysis: Statistical analysis was performed using SPSS 20.0 (p-value = 0.05). For group comparisons, one-way ANOVA was conducted. Post-hoc comparisons were carried out with Pearson's chi-squared test. The association and correlation between variables were determined by Pearson's correlations.

Results
Elements of missed nursing care
Staff nurses in Slovakia reported more missed care than their counterparts in the Czech Republic. Significant differences were found for 19 of the 24 elements of the MISSCARE Survey as well as for the overall mean score. Slovak nurses reported more missed nursing care than Czech nurses in 16 out of 24 nursing care activities.

Reasons of missed nursing care
Combining alpha for the three subscales (communication, material resources, labor resources) was 0.82, 0.80, and 0.95, respectively (the Czech version). The Czech version results showed that all 17 items loaded onto two components, explaining 63.72% of the variance. Variance extracted by factor 1 (communication, material resources) was the largest and this factor also explained the biggest part of variance (59.52% after rotation). Factor loading of the items in an element factor ranged from 0.62 (the Czech version) to 0.60 (the Slovak version). The mean score of item 6 (communication, material resources) is the highest and this factor also explained the biggest part of variance (55.10% after rotation). Factor loading of the items in an element factor ranged from 0.47 (inadequate number of assistive and/or clerical personnel) to 0.88 (unexpected rise in patient volume and/or acuity on the unit). The Slovak version results were similar. All items had loaded onto two components which explained 68.43% of the variance. Variance extracted by factor 1 (communication and material resources) was the highest and this factor also explained the biggest part of variance (55.10% after rotation). Factor loading of the items in an element factor ranged from 0.64 (inadequate hand-off from previous shift) to 0.81 (patient/family communication). Variance explained by factor 2 (labor resources) accounted for a response variance of 28.32% after rotation. Factor loading of the items in an element factor ranged from 0.37 (facilities) to 0.71 (inadequate number of assistive and/or clerical personnel). Variance explained by factor 2 (labor resources) accounted for a response variance of 28.32% after rotation. Factor loading of the items in an element factor ranged from 0.37 (facilities) to 0.71 (inadequate number of assistive and/or clerical personnel).

Conclusions
Psychometric testing confirmed that the Czech and Slovak versions of the MISSCARE Survey are valid and reliable instruments that may be used for measuring missed nursing care. The study results showed that also in the Czech Republic and Slovakia, missed nursing care is a serious issue that calls for interventions aimed to reduce it. In both countries, the main reason behind missed nursing care was a lack of personnel resources.