Organizational factors in nursing context influencing
Missed Nursing Care
A systematic review of the literature

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Background

Quality of nursing care and patient safety in hospitals has become a major challenge for nurses these days , because of increasing complexity and intensity of patient care and nurse shortage at the same time. The phenomenon *missed nursing care*, as an significant threat to quality of care and patient safety, is defined as 'any aspect of required care that is omitted (either in part or in whole) or delayed'. **Inadequacies in organizational factors in nursing context** have the most impact on the prevalence (55-98%) of missed nursing care internationally and can lead to **adverse events for patients**. Therefore, it is necessary to determine and to cluster the particular organizational factors in nursing context related to missed nursing care, specific from **a nurses' point of view**, to help hospitals handle this problem of missed nursing care.

Methods

A systematic review of the organizational factors on nursing of missed nursing care was conducted, according to nurses in non-profit hospitals. This review was reported according to the **PRISMA guidelines and checklist**.

Methods (continued)

Databases **CINAHL, PubMed, Embase, PsychINFO and Scopus** were searched for **quantitative observational studies** between 15 February and 22 March 2019. Fifteen studies were included, and then critically appraised with the **AXIS tool** for cross-sectional studies in healthcare. Findings were described narratively.
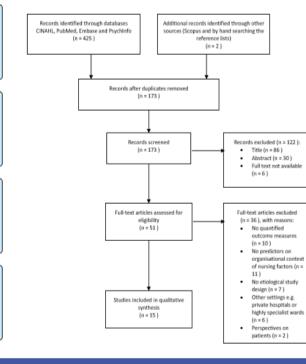

Findings

Included studies identified five organizational factors in nursing context, based on high-quality, moderate-quality and poor-quality studies: **nurse work environment** (nurse staffing, foundations for quality of care, nurse manager ability, leadership and support, collegial nurse-physician relations and nurse participation in hospital affairs)**; nurse-patient ratios** (patients per nurse)**; nursing teamwork; labor, material and communication resources** (communications issues, work intensity, shift time , intention to stay, satisfaction of current job, worksite, resource provision, and workload predictability due to unexpected rises in patient volume, urgent patient situations and discharge activity); and **non-nursing tasks** (tasks not requiring professional nursing training and should be assigned or delegated to other staff).

Discussion

There were a few limitations of this review. Data in the studies were **self-reported questionnaires** from a convenience sample of nurses and may have created a reporting bias. **Direct observation** is the golden standard for measuring missed nursing care and would provide additional measures of external validity . A cross-sectional **design** limits causal inference of missed nursing care. Additionally, the initial research question had **a qualitative focus**, so there is a possibility that some studies were not identified in the searching period due to the selected keywords in the search strategy in the databases and the limited time period. After that, it is not certain that all potential factors on organizational factors in nursing context are included in the review because of **synonyms on missed nursing care**. Strengths of this review were the use of a **comprehensive search strategy**, the PRISMA statement, a guide for systematic reviews and the **independent risk of bias assessment** conducted by two experienced researchers.
In this review, however, no associations on missed nursing care and **nurse – and hospital characteristics** were discovered.

Conclusion and implications

Nurse work environment, nurse-patient ratios and labor, material and communication resources were the most important predictors of missed nursing care in non-profit hospitals. **Better work environment**, **less patients per nurse** and **providing sufficient support** for nurses to engage more time in daily patient care are mechanisms to avoid missed nursing care.