Arab American University
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The Influencing Factors Of Missed Nursing Care In Intensive Care Units In The Northern Hospitals Of West Bank – Palestine.

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This thesis was defended Successfully on _____ and approved by:

Committee Members	**Signature**

2021

Declaration

I, the undersigned, the author of Master thesis entitled as " The Influencing Factors of Missed Nursing Care in Intensive Care Units in The Northern Hospitals of West Bank – Palestine." which is submitted to the Arab American University for the Master's degree and I declare that it is the result of my own research, except as indicated, of which none has been offered for a higher degree to any university or other educational institution.

Hameed Majed Mohammed Daraghmeh

Signature:

Date: 10-11-2021

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We would like to express here, our warm thanks to my role model supervisor Professor Dr. Ahmad Ayed, who kindly directed this thesis and give us the benefit of the most judicious remarks and advice, for more than one years and to this day and did not spare his knowledge and his precious time to help me complete this wonderful research with his scientific touch, added the great value of this research.

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for the success of this project, I needed a helping hand from any person or group, So I will thank to god almighty who inspired me patience and great credit everyone who contributed and stood by me for the success of this project

Hameed Daraghmeh

Dedication

My study is dedicated to my loving parents, who have always been a source of motivation and inspiration for me, and who have given me the strength and commitment to work with enthusiasm and determination on every task. I dedicate my study to my supervisor and all of my family members as a mark of their support.

Abstract

Background:

Objective: The purpose of the current study was to assess the types, factors of missed nursing care according to the perception of nurses and examine the relationship between nurses' characteristics and missed nursing care.

Methods: The study design was quantitative, cross sectional study. Data was collected by utilizing a self-administered questionnaire. Using this design to achieve the purpose of the study which is to examine the Missed Nursing Care in ICUs department in the hospitals setting and to identify the factors that appear to relate to it.

Results:

The most frequent assessment care procedures missed by the nurses in the intensive care unit Hand washing (26.2%), monitoring fluid intake/output (25.6%), and Patient assessments performed each shift (23.9%). Also, the most frequent interventions related to individual needs that were missed by the nurses were response to call light is provided within five minutes (22.7%), emotional Support to patient and/or family 35(19.8%) and PRN medication requests acted on within five minutes (14.8%). The most frequent missed nursing procedures in the category interventions– basic care were setting up meals for patients who feed themselves (26.7%), Feeding patient when the food is still warm (17.1%), and Skin/Wound care (16.5%). The most frequently missed nursing care items related to planning were: Ensuring discharge planning (29%), Attend interdisciplinary care conferences whenever held (28.4%), and Patient teaching about illness, tests, and diagnostic studies (11.9%). Also, the results revealed that the reasons for missed nursing care were labor resources, material resources, and communication issues. In addition, Job title, general experience, Experience in ICU, work shift and

Overtime had no statistically significant effect on total score of Missed nursing care (P> 0.05)

Conclusion:

The current study focuses on a variety of factors that are considered vital to missing care and their impact on nursing work-related flow. Based on the current findings, it can be concluded that material and labor resources, as well as communication, have a significant impact in missed care and nurses' working flow. Hand washing, feeding the patient while the food is still hot, discharge planning, and response to call light were the most frequently missed nursing care. However, the study found no association between nurses' individual characteristics, work-related factors, and missing nursing care.

Keywords: Missed nursing care, Intensive care unit, nurse

Abbreviations

Abbreviation	**Explanation**
"AAUP"	"Arab American University Palestine"
"ANOVA"	"Analysis Of Variance"
ICU	Intensive Care Unit
MNC	Missed Nursing Care
SPSS	Statistical Package For Social Sciences
t-test	t Student Statistical Test

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Chapter One

1.1 Introduction:

The quality of nursing care is a significant element in patient safety because under standard nursing care contributes directly to adverse effects for patients (Keogh, 2013). Hospital inpatients also experience accidents and nearly 44 % of accidents in the United States are considered preventable (Levinson & General, 2010). Consequently, as a sensitive accountability indicator for the quality of nursing, the missed of nursing care that exists when nurses carry out regular work should be effectively handled (Ball, Murrells, Rafferty, Morrow & Griffiths, 2014; Jones, Hamilton &Murry, 2015).

Missed nursing care, also known as implies rationing care, care left undone, the unmet needs of the patient and unfinished nursing care, refers to required nursing care that is delayed, partially completed, or missing in a clinical, emotional, administrative perspective or for some possible factor (Jones, et al, 2015).

Missed nursing care decreases nursing quality, causes accidents and patient complications, and undoubtedly leads to adverse patient outcomes such as dissatisfaction and readmission (Ausserhofer, et al., 2013; Ball, et al, 2014; Kalisch, &Xie, 2014).

Missed nursing care is an overall worry for medical caretakers and attendant directors. Evaluating the essential factors that lead to missed consideration exercises may give proof that empowers attendants to restrict missed consideration and coherence of patient consideration (Diab Gehan et al., 2019)

Missed nursing care (MNC) is a huge medical services issue that effects on the nature of medical care and patient wellbeing. It alludes to deferred or excluded parts of nursing care absolutely or halfway and it is an under-explored region in the medical services setting (Albsoul Rania et al., 2019).

Missed consideration is generally utilized as a pointer of value nursing care, be that as it may, little care is thought about relieving impacts of cooperation on these occasions (Chapman Rose et al ,. 2017).

The quantity of patients going through on hospital in intensive care unit, limit move has significantly expanded. These exchanges are mind boggling, represent a danger for the patients and have been connected to expanded mortality, the purposes behind this are not known. there was a distinction in the frequency of missed nursing care among patients exposed to limit move contrasted with patients not oppressed with any exchange during their escalated care stay (Karlsson Jonas et al,. 2021).

The failure to provide the standard of care which nurses believe their patients need has shown a tremendous effect on the level of nurses' job satisfaction, their willingness to remain in jobs, burnout and the quality of nurses' personal lives (Russell, 2016).

Hospital infrastructure, ward working environment, nurse patient ratios, and the number of hours a nurse spends per shift have all been related to missing nursing care (Griffiths et al, 2014). This is confirmed by many studies indicate missed nursing care is closely linked to the practice environment (Ausserhofer, et al., 2014; Ausserhofer, et al., 2013; Ball, et al, 2014; Schubert, et al., 2013).

Factors of work environment, such as resources, coordination between personnel, work system, and head nurse leadership, have the greatest impact on the occurrence of missing nursing care, while each nurse's clinical and academic career also has a certain degree of impact (Jones, et al, 2015). The more positive a hospital's patient safety climate, the lower the rate of missed nursing care (Ausserhofer, et al., 2013). Organizational factors, individual nurse characteristics such as clinical career, and patient status such as condition seriousness influence missing nursing care (Schubert, et al., 2013). The most

common causes for the missed nursing care in Jordan were labor resources, material resources, and communication (Saqer & Abu Al-Rub, 2018).

1.2 Problem Statement:

Quality nursing care is a major challenge (Qiu, Tong, Ma, et al., 2020). Patients care need skilled, supportive care, in particular the experience, training, attitude and abilities of skilled nurses, as well as the provision of the necessary services and equipment (Huang, Wang, Li, et al, 2019; Huh, 2020).

The MNC is an emerging area of focus in quality healthcare and patient safety research due to its impact on patients and nursing staff. MNC also negatively impacts on the organizational outcomes, such as nursing turnover, intent to leave, and absenteeism. Nevertheless, research within this field is still evolving and the available knowledge about the way the MNC phenomenon is comprehended is still unclear.

MNC is a context dependent phenomenon. In this perspective, knowledge and understanding of context is of central relevance for better understanding of MNC. Palestinian hospitals always under emergency due to Israeli occupation which deliberate stress to the health care professionals. Therefore, contextualized research would provide a rich lens of understanding and complement the body of knowledge about MNC, which would also be helpful in developing a more comprehensive theory about the phenomenon. It also might provide an evidence base for design of appropriate initiatives to tackle this issue and reduce its impact on patient safety and healthcare quality.

To our knowledge, after searching to different databases, there are no published research in Palestine on nurses' perceptions of the missed nursing care. This is also one of the first studies to assess nurses' perception of factors that influence missed nursing care.

Therefore, the current study was to assess the missed nursing care and factors leading to missed nursing care among nurses in ICUs at North West Bank hospitals.

1.3 Study Objectives:

The purpose of the study was to assess missed nursing care and factors leading to missed nursing care among nurses in ICUs at North West Bank hospitals.

The secondary objectives:

1. Assess the types of missed nursing care according to the perception of nurses.
2. Assess the factors of missed care according to the perception of nurses.
3. Examine the relationship between nurses' characteristics and missed nursing care.

1.4 Research Question:

1. What is the elements of missed nursing care as perceived by the nurses?
2. What are the reasons of missed nursing care as perceived by the nurses?
3. Is there a significant difference between missed nursing care mean and the individual nursing characteristics?
4. Is there a significant difference between missed nursing care mean and the nursing work conditions?

1.5 “Significance of the Study”

The current study is essential for hospitals, nurses, and intensive care units nurses, as its results could help to establish effective interventions to enhance and enhance the quality of nursing care and services and minimize missed nursing care.

This study can help determine the real value of nursing care plan and missed nursing care in intensive care unit (ICU), and will study the effect and the outcome of the knowledge

of intensive care unit nurses during missed care and risk, which can act a good role in enriching the quality of care in the future.

This study can minimize the errors and risk on intensive care nurses and improve their confidence by understanding their knowledge and good practice effect of level of nursing care on patients.

In the Future research can be made to further understand how knowledge relates to quality on nursing care and how it can be improved to achieve the best results on patients and nurses regard.

This research is essential for hospitals, nurses, and intensive care units nurses, as its results could help to establish effective interventions to enhance and progress the quality of nursing care and services and minimize missed nursing care.

1.6 Variables of the Study:

Dependent variables:

Missed nursing care

Independent variables:

Demographic and work conditions

Reasons of missed nursing care

1.7 Conceptual Definitions:

Missed nursing care: The term "missed nursing care" (MNC) defined as "any aspect of required patient care that is omitted (either in part or in whole) or delayed" (Kalisch Landstrom Hinshaw, 2009, p1510).

Nursing demographic characteristics and work conditions such as age, gender, marital status, Highest nursing degree, Professional experience, Years of experience in ICU,

training courses, Work hours, Hours of overtime in past 3 months, Hours worked per week, Days or shifts absent in past 3 months, and Hospital.

Nurses' perception of missed nursing care: was measured with MISS CARE nursing survey consists of 41-item scale arranged in two major parts. The first part is mainly associated with missed nursing care actions and comprises of 24 items. The second portion, which has 17 items, is about the causes for missing nursing care activities.

Missing nursing care: any aspect of needed patient care that is neglected (in whole or in part) or postponed (Kalisch, Landstrom, & Hinshaw, 2009, p1510).

Factors: oxford languages factor a condition, fact, or influence that plays a role in the outcome (2021).

Elements: oxford languages elements an important or distinguishing feature of something abstract (2021).

Operational definitions:

Missing nursing care: It is a scale adapted from (Kalisch et al., 2009) is mainly associated with missed nursing care activities and consists of 24 items with answer ranging from always missed (5) to never missed (1).

Factors: It is a scale adapted from (Kalisch et al., 2009) to assess the factors of missed care according to the perception of nurses, that is include 41 items scale.

Elements: It is a scale adapted from (Kalisch et al., 2009) to assess the elements of missed care according to the perception of nurses, that is include 41 items scale.

Variables:

Independent variables	*Dependent variables*
Missing nursing care	Factors
Age	Elements
Gender	
Marital status	
Highest nursing degree	
Professional experience	
Years of experience in ICU	
Training courses	
Work hours	
Hours of overtime in past 3 months	
Hours worked per week	
Days or shifts absent in past 3 months	
Hospital	

Aim of the Study:

- Assess the types of missed nursing care according to perception of nurses.
- Assess the factors of missed nursing care according to perception of nurses.
- Examine the relationship between nurses' characteristics and missed nursing care.

Chapter Two

Literature Review

2.1 Introduction

A literature review using Science Direct databases, Google scholars, and PubMed was performed prior to the start of the study. Keywords used in the searches involved: missed nursing care, nursing omitted nursing care, missed care, and nurses. Articles were selected based on their support to the study.

2.2 Previous Studies

Bragadottir, kalisch, FAAN, and tryggvadottir (2016) performed a cross-sectional study to determine the influence of staffing adequacy, hospital, staff characteristics, unit, and teamwork to missing nursing care in Iceland hospitals. Practical nurses and registered nurses (n = 864) from 27 surgical and medical intensive care units in eight Icelandic hospitals participated in the study. Missed nursing care was shown to be significantly related to participants' role and age, hospital & unit, type and their perception of adequate staffing and teamwork. Missed nursing care was shown to be significantly related to hospital and unit type, participants' age and role, and their perception of teamwork and adequate staffing. Model 1 showed that age, unit type, role, and staffing sufficiency could predict 16 % of the variation in missing nursing care in multiple regression testing. Model 2's multiple regression testing revealed that nurse teamwork predicted an extra 14 % of variation in missing nursing care after controlling age, role, unit type, and perceptions of staffing adequacy.

Another, exploratory study conducted by Blackman et al. (2015) to explore the reasons of missed nursing care and what factors account for this variance in nursing practice. The degree and direction of consensus from a sample of 289 nurses and

midwives were captured using a self-report, likert-type questionnaire. The survey concluded and measured the types of missed nursing care. This study expands on this idea by developing an interactional model that identifies the influence of many variables on why nursing care is missed. The study found that eight variables, including shift type, workload intensity, health professional communication, nursing resource allocation, workload predictability, nurses' satisfaction with their current job, and their intention to continue working, had direct predictor effects on why nursing care was being missed. Other indirect impacts of other factors accounted 34% of the variation in overall scores for why nursing care was rated as missing.

Cho, MSW, Yeon, YOU, & LEE (2015) conducted a quantitative cross-sectional study to investigate the impact of nurse staffing on missed care. Due to a lack of nurses, it has been recorded that nurses skip required nursing care. In four out of thirteen general nursing units, a public hospital run by the Seoul Metropolitan Government has instituted a policy of rising nurse staffing from 17 to 7 patients per registered nurse since January 2013, in order to minimize informal caregiving by patient families and caretakers and improve care quality.

The data was gathered using the questionnaire. Nurses in high-staffing units had a considerably lower mean score of missing care than those in low-staffing units, according to the findings of the study. Turning, bathing/skin care, oral care, patient evaluations in each shift, feeding, assistance with toileting, and putting up meals were all missing much less frequently in high-staffing vs. low-staffing units.

Similarly, Bragadottir and Kalisch (2018) performed a cross-sectional descriptive study on registered nurses and practical nurses in Iceland acute care hospitals. The questionnaire inquires about the quantity of missing nursing care on the unit for 24 nursing aspects and 17 causes for care being missed, based on previous research in the

United States. The study found a significant difference in the overall missed nursing care score between registered nurses (M = 2.09, SD = 0.51) and practical nurses (M = 1.82, SD = 0.59) ($p < 0.005$). A comparison of registered nurses' (M = 2.32, SD = 0.38) and practical nurses' (M = 2.21, SD = 0.62) total mean scores for causes of missing nursing care revealed a significant difference in their reporting ($p < 0.005$). Despite the considerable differences in registered nurses' and practical nurses' ratings of the components and reasons for missing nursing care, a pattern in the ranking of the elements and reasons for missed nursing care can be seen.

In addition, a descriptive exploratory study conducted by Chapman, Rahman, Courtney & Chalmers (2017) about Impact of teamwork on missed care in four Australian hospitals to Investigate effects of teamwork on missed nursing care across a healthcare network, the study conducted on 334 nurses. The demographics of nursing staff, as well as aspects of missed care and teamwork, were compared across the healthcare network. The study found that ambulation three times per day (43.3 %), turning the patient every two hours (29 %), and oral care (27.7 %) were the most often reported components of missing care. The most common causes for missing care were a deficiency of labor resources (range 69.8-52.7 %), followed by a lack of material resources (range 59.3-33.3 %), and a lack of communication (range 39.3-27.2 %). Missed care ratings were significantly different between units. The negative association between missing care and teamwork was verified using mean scores in a regression correlation matrix (r = -0.34, p 0.001). In multiple regression models that controlled for the occupation of the staff member and staff characteristics, teamwork alone accounting for nearly 9% of missing nursing care.

In a scoping review study conducted by Schubert et al. (2021) to collate and synthesize published research on interventions developed and tested to prevent or reduce

the rates of rationed or missed nursing care in healthcare institutions. Structured interventions, such as increased nurse staffing and enhanced nursing teamwork, both resulted in significant decreases in the rates of rationed or missing nursing care, according to a research based on three trials. The other ten studies focused on process interventions, with four using reminders (through technology or designated individuals) and seven describing interventions to modify or optimize relevant care processes. all ten process interventions resulted in significant decreases in the number of missed nursing care. The study's findings revealed that the scoping review found that particular interventions can improve the performance of a given nursing care activity, such as fall prevention. There is no indication that these interventions have resulted in a global reduction in rationed and missed nursing care.

Moreover, in cross-sectional study conducted by King et al. (2021) to explore how the COVID-19 pandemic affected nursing associate work, training and well-being experiences. The study conducted on trainee and newly qualified nursing associates. Over half of respondents (53.2%) reported their workload has expanded, with 24.2 % reporting role extensions. A third (32.3%) were reassigned, and a quarter (24.2%) did not believe their safety concerns were adequately addressed when they were raised. Staffing ($p = .03$), missing care ($p = .02$), working overtime ($p = .03$), and safety ($p = .04$) were all cited as major issues by those working in the community. Despite this, many (75.8%) participants believed they could give the same standard of care. Several participants noted improved teamwork, and the vast majority (96.8%) stated that they had no plans to leave their current position.

Another, descriptive cross-sectional design study conducted by Diab & Ebrahim (2019) to assess missed nursing care and factors leading to missed nursing care among nurses in at selected hospitals, the study conducted on the Intensive Care Units at

Menoufia University Hospital, Shebin El Kom Teaching Hospital, and Benha University Hospital in Egypt. The study found that the most common types of missing nurse care were health education, attending multidisciplinary care conferences, feeding patients, and assessing patients. Nurses at Shebin El Kom Teaching Hospital reported the highest rate of high-level missing nursing care (41.1%). While the lowest percentage of nurses working at Menoufia University Hospital (21.3%) had a high rate of nursing care missing. Nurses at Shebin El Kom Teaching Hospital had the highest overall mean score for missing nursing care at 44.19(SD=9.90). "Labor resources, followed by material resources, and finally communication elements" were the most common causes of missed care.

Consequently, mixed methods design study conducted by Albsoul, FitzGerald, Finucane, & Borkoles (2019) to explore the Missed Nursing Care phenomenon in the context of an acute care hospital and to identify its common elements and the factors influencing its occurrence. The MISSCARE survey tool was used to perform the study on 44 nursing staff. Result of the study showed that local context impacting on MNC was also important and included interruptions to workflow, "perceived" lack of management support, poor handover, and communication breakdown between the nursing team and medical staff.

In a cross-sectional design study conducted by Hammad, Guirguis, & Mosallam (2021) to measure the extent of missed nursing care, to identify its types, and to determine factors contributing to missed nursing care in Egypt. The study was performed in 50 units of the Alexandria Teaching Hospital, which has 1762 beds and employs 1211 nurses in the inpatient sections. The MISS CARE and N4CAST surveys were used to interview a total of 553 nurses. The MISSCARE survey assessed the quantity of missed nursing care (MNC) experienced by each nurse during their last shift. The N4CAST

survey was used to gather data regarding the amount of non-nursing jobs that nurses do and their job satisfaction in Alexandria. The score for the missed nursing care was 2.26 ± 0.96 out of 5, with highest mean score attributed to “Planning” and lowest mean score attributed to “Assessment and Vital Signs” (2.64 and 1.96, respectively) was used to collect data. Missed nurse care was shown to be significantly associated with the number of patients’ admitted and cared for in the last shift, as well as perceived staffing adequacy. Almost all non-nursing care activities and the majority of satisfaction factors had a weak negative correlation with overall nursing care missing.

Furthermore, a cross-sectional descriptive design study conducted by Al-Faouri, Obaidat, & AbuAlRub (2021) to identify the types and reasons of "missed nursing care" among Jordanian nurses, and to examine the relationships between "missed nursing care", staffing, intent to leave, and job satisfaction. According to the findings of this study, the most common cause of "missing nursing care" was lack of labor resources. In addition, the findings revealed that a low number of nurses each shift was associated to a high rate of "missing nursing care."

2.3 Summary:

MNC is an emerging area of focus in quality healthcare and patient safety research due to its impact on patients and nursing staff. MNC also negatively impacts on the organizational outcomes, such as nursing turnover, intent to leave, and absenteeism. The review of the literature revealed that reasons of missed nursing care were material resources, labor resources, and communication between the team. Also, exploring the relationship between nurse staffing and patient outcomes as being one of the key areas related to quality and safety in healthcare. One of the possible processes identified in the published literature was missed nursing care (MNC), the rationale being that poor staffing

levels relative to demand may be expressed by nursing tasks left undone. Further examination of the published literature on MNC revealed no studies on MNC conducted in the Palestinian context. No study about MNC was identified in the West Bank healthcare context.

Chapter Three

Methodology

3.1 Introduction:

This chapter illustrates the research methods employed in the study, including the research design, questionnaire design phases, population for the pilot study, sampling frame, data collection and analysis plan. Research methods must address the research questions and subsequently lead to the achievement of the research objectives.

3.2 Study Design:

The study design was quantitative, cross sectional study. Data was collected by utilizing a self-administered questionnaire. Using this design to achieve the purpose of the study which is to examine the Missed Nursing Care in ICUs in the hospitals setting and to identify the factors that appear to relate to it.

3.3 "Study Population and Sample":

The targeted participants of the study were all nurses working in ICUs in the northern hospitals in West Bank (Governmental & private sector).

Table 3.1: Total numbers Nurses in ICUs= 203 as follows:

	Name of hospitals	**City**	**Number of ICUs nurse**	**Sector**
1	Al Wattany Hospital	NABLUS	28	Governmental
2	Rafedia Hospital	NABLUS	18	Governmental
3	Khalil Suleiman	GENIN	15	Governmental
4	Thabet Thabet	Tulkarem	13	Governmental

	Name of hospitals	City	Number of ICUs nurse	Sector
5	Darwish Nazzal	Qalqilya	7	Governmental
6	Turkish	Tubas	7	Governmental
7	Naplus Specialized	Nablus	15	Private
8	Arab Specialized	Nablus	40	Private
9	Al- Ittihad	Nablus	9	Private
10	Augusta Victoria	Nablus	7	Private
11	AL Najjah	Nablus	20	Private
12	Ibn Sina	GENIN	7	Private
13	AL-Razee	GENIN	18	Private

3.4 The Inclusion Criteria will Include Who are:

1. Nurses who had been at least one year of experience in nursing practice in the study setting.

2. Nurses who approved to participate in the study.

3. Nurses who provide direct care to patients.

3.5 The Exclusion Criteria Will Include Who are:

1. Nurses who didn't work in ICU

2. Nurses working in ICU less than 1 year

3.6 Study Instrument:

The questionnaire consists of the following parts:

1. Demographic data and work conditions: developed by the researchers after critical reviewing literature. It includes age, gender, marital status, Highest nursing degree,

Professional experience, Years of experience in ICU, training courses, Work hours, Hours of overtime in past 3 months, Hours worked per week, Days or shifts absent in past 3 months, and Hospital.

2. Nurses' perception of missed nursing care: MISSCARE nursing survey tool developed by Kalisch (2009) was used. MISSCARE nursing survey consists of 41-item scale divided into two major sections. The first section is mainly associated with missed nursing care activities and consists of 24 items with answers ranging from always missed (5) to never missed (1). Examples of nursing interventions in Section A in the MISSCARE survey were: patient ambulation, patient turning, and assessment of vital signs. In order to obtain the final score, answers need to be re-coded, with higher scores indicating higher levels of missed care. The total score for missed nursing care may range from 24 (no intervention has ever been omitted) to 120 (all interventions were always omitted (Palese et al., 2015). The second section is related to reasons of missed nursing care activities, with choices ranging from significant reason (4) to not a reason for missing care (1). The total score for the MISSCARE Survey reasons may range from 17 (no reason is significant) to 68 (all reasons are significant) (Palese et al., 2015).

The MISSCARE Survey was a valid and reliable tool to assess missed care. Cronbach α ranges from 0.64 to 0.86 indicated the construct validity of the MISSCARE survey. Several studies established the Inter-rater reliability of this tool as well (r 0.87 IC 95% 0.76–0.93; $p<0.001$) (Kalisch et al., 2012; Kalisch & Williams, 2009).

3.7 Ethical Considerations:

Ethical approval will be obtained from Arab American University and Palestinian Ministry of Health. Consent form will be provided for every participant prior to the study. Voluntary participation will be explained. No names will be mentioned or any personal

information about the participant. All data will be kept confidential and will be used for study purposes only. No any harms of consequences due to participation refusal such as care quality or privileges. Clear explanation will be given to each participant bout the study objectives and tool, enough time will be given for questions.

3.8 The Pilot Study:

A pilot study was undertaken to evaluate the study tools' clarity and usefulness, as well as to estimate the time required for each tool. It was carried out on 10% of the total individuals who were not part of the current study. The questionnaire took between 10 and 20 minutes to complete. Some questions were removed because they were irrelevant to the themes, others were added or improved, and required adjustments and modifications were made before the final version was created.

3.9 Data Collection:

After obtaining approval from the Arab American University Palestine and Palestinian Ministry of health (MOH), the researcher contacted each nursing administrator in the targeted hospitals to present the purpose of the study and take the list of ICU nurses in the hospitals. The questionnaires were distributed face by face contact at each hospital. Participants assigned the informed consent which was on the first page of the questionnaire. Participation was optional, and there were no individual responses available to administrators or those responsible for evaluating nursing performance. Data are maintained confidential by the use of a password-protected site. No individuals had access to the data except the researcher

Until beginning data collection, ethical permission was obtained from the Arab American University of Palestine. Participation by nurses was voluntary, and confidentiality was

maintained. Nurses have also been told their response will be protected. Forms of consent and questionnaire were delivered to nurses who expressed interest to participate in the study. Consent encompassed details about the purpose of the study, a concise description and instructions, and clarification that there are no harms or risks in participation.

In addition, nurses were informed they could withdraw from the study and whether they wish to leave there would be no penalty or loss of benefits.

3.10 Data Analysis:

Using SPSS software statistical computer package version 23, data was classified, arranged, tabulated, and statistically evaluated. The frequency and percentage descriptive statistics were used to answer the research questions. To assess differences between research variables, an ANOVA one-way test was utilized. For the sake of interpreting the findings of significance tests, the significance threshold was set at p +0.05 and 0.01.

Chapter Four

Results

4.1 Introduction:

This chapter deals with the data collected for analysis. The statistical method allowed the investigator to deduce, analyze, coordinate, measure, evaluate and convey the numerical information. The aim of data analysis is to provide answers to questions about the study. The data analysis strategy comes directly from the question, the design and the data collection process and the level of measurement of the data. This chapter edits, tabulates, analyzes and interprets the data collected.

This chapter expresses the findings concerning to assess missed nursing care and factors leading to missed nursing care among nurses in ICUs at North West Bank hospitals.. Statistical analyses were directed to explore four research questions:

1. What is the elements of missed nursing care as perceived by the nurses?
2. What are the reasons of missed nursing care as perceived by the nurses?
3. Is there a significant difference between missed nursing care mean and the individual nursing characteristics?
4. Is there a significant difference between missed nursing care mean and the nursing work conditions?

4.2 Participants' Characteristics:

The findings revealed that the mean age of nurses was 32.0 (SD= 7.5) years. With regard to gender, more than half of the participants 96(54.5%) were males. Also, majority of the participants 115 (65.3%) have bachelor degree, as seen in table (4-1).

Table 4-2: Demographic characteristics of the participants (N=176)

Characteristics		M (SD)	N (%)
Age		32.0(7.5)	
Gender	Female	80	45.5
	Male	96	54.5
Educational level	Diploma	51	29.0
	Bachelor	115	65.3
	Master	10	5.7

M= Mean, SD= standard deviation

According to work related conditions, the analysis revealed that majority of participants 124(70.5%) were staff nurses, as seen in figure 4-1.

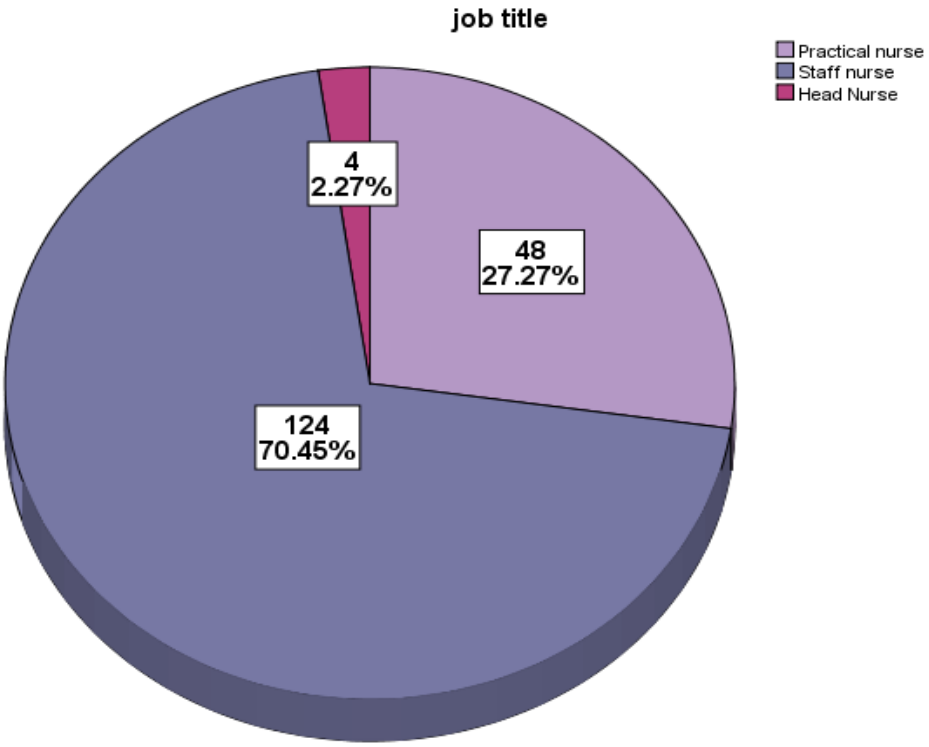

Figure 4-1: Distribution of the participants According to job title (N=176)

Also, the analysis of work related condition revealed that slightly less than half of the participants 83 (47.16%) have an experience 3-10 years working in hospitals, as seen in figure (4-2).

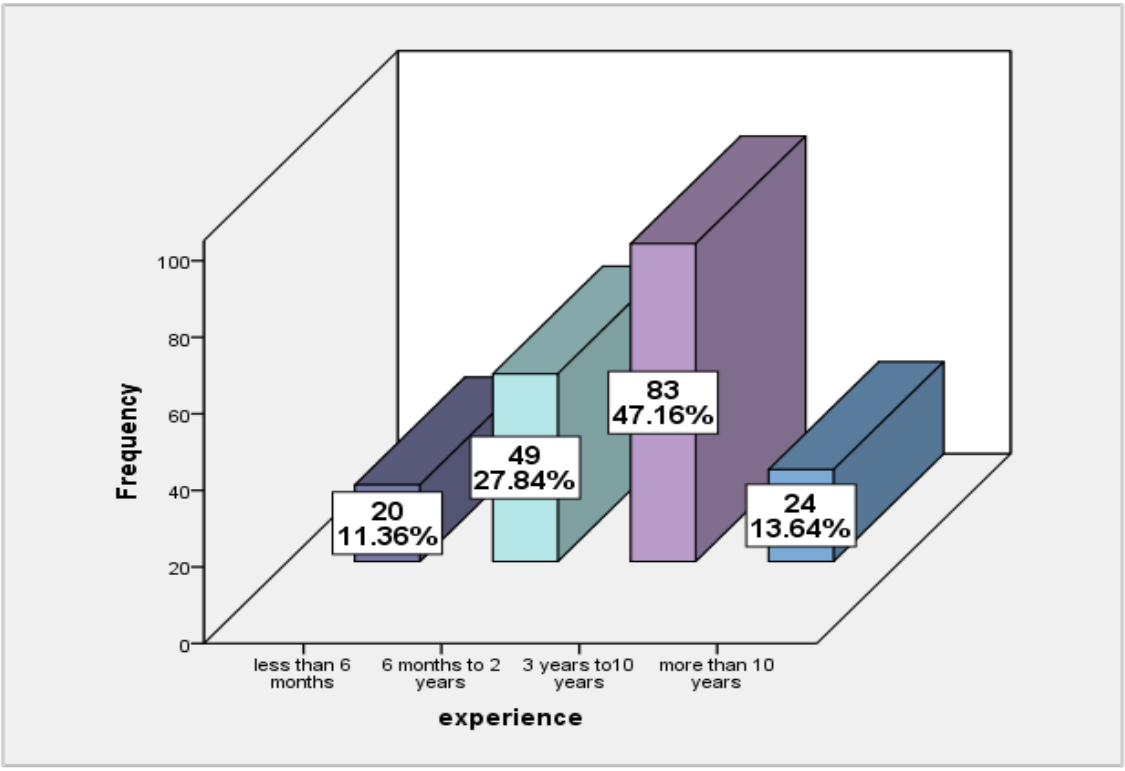

Figure 4-2: Distribution of the participants according to experience in hospitals (N=176)

In addition, the analysis revealed that the majority of the participants 71 (40.34%) have an experience 6 months- 2 years working in ICU, as seen in figure (4-3).

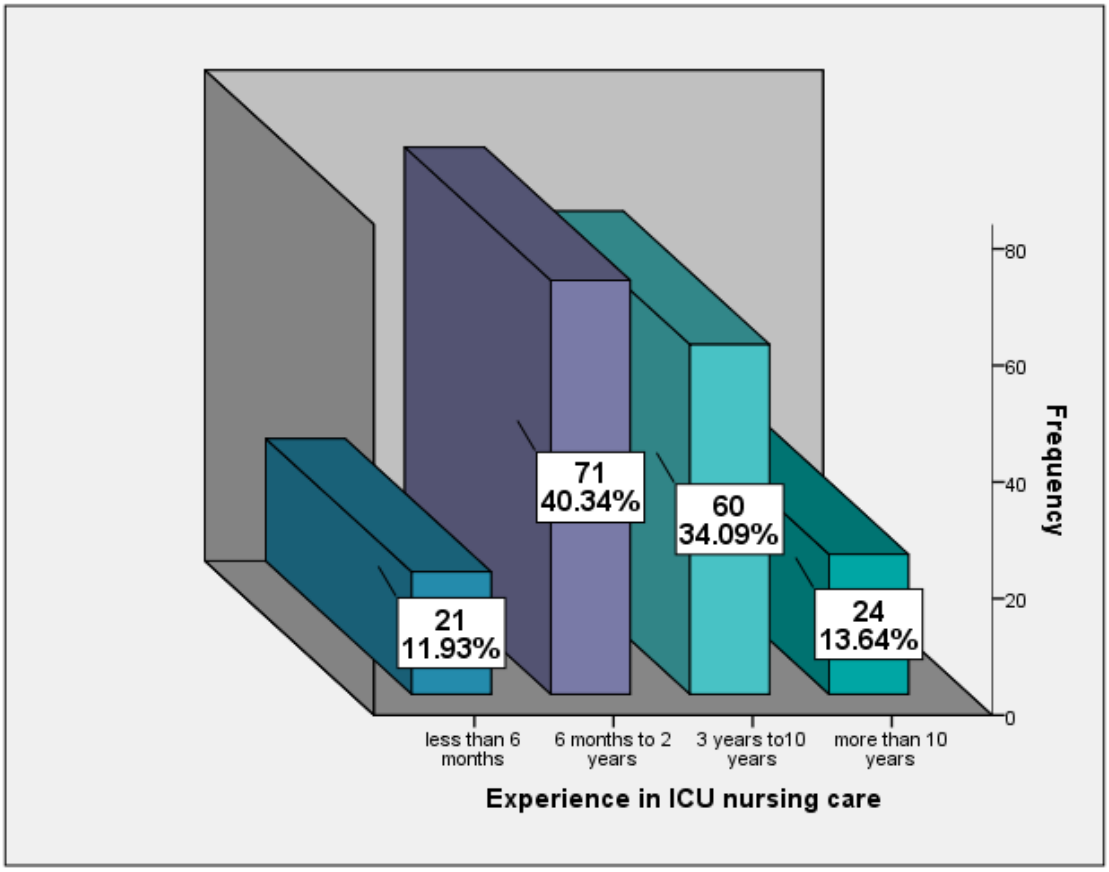

Figure 4-3: Distribution of the participants according to experience in ICU (N=176)

The analysis revealed that the participants reported that 2.5(SD=0.9) the average of patients who take care on the current or last shift. Most of the participants 136 (77.3%) reported that their work shift was rotation. Also, 49 (27.8%) reported that 1 day or shift they missed work and 75(42.6%) worked 1-12 hours' overtime in the past 3 months. In addition, 71(40.3%) perceived adequacy of staffing 75% of the time, as seen in table 4-2.

Table 4-1: work related conditions characteristics of the participants (N=176)

Characteristics		M (SD)	N (%)
Job Title/Role	Practical nurse		48(27.3%)
	Staff nurse		124(70.5%)
	Head nurse		4(2.3%)
"On the current or last shift you worked, how many patients did you care for?		2.5(0.9)	
Work shift"	Days		21(11.9%)
	Evening		6(3.4%)
	Night		13(7.4%)
	Rotations		136(77.3%)
"In the past 3 months, how many days or shifts did you miss work due to illness, injury, extra rest etc".	"None"		62(35.2%)
	"1 day or shift"		49(27.8%)
	"2-3 days or shifts"		32(18.2%)
	"4-6 days or shifts"		14(8.0%)
	"Over 6 days or shifts"		19(10.8%)
"In the past 3 month, how many hours of overtime did you work?"	None		78(44.3%)
	"1-12 hours"		75(42.6%)
	"More than 12 hours"		23(13.1%)
"Perceived adequacy of staffing"	"100% of the time"		19(10.8%)
	"75% of the time"		71(40.3%)
	"50% of the time"		68(38.6%)
	"25% of the time"		18(10.2%)

M= Mean, SD= standard deviation

4.3 Testing Research Questions:

Research question 1:

What is the elements of missed nursing care as perceived by the nurses?

Missed care elements:

In this study, the frequencies and proportion were used to identify the extent of missing individual nursing care interventions. As reported in Table 4-3, it was found that the most always/frequently missed nursing care elements were: Patient discharge planning and teaching (29 %), Attend interdisciplinary care conferences whenever held (28.4 %), Setting up meals for patient who feeds themselves (26.7%).

Regarding nursing care elements that were not frequently missed, 75.6% of the participants reported that they rarely/never missed medications administered within 30 minutes before or after scheduled time. This was followed by Patient bathing/skin care (72.2% of the participants reported not missing of these care aspects), and PRN medication requests acted on within 15 Minutes (71.0 %).

Table 4-3: Nurses perceived MNC (N=176)

		Never / Rarely/ missed	Occasionally missed	Always/ Frequently/ missed
1	"Ambulation three times per day or as ordered"	99(56.3%)	60(34.1%)	17(9.6%)
2	"Turning patient every 2 hours"	100(62.5%)	39(22.2%)	27(15.3%)
3	"Feeding patient when the food is still warm"	84 (47.7%)	62(35.2%)	30(17.1%)
4	"Setting up meals for patient who feeds themselves"	87(49.4%)	42(23.9%)	47(26.7%)
5	"Medications administered within 30	133(75.6%)	24(13.6%)	19(10.8%)

	minutes before or after scheduled time"			
6	"Vital signs assessed as ordered	102(58.0%)	50(28.4%)	24(13.6%)
7	"Monitoring intake/output	103(58.5%)	28(15.9%)	45(25.6%)
8	"Full documentation of all necessary data"	117(66.5%)	41(23.3%)	18(10.2%)
9	"Patient teaching about illness, tests, and diagnostic studies"	99(56.3%	56(31.8%	21(11.9%)
10	Emotional support to patient and/or family	102(58.0%)	39(22.2%)	35(19.8%)
11	Patient bathing	127(72.2%)	26(14.8%)	23(13.0%)
12	Mouth care	91(51.7%)	65(36.9%)	20(11.4%)
13	Hand washing	96(54.5%	34(19.3%)	46(26.2%)
14	"Patient discharge planning and teaching"	91(51.7%)	34(19.3%)	51(29.0%)
15	"Bedside glucose monitoring as ordered"	102(58.0	46(26.1%	28(15.9%)
16	"Patient assessments performed each shift"	100(56.8%)	34(19.3%)	42(23.9%)
17	"Focused reassessments according to patient condition"	118(67.0%)	38(21.6%	20(11.4%)
18	"IV/central line site care and assessments according to hospital policy"	106(60.2%)	40(22.7%)	30(17.1%)
19	"Response to call light is initiated within 5 minutes"	99(56.3%)	37(21.0%)	40(22.7%)
20	"PRN medication requests acted on within 15 Minutes"	125(71.0%)	25(14.2%)	26(14.8%)
21	"Assess effectiveness of medications"	100(56.8%)	57(32.4%)	19(10.8%)

22	"Attend interdisciplinary care conferences whenever held"	83(47.2%)	43(24.4%)	50(28.4%)
23	"Assist with toileting needs within 5 minutes of request"	120(68.2%)	40(22.7%)	16(9.1%)
24	"Skin/Wound care"	109(61.9%)	38(21.6%)	29(16.5%)

Categories of MNC:

Nursing care elements in the MISSCARE survey have been classified into four groups: interventions–basic care, interventions–individual needs, assessment, and planning. The following section demonstrates the findings related to each of these categories.

4.4 Assessment Nursing Procedures

The most frequent assessment care procedures missed by the nurses in the ICU were: Hand washing (26.2%), monitoring fluid intake/output (25.6%), and Patient assessments performed each shift (23.9%).

4.5 Interventions–Individual Needs:

The most frequent interventions related to individual needs that were missed by the nurses were: Response to call light is provided within five minutes (22.7%), Emotional Support to patient and/or family 35(19.8%) and PRN medication requests acted on within five minutes (14.8%).

4.6 Interventions–Basic care:

The most frequent missed nursing procedures in the category interventions– basic care were setting up meals for patients who feed themselves (26.7%), Feeding patient when the food is still warm (17.1%), and Skin/Wound care (16.5%).

4.7 Planning:

The most frequently missed nursing care items related to planning were: Ensuring discharge planning (29%), Attend interdisciplinary care conferences whenever held (28.4%), and Patient teaching about illness, tests, and diagnostic studies (11.9%).

Table 4-4: Categories of MNC (N=176)

Item	N(%)
Assessment	
"Hand washing"	46(26.2%)
"Monitoring intake/output"	45(25.6%)
"Patient assessments performed each shift"	42(23.9%)
"IV site care and assessment according to hospital policy"	30(17.1%)
"Bedside glucose monitoring as ordered"	28(15.9%)
"Vital signs assessed as ordered"	24(13.6%)
"Focused reassessment according to patient"	20(11.4%)
"Full documentation of all necessary data"	18(10.2%)
Interventions – Individual Needs	
"Response to call light is provided within five minutes"	40(22.7%)
"Emotional Support to patient and/or family"	35(19.8%)
"PRN medication requests acted on within five minutes"	26(14.8%)

"Assess effectiveness of medications"	19(10.8%)
"Medications administered within 30 minutes before or after scheduled time"	19(10.8%)
"Assist with toileting needs within five minutes of request"	16(9.1%)
Interventions – Basic Care	
"Setting up meals for patients who feed themselves"	47(26.7%)
"Feeding patient when the food is still warm"	30(17.1%)
Skin/Wound care	29(16.5%)
Turning patient every two hours	27(15.3%)
Patient bathing	23(13.0%)
Mouth Care	20(11.4%)
"Ambulation three times per day or as ordered"	17(9.6%)
Planning	
"Ensuring discharge planning"	51(29.0%)
"Attend interdisciplinary care conferences whenever held"	50(28.4%)
"Patient teaching about illness, tests, and diagnostic studies"	21(11.9%)

Research Question 2:

What are the Reasons of Missed Nursing Care as Perceived by Nurses?

According to analysis, the results revealed that the reasons for MNC were labor resources, material resources, and communication issues. The results indicated that the material resources were the most frequent reasons identified by the participants as reasons for MNC (range from 71.6%-88.6%), followed by labor resources (range from 75.6%-84.7%), followed by communication/teamwork issues (range from 60.2%- 80.1%) (Table 4-5).

Table 4-5 Reasons for Missed Care (N=176)

	Significant/ Moderate/ Reason N (%)	**Minor/ NOT a reason N (%)**
Material Resources		
"Supplies/ equipment not available when needed"	156(88.6%)	20(11.4%)
"Medications were not available when needed"	146(83.0%)	30(17.0%)
"Supplies/ equipment not functioning properly when needed"	126(71.6%)	50(28.4%)
Labor Resources		
"Unexpected rise in patient volume and/or acuity on the unit"	159(84.7%)	17(15.3%)
"Heavy admission and discharge activity"	144(81.8%)	32(18.2%)
"Inadequate number of staff"	142(80.7%)	34(19.3%)
"Inadequate number of assistive and/or clerical Personnel (e.g. nursing assistants, techs, unit secretaries etc.)"	136(77.3%)	40(22.7%)
"Urgent patient situations (e.g. a patient's condition worsening)"	133(75.6%)	43(24.4%)
Communication/Teamwork Resources		
"Caregiver off unit or unavailable"	141(80.1%)	35(19.9%)
"Lack of back up support from team members"	130(73.9%)	46(26.1%)
"Tension or communication breakdowns with the	126(71.6%)	50(28.4%)

MEDICAL STAFF"		
"Other departments did not provide the care needed (e.g. physical therapy did not ambulate)"	124(70.5%)	52(29.5%)
"Tension or communication breakdowns within the NURSING TEAM"	123(29.9%)	53(30.1%)
"Unbalanced patient assignments"	123(69.9%)	53(30.1%)
"Inadequate hand-off from previous shift or sending unit"	123(69.9%)	53(30.1%)
"Tension or communication breakdowns with other ANCILLARY/SUPPORT DEPARTMENTS"	122(69.3%)	54(30.7%)
"Nursing assistant did not communicate that care was not provided"	106(60.2%)	70(39.8%)

Research Question 3:

Is there a significant difference between missed nursing care mean and individual nursing characteristics?

One-way ANOVA test was used to assess if there is relationship between individual nursing characteristics and mean of missed nursing care scores. Individual nurse characteristics in this context involved: nurse's job title and experience in the current role. The results of ANOVA in Table 4.6 indicated that nurse's job title had no statistically significant effect on total score of MNC ($F(2, 173) = 0.621$, $p > 0.05$). Likewise, experience of nurse in the current role had no statistically significant effect on total score of MNC ($F(3, 172) = 0.895$, $p > 0.05$) and Experience in ICU ($F(3, 172) = 0.770$, $p > 0.05$).

Table 4-6:

The Relationship between Individual Nursing Characteristics and MNC (N=176)

Variable		N	M	SD	F	P. Value
Job position	Practical nurse	48	2.3993	.73381	.478	.621
	Staff nurse	124	2.3350	.70257		
	Head nurse	4	2.6458	.41458		
Experience in nursing	Less than 6 months	20	2.5042	.83102	.895	.445
	6 months to 2 years	49	2.2321	.65941		
	3 years to10 years	83	2.3981	.71884		
	More than 10 years	24	2.3663	.63631		
Experience in ICU	Less than 6 months	21	2.4504	.78291	.770	.512
	6 months to 2 years	71	2.2700	.66342		
	3 years to10 years	60	2.3840	.72572		
	More than 10 years	24	2.4844	.71389		

One-way ANOVA test was used to assess if there is relationship between work related conditions and mean of missed nursing care scores. Work related conditions in this context involved: work shift and overtime. The results of ANOVA in Table 4.7 indicated that work shift had no statistically significant effect on total score of MNC ($F(3, 172) = 1.215$, $p > 0.05$. Likewise, overtime had no statistically significant effect on total score of MNC ($F(2, 173) = 0.064$, $p > 0.05$)

Research Question 4:

Is There A Significant Difference Between Missed Nursing Care Mean and the Nursing Work Conditions?

Table 4-7:

The Relationship Between Nurses' Work Conditions and MNC (N=176)

Variable		N	M	SD	F	P. Value
Work shift	Days	21	2.5357	.79268	1.215	0.306
	Evening	6	2.5000	.58393		
	Night	13	2.5801	.76838		
	Rotations	136	2.3051	.68774		
Overtime	None	78	2.3782	.72654	0.064	0.938
	1-12 hours	75	2.3378	.69538		
	More than 12 hours	23	2.3678	.69161		

Chapter Five

Discussion, Recommendations and Conclusion

5.1 Introduction:

In this chapter, discussion, conclusions, and recommendations was explained. The conclusion was formulated according to the purpose of the study. The purpose of this study was to assess missed nursing care and factors leading to missed nursing care among nurses in ICUs at North West Bank hospitals.

5.2. Discussion:

In today's cost-cutting environment, efficiency, safety, and quality are critical in healthcare organizations. Overuse, underuse, and misuse have been identified as significant quality issues in healthcare.

5.2.1 Missed Nursing Care

The interventions in the acute care hospital were classified into four types based on the Missed (MNC) aspects, namely: interventions–basic care, interventions–individual needs care needs, assessment, and planning procedures.

5.2.2 Assessment:

According to the nursing staff, the most frequently skipped nursing care items were hand washing, monitoring intake/output, and patient assessments completed each shift. Kalisch et al. (2012). concurred with these findings These findings, however, were not corroborated by Higgs et al. (2017) study, which was conducted in an Australian hospital and indicated that the higher level of missing data.as documentation.

5.2.3 Interventions – Individual Needs:

The nursing staff identified the most frequently missed nursing care elements to be response to call light within five minutes, emotional support for the patient and/or family, attending evaluation visits for interdisciplinary care, and PRN medication requests acted on within five minutes. These findings are consistent with those published in Kalisch (2006) and Kalisch et al (2009).

5.2.4 Basic Care Interventions

Concerning basic care interventions, nurses perceived a substantial proportion of missing or skipped care for assistance in feeding the patient while the food is still hot, followed by feeding the patient while the food is still warm, and Skin/Wound care. These findings are consistent with those of Kalisch et al. (2009) and Palese et al (2015).

In general, nurses presume that basic care is delivered by the patients themselves, assuming no physical or cognitive impairment and, if so, the assistance of a family member. According to Bittner and Gravlin (2009), such care should be provided in accordance with the nursing category. Routine care is the responsibility of the nursing assistant; nevertheless, the staff must ensure that it is provided.

5.3 Planning:

In terms of discharge planning and patient education, nurses agreed that these problems are frequently missed during hospitalization. Discharge planning is an interdisciplinary procedure used to assure continuity of care (Lin, Cheng, Shih, Chu, & Tjung, 2012). Discharge planning is vital for patients because it provides for a smooth transition into home care or another facility (Kalisch, 2006). (Graham, Gallagher, & Bothe, 2013).

Effective discharge planning improves patient outcomes, such as enhancing quality of life in patients with hip fractures caused by falls (Huang & Liang, 2005).

Effective and timely discharge planning has a beneficial effect on patient satisfaction (Lin et al., 2012).

These findings are consistent with those obtained in studies by Kalisch et al. (2009) and Kalisch and Lee (2010). (2010). As a result, these aspects must be emphasized. According to Kalisch (2006) and Kalisch et al. (2009), a lack of effective patient education and little or no discharge planning has a detrimental impact on patient outcomes such as comorbidities and readmissions. As Tubbs-Cooly et al. (2015) pointed out, basic physical care needs, as well as preparing patients and their families for discharge, are more likely to be lost.

5.4 Reasons of Missed Nursing Care:

According to the current study's findings, material resources were the most frequently mentioned causes for MNC by participants, followed by labor resources and communication/teamwork issues.

According to Weller, Boyd, and Cumin (2014), insufficient information sharing across healthcare teams is caused by three factors: educational, psychological, and organizational. Gabr and El-Shaer's (2020) study showed that communication and human resources have an essential influence in missing care and nurses' working flow. Also, Moreno-Monsiváis et al. (2015) found that the most common reasons for missing nursing care were a lack of material resources and communication. Furthermore, Saqer and Abu Al-Rub (2018) reported that labor resources, material resources, and communication were the most common factors for missing nursing care in Jordan.

Missed nursing care is common at times of increased work demand as a result of an unexpected admission or actions related to a lack of resources paired with inadequate staffing. Importantly, inadequate staffing is viewed as a more participatory component in explaining missing care. Raising nursing staff awareness of the factors that influence why nursing care is missed leads to a greater understanding of the hazards and hidden costs involved with missed care, as well as an obvious way to find measures that could reduce their occurrence (Blackman, Henderson, Willis, et al., 2014). As a result, Srulovici and Drach- Zahavy (2017) recommended that administrators provide nurses with appropriate resources to support them in dealing with more severe patients, therefore putting a warning for nurses about liability in their ward is critical.

Diab and Ebrahim (2019) reported that the most common cause of missing nursing care, as perceived by the nurses surveyed, was a lack of labor resources. In this study, communication/teamwork challenges were also regarded as a major factor for nurses' failure to provide care. This is in agreement with Hernández Cruz et al. (2017), who stated that while human resources aspects such as communication with numerous specialties' of team and material resources are accessible to offer care, they are required to complete the activities of patient care.

5.5 Individual Characteristics and Work Conditions and Missed Nursing Care

According to the study's findings, there are no variations between individual nursing variables such as a nurse's job title, experience, and MNC mean score. Furthermore, there were no differences between work-related factors such as work shift and overtime and MNC mean score. These findings were reinforced by Alshammari et al. (2020), who reported that shift was insignificant when it came to missed nursing care. While this finding contradicts the findings of Blackman et al. (2014), who reported that

the timing of the shift had a direct relationship on missing care. Furthermore, Diab and Ebrahim (2019) found a statistically significant relationship between missing nursing care and demographic variables such as experience and work shift. Furthermore, Castner (2012) found a statistically significant relationship between missed nursing care and demographic variables.

5.6 Recommendations:

The present study findings recommended that

- Educate nurses as an approach that involves structuring sessions and role-playing simulations on teamwork and missed nursing care as an effective strategy to eliminate missed nursing care.
- To address the reasons for missed nursing care, pay close attention to numerous specific factors, such as material and labor resource management.
- Nurses and supervisors must be more attentive to effective staffing allocation plans in order to avoid the causes of nursing care deficits.
- As ways to alleviate missing care, hospitals should continue to prevent negative effects and improve positive patient outcomes.
- More studies correlating missing nursing care to outcomes is needed to determine the priority of corrective interventions.
- Further research is needed to investigate the impact of missed nursing care roles as an intermediary component in the relationship between work settings and patient care experiences.

5.7 Conclusion:

The current study focuses on a variety of factors that are considered vital to missing care and their impact on nursing work-related flow. Based on the current findings, it can be concluded that material and labor resources, as well as communication, have a significant impact in missed care and nurses' working flow. Hand washing, feeding the patient while the food is still hot, discharge planning, and response to call light were the most frequently missed nursing care. However, the study found no association between nurses' individual characteristics, work-related factors, and missing nursing care.

5.8 Limitations:

-The study was limited on nurses who work at morning shift intensive care units in hospitals in northern west bank in Palestine either governmental and non- governmental hospitals.

- Lack of time due to health care situation all around Palestine during covid-19 pandemic, so it makes the data collection more difficult.

- The study did not include all government and non-governmental hospitals in Palestine, due to the restrictions of mobility between areas due to Quarantine on the pandemic areas.

- High costs of transportation, collecting data process and its analysis.

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APPENDIX

The Influencing Factors of Missed Nursing Care in Intensive Care Units in the Northern Hospitals of West Bank- Palestine

Questionnaire

Section one: Characteristics of participants

- **Age** _____
- **Gender:** Female _____ Male_____
- **Nursing degree:** - Diploma_____
  - Bachelor _____
  - Master and above _____
- **Job Title/Role:** - Practical Nurse _____
  - Staff Nurse _____
  - Head Nurse _____
- **Professional experience:**
  - Less than 6 months
  - From 6 months to 2 years
  - From 3 years to 10 years
  - More than 10 years
- **Years of experience on current unit**
  - Less than 6 months
  - From 6 months to 2 years
  - From3 years to 10 years
  - More than 10 years

- **Work hours :** (check the one that is most descriptive of the hours you work)

  - Days
  - Evenings
  - Nights
  - Rotates between days, nights or evenings

- **In the past 3 months, how many days or shifts did you miss work due to illness, injury, extra rest etc. (exclusive of approved days off)?**

  1) _____ None

  2) _____ 1 day or shift

  3) _____ 2-3 days or shifts

  4) _____ 4-6 days or shifts

  5) _____ over 6 days or shifts

- **On the current or last shift you worked, how many patients did you care for?_____**

- **In the past 3 month, how many hours of overtime did you work?**

  1) _____ None

  2) _____ 1-12 hours

  3) _____ More than 12 hours

- **Hours worked per week**

  - Less than 30 hours
  - 30 hours or more

- **Perceived adequacy of staffing**

  - 100% of the time
  - 75% of the time
  - 50% of the time
  - 25% or less of the time

Section two — Missed Nursing Care

Nurses frequently encounter multiple demands on their time, requiring them to reset priorities, and not accomplish all the care needed by their patients. To the best of your knowledge, **how frequently** are the following elements of **nursing care MISSED by the nursing staff (including you) on your unit?** ***Check only one box for each item.***

No	Item	Never missed	Rarely missed	Occasionally missed	Frequently missed	Always missed
1	Ambulation three times per day or as ordered					
2	Turning patient every 2 hours					
3	Feeding patient when the food is still warm					
4	Setting up meals for patient who feeds themselves					
5	Medications administered within 30 minutes before or after scheduled time					
6	Vital signs assessed as ordered					
7	Monitoring intake/output					
8	Full documentation of all necessary data					
9	Patient teaching about illness, tests, and diagnostic studies					
10	Emotional support to patient and/or family					
11	Patient bathing/skin care					
12	Mouth care					
13	Hand washing					
14	Patient discharge planning and teaching					
15	Bedside glucose monitoring as ordered					
16	Patient assessments performed each shift					
17	Focused reassessments according to patient condition					
18	IV/central line site care and assessments according to hospital policy					
19	Response to call light is initiated within 5 minutes					
20	PRN medication requests acted on within 15 Minutes					
21	Assess effectiveness of medications					
22	Attend inter disciplinary care conferences when ever held					
23	Assist with toileting needs within 5 minutes of request					
24	Skin/Wound care					

Section three—Reasons for Missed Nursing Care

Thinking about the missed nursing care on your unit by all of the staff (as you indicated on Part 1 of this survey), indicate the **REASONS Nursing Care Is MISSED** on your unit.

Check only one box for each item.

No	Item	Significant reason	Moderate reason / Minor reason	NOT a reason for missed care
1	Inadequate number of staff			
2	Urgent patient situations (e.g. a patient's condition worsening)			
3	Unexpected rise in patient volume and/or acuity on the unit			
4	Inadequate number of assistive and/or clerical Personnel (e.g. nursing assistants, techs, unit secretaries etc.)			
5	Unbalanced patient assignments			
6	Medications were not available when needed			
7	Inadequate hand-off from previous shift or sending unit			
8	Other departments did not provide the care needed (e.g. physical therapy did not ambulate)			
9	Supplies/ equipment not available when needed			
10	Supplies/ equipment not functioning properly when needed			
11	Lack of back up support from team members			
12	Tension or communication breakdowns with other ANCILLARY/SUPPORT DEPARTMENTS			
13	Tension or communication breakdowns within the NURSING TEAM			
14	Tension or communication breakdowns with the MEDICAL STAFF			
15	Nursing assistant did not communicate that care was not provided			
16	Care giver off unit or unavailable			
17	Heavy admission and discharge activity			

THANK YOU FOR YOUR PARTICIPATION!

HAMEED DARAGHMEH

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الجامعة العربية الأمريكية
كلية الدراسات العليا

2021-8-20

الى من يهمه الامر،

تسهيل مهمة بحثية

تحية طيبة وبعد،

تهديكم كلية الدراسات العليا في الجامعة العربية الامريكية اطيب التحيات، وبالإشارة الى الموضوع اعلاه، تشهد كلية الدراسات العليا في الجامعة أن الطالب حمدة ماجد محمد فراشة والذي يحمل الرقم الجامعي 201911787 هو طالب ماجستير في الجامعة العربية الامريكية بتخصص تعريض الفواكه وقد على اعداد دراسة خاصة بعنوان:

" العوامل المؤثرة على الزراعة التعريشية المقلوبة في السلم العالية لمكافحة في المستنبتات في شمال الضفة الغربية " تحت اشراف دكتور احمد جمعة العايد، حيث تهدف الدراسة لتقييم أنواع الزراعة التعريشية المقلوبة والعوامل المؤثرة على فشل الزراعة التعريشية من وجهة نظر المزارع التعريشي ".

نأمل من حضراتكم الإيعاز لمن يلزم لمساعدته للحصول على المعلومات اللازمة للدراسة، علماً ان المعلومات ستستخدم لغاية البحث فقط وبسرية تامة، ولكم أسمى عبارات الشكر والتقدير على حسن تعاونكم.

وتفضلوا بقبول فائق الاحترام

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General Directorate of Education in
Health and Scientific Research

دولة فلسطين
وزارة الصحة
الإدارة العامة للتعليم الصحي
والبحث العلمي

Ref.: .....
Date:.....

الرقم: ٢٠٢١/١٥٩/١٦٦
التاريخ: ٢٠٢١/٩/١٣

الأخ مدير عام الادارة العامة للمستشفيات المحترم ،،،

تحية واحترام،،،

الموضـوع: تسهيل مهمة بحث

يرجى التكرم بتسهيل مهمة الطالب: **حميد ماجد محمد دراغمه، ماجستير تمريض الطوارئ- الجامعة العربية الامريكية**، لعمل بحث بعنوان:

"العوامل المؤثرة على الرعاية التمريضية المفقودة في اقسام العناية المكثفة في المستشفيات في شمال الضفة الغربية"

حيث سيقوم الطالب بجمع معلومات من خلال تعبئة استبانة من قبل الكادر التمريضي في المشافي (بعد اخذ موافقتهم)، مع العلم أن مشرف الدراسة: د. احمد جمعه العايد.

وذلك في: **مستشفيات شمال الضفة الغربية**

على ان يتم الالتزام بجميع تعليمات واجراءات الوقاية والسلامة الصادرة عن وزارة الصحة بخصوص جائحة كورونا، وتحت طائلة المسؤولية.
على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر.

مع الاحترام،،،

د. عبد الله القواسمي
مدير التعليم الصحي والبحث العلمي

نسخة: عميد كلية الدراسات العليا المحترم/ الجامعة العربية الامريكية

ص ب ١٤

الملخص

خلفية:

الهدف:

كان الغرض من الدراسة الحالية هو تقييم أنواع وعوامل فقدان الرعاية التمريضية وفقًا لتصور الممرضات وفحص العلاقة بين خصائص الممرضات والرعاية التمريضية المفقودة.

الطرق:

كان تصميم الدراسة دراسة مقطعية كمية، تم جمع البيانات من خلال استخدام الاستبيان الذاتي. باستخدام هذا التصميم ولتحقيق الغرض من الدراسة وهو فحص الرعاية التمريضية المفقودة في قسم العناية المركزة في المستشفيات وتحديد العوامل التي يبدو أنها مرتبطة بها.

نتائج:

إجراءات رعاية التقييم الأكثر شيوعًا التي فاتتها الممرضات في وحدة العناية المركزة: غسل اليدين (26.2٪)، ومراقبة تناول / إخراج السوائل (25.6٪)، وتقييمات المرضى تتم في كل وردية (23.9٪). أيضًا، كانت التدخلات الأكثر شيوعًا المتعلقة بالاحتياجات الفردية التي فاتتها الممرضات هي الاستجابة لضوء المكالمة في غضون خمس دقائق (22.7٪)، والدعم العاطفي للمريض و / أو العائلة 35 (19.8٪) وتم الاستجابة لطلبات أدوية PRN خلال خمس دقائق (14.8٪). كانت الإجراءات التمريضية المفقودة الأكثر شيوعًا في فئة التدخلات –الرعاية الأساسية هي إعداد وجبات للمرضى الذين يطعمون أنفسهم (26.7٪)، وإطعام المريض عندما يكون الطعام لا يزال دافئًا (17.1٪)، والعناية بالبشرة / الجروح (16.5٪). كانت عناصر الرعاية التمريضية التي لم يتم تجاهلها كثيرًا والمتعلقة بالتخطيط هي: ضمان تخطيط الخروج (29٪)، حضور مؤتمرات الرعاية متعددة التخصصات متى عقدت (28.4٪)، وتعليم المريض حول المرض والاختبارات والدراسات التشخيصية (11.9٪). كما أظهرت النتائج أن أسباب فقدان الرعاية التمريضية كانت موارد العمالة والموارد المادية وقضايا الاتصال. بالإضافة إلى المسمى الوظيفي والخبرة العامة والخبرة في وحدة العناية المركزة وردية العمل و

العمل الإضافي ليس له تأثير ذو دلالة إحصائية على الدرجة الكلية للرعاية التمريضية الفائتة ($P<0.05$)

خاتمة:

تركز الدراسة الحالية على مجموعة متنوعة من العوامل التي تعتبر حيوية لفقدان الرعاية وتأثيرها على تدفق العمل المرتبط بالتمريض. استنادًا إلى النتائج الحالية، يمكن استنتاج أن الموارد المادية والعمالة بالإضافة إلى الاتصال، لها تأثير كبير في الرعاية المفقودة وتدفق عمل الممرضات كان غسل اليدين، وإطعام المريض بينما لا يزال الطعام ساخنًا، وتخطيط التفريغ، والاستجابة لضوء المكالمة هي أكثر الرعاية التمريضية التي يتم تفويتها في كثير من الأحيان. ومع ذلك، لم تجد الدراسة أي ارتباط بين الخصائص الفردية للممرضات والعوامل المتعلقة بالعمل والرعاية التمريضية المفقودة.

الكلمات المفتاحية: الرعاية التمريضية المفقودة، وحدة العناية المركزة، الممرضة