Missed Nursing Care Among Hospital Nurses: Pilot Study

**Purpose:**

The aims of the pilot study were to compare the amount, type, and reasons for missed nursing care in 5 acute hospitals in the Czech Republic and Slovakia.

**Methods:**

The study sample consisted of 226 hospital nurses providing direct patient care - 92 (40.2%) nurses from Slovakia and 134 nurses (59.8%) from the Czech Republic (2017-2018). Majority (71.3%) of nurses in the sample graduated from secondary nursing schools. More than 30 weekly work hours reported 209 nurses (92.9%). For measurement of missed nursing care, The Missed Nursing Care (MISSCARE) Survey (Kalisch and Williams, 2009) was used. The part A of instrument includes 24 items related to missed nursing care activities, part B consists of 17 items, related to the reasons for routinely missed nursing care. A higher score indicates higher level of missed nursing care. (Part A) and a stronger reason for missed nursing care (Part B). The statistical analysis was performed by SPSS 20.0 (p-value < 0.05). For group comparisons, one way ANOVA procedure was performed; proportion comparisons were carried out with the Pearson's chi-square test; for determining the associations and correlations between variables, the parametric Pearson correlations were used.

**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 in 19 elements of the MISSCARE Survey as well as in the overall mean score. Slovak nurses rated more missed nursing care than did Czech nurses for 18 of the 24 domains of nursing care. There were five elements of missed care that were not significantly different in the two countries: documentation of all necessary data; vital signs assessed; bedside glucose monitoring; medications administered within 30 minutes and ambulation. Although the Slovak nurses reported missing most of the elements in Part A more often than their Czech colleagues, there is a discernible pattern in the amount and type of missed nursing care, especially vis-a-vis the categories of nursing care related to mobility (ambulation) and emotional and psychological needs of patients (patient/family education, emotional support).

*Reasons of missed nursing care*

Cronbach alphas for the three subscales - communication, material resources, labor resources (Czech version 0.919, 0.880, 0.838, and Slovak version 0.965, 0.958, 0.924). The results of the Czech version showed that all 17 items had loaded onto 2 components, which explained 63.73% 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 (39.52% after rotation). Factor loading of the items in an existent factor was in the range between 0.62 (Caregiver off unit or unavailable) and 0.84 (Tension or communication breakdowns within the nursing team). Factor 2 ‘labor resources’ accounted for a response variance of 24.21% after rotation. Factor loading of the items in an existent factor was in the range between 0.47 (Inadequate number of assistive and/or clerical personnel) and 0.89 (Unexpected rise in patient volume and/or acuity on the unit). The results of the Slovak version showed similar results - all items had loaded onto two components, which explained 80.43% 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 (53.10% after rotation). Factor loading of the items in an existent factor was in the range between 0.68 (Unbalanced patient assignments) and 0.87 (Tension or communication breakdowns with other ancillary/support departments). Factor 2 ‘labor resources’ accounted for a response variance of 28.32% after rotation. Factor loading of the items in an existent factor was in the range between 0.80 (Inadequate number of assistive and/or clerical personnel) and 0.89 (Inadequate number of staff). In both countries, labor resources were reported to be the most significant reason for missed nursing care. We found significant differences between the participating countries in the average means of communication domain. Slovak nurses perceived they have more problems in this factor.

Conclusion:

Psychometric testing showed that Czech and Slovak versions of MISSCARE Survey are reliable and valid tools and can be used for measuring missed nursing care. The results of this study confirm that missed nursing care is a problem also in Czech Republic and Slovakia and as this critical problem call for interventions to reduce it. In both countries, scarcity of personal resources were chief reasons for missed nursing care.

Research study was supported by project INTER-COST LTC18018 Nursing care rationing as related to nurses' perceptions of professional practice environment.

Title:
Missed Nursing Care Among Hospital Nurses: Pilot Study

Keywords:
hospital, missed nursing care and nurses

References:


Abstract Summary:
The poster presents a pilot research of missed nursing care in two European countries. The first time it was measured and compared the amount, type, and reasons for missed nursing care in 5 acute hospitals in the Czech Republic and Slovakia.

Content Outline:

Aim

The aims of the pilot study were to compare the amount, type, and reasons for missed nursing care in 5 acute hospitals in the Czech Republic and Slovakia.

Methods

The study sample consisted of 226 hospital nurses providing direct patient care - 92 (40.2%) nurses from Slovakia and 134 nurses (59.8%) from the Czech Republic (2017-2018). Majority (71.3%) of nurses in the sample graduated from secondary nursing schools. More than 30 weekly work hours reported 209 nurses (92.9%). For measurement of missed nursing care The Missed Nursing Care (MISSCARE) Survey (Kalisch and Williams, 2009) was used. The part A of instrument includes 24 items related to missed nursing care activities, part B consists of 17 items, related to the reasons for routinely missed nursing care. A higher score indicates higher level of missed nursing care. (Part A) and a stronger reason for missed nursing care (Part B). The statistical analysis was performed by SPSS 20.0 (p-value < 0.05). For group comparisons, one way ANOVA procedure was performed; proportion comparisons were carried out with the Pearson’s chi-square test; for determining the associations and correlations between variables, the parametric Pearson correlations were used.

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 in 19 elements of the MISSCARE Survey as well as in the overall mean score. Slovak nurses rated more missed nursing care than did Czech nurses for 18 of the 24 domains of nursing care. There were five elements of missed care that were not significantly different in the two countries: documentation of all necessary data; vital signs assessed; bedside glucose monitoring; medications administered within 30 minutes and ambulation. Although the Slovak nurses reported missing most of the elements in Part A more often than their Czech colleagues, there is a discernible pattern in the amount and type of missed nursing care, especially vis-a-vis the categories of nursing care related to mobility (ambulation) and emotional and psychological needs of patients (patient/family education, emotional support).

Reasons of missed nursing care
Cronbach alphas for the three subscales - communication, material resources, labor resources (Czech version 0.919, 0.880, 0.838, and Slovak version 0.965, 0.958, 0.924). The results of the Czech version showed that all 17 items had loaded onto 2 components, which explained 63.73% 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 (39.52% after rotation). Factor loading of the items in an existent factor was in the range between 0.62 (Caregiver off unit or unavailable) and 0.84 (Tension or communication breakdowns within the nursing team). Factor 2 ‘labor resources’ accounted for a response variance of 24.21% after rotation. Factor loading of the items in an existent factor was in the range between 0.47 (Inadequate number of assistive and/or clerical personnel) and 0.89 (Unexpected rise in patient volume and/or acuity on the unit). The results of the Slovak version showed similar results - all items had loaded onto two components, which explained 80.43% 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 (53.10% after rotation). Factor loading of the items in an existent factor was in the range between 0.68 (Unbalanced patient assignments) and 0.87 (Tension or communication breakdowns with other ancillary/support departments). Factor 2 ‘labor resources’ accounted for a response variance of 28.32% after rotation. Factor loading of the items in an existent factor was in the range between 0.80 (Inadequate number of assistive and/or clerical personnel) and 0.89 (Inadequate number of staff). In both countries, labor resources were reported to be the most significant reason for missed nursing care. We found significant differences between the participating countries in the average means of communication domain. Slovak nurses perceived they have more problems in this factor.

**Conclusion**

Psychometric testing showed that Czech and Slovak versions of MISSCARE Survey are reliable and valid tools and can be used for measuring missed nursing care. The results of this study confirm that missed nursing care is a problem also in Czech Republic and Slovakia and as this critical problem call for interventions to reduce it. In both countries, scarcity of personal resources were chief reasons for missed nursing care.

*Research study was supported by project INTER-COST LTC18018 Nursing care rationing as related to nurses’ perceptions of professional practice environment.*

First Primary Presenting Author

**Primary Presenting Author**

Darja Jarosova, PhD, MSc, RN
University of Ostrava Department of Nursing
Department of Nursing and Midwifery
Professor
Ostrava
Czech Republic

**Author Summary:** Prof. PhDr. Darja Jarošová, Ph.D. has long been concerned with the conception, needs and valuation of nursing care, clinical practice guidelines for nursing, assessment of workload and satisfaction of health professionals, impact of illness on patient satisfaction and quality of life. She was the principal investigator of two Czech Ministry of Health and a co-investigator of projects supported by the Technology Agency of the Czech Republic.

Second Secondary Presenting Author

**Corresponding Secondary Presenting Author**
Renáta Zeleníková, PhD, RN  
Faculty of Medicine, University of Ostrava  
Department of Nursing and Midwifery  
Assistant Professor  
Ostrava  
Czech Republic

**Author Summary:** PhDr. Renáta Zeleníková, Ph.D. has long been concerned with evidence-based practice, nursing diagnoses, assessment in nursing and standardization of assessment tools. She has specialized in nursing care in surgery. She was a co-investigator of an IGA Ministry of Health project (adaptation of a clinical practice guideline for falls) and a project of the Czech-Slovak scientific and technological cooperation (nursing diagnoses).

Third Secondary Presenting Author

**Corresponding Secondary Presenting Author**

Eva Janikova, MSc  
University of Ostrava  
Department of Nursing and Midwifery  
teacher - assistant  
Ostrava  
Czech Republic

**Author Summary:** Previous research activities: 2 papers in journals listed in WoS database, 5 papers in journals listed in the Scopus database, 3 paper in a peer-reviewed journal, 3 monograph chapters, 1 principal investigator of an Ostrava University Student Grant Competition, participation in 2 international projects.

Fourth Secondary Presenting Author

**Corresponding Secondary Presenting Author**

Ilona Plevova, PhD, MSc  
University of Ostrava  
Department of Nursing and Midwifery  
associate professor  
Ostrava  
Czech Republic

**Author Summary:** Previous research activities: 1 project in the CEP registry, 7 papers in journals listed in the Scopus database, 5 papers listed in the RIV database, 3 monographs or book chapters.