

Research Article

Assessment of Missed Nursing Care Practices and Contributed Factors Among Nurses in Jeddah, Saudi Arabia

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Abstract

Background: Missed nursing care is considered a global problem, as evidenced by research. This phenomenon, known as missed nursing care, is a global issue that affects patient satisfaction and the quality of nursing care. Therefore, by mitigating missed nursing care, healthcare organizations can uphold standards of excellence and ensure optimal patient outcomes. **Objective:** This study aimed to assess the missed nursing care practices and contributed factors among nurses in Jeddah, Saudi Arabia. **Method:** A descriptive, correlational, cross-sectional design was conducted. A convenience sample of 204 registered nurses working in the Maternity and Children Specialized Hospital in Jeddah, Saudi Arabia. A self-administered questionnaire was distributed among the targeted nurses via a Google Form survey. The questionnaire includes personal data and professional characteristics of the nurses, a 25-items questionnaire to measure the missed nursing care (MNC) practices, and a 22-items questionnaire to explore the reasons for missed nursing care (RMNC). **Results:** of the involving 204 nurses, 66.7% were between 25 and 34 years old. 11.8%, 29.4%, and 22.5% were very satisfied with their current position, job, and the level of teamwork at their unit. The most common missed nursing care was related to interventions and basic needs, while labour resources were the most common reason for missed nursing care. The overall mean MNC and RMNC scores were 1.66 and 2.59, respectively. Higher scores in MNC and RMNC were associated with thinking of inadequate unit staffing and dissatisfaction with the current position and job. **Conclusion:** The occurrence of missed nursing is common in this hospital setting. Labor and material resources were seen as the prominent reasons for missed nursing care. It is essential to note that enhancing satisfaction with unit staffing and teamwork may reduce missed nursing care among this population.

Keywords

Missed Nursing Care, Factors Associated with Missed Nursing Care, Reasons of Missed Nursing Care, Quality of Care, Nurses

1. Introduction

Healthcare organizations focus on promoting the health and well-being of patients by raising the standards of quality of nursing care. Missed nursing care is a global phenomenon. Studies have found its prevalence in many hospitals around the world, including Asia, Africa and North America, which lead

to negative consequences such as prolonged hospitalization, decreased patient satisfaction, and increased mortality [1-3].

Missed nursing care have been defined as, "Any aspect of patient care that is omitted or delayed, is receiving increasing attention" [4]. It is primarily caused by the imbalance be-

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tween patients' nursing care needs and the resources available, making it an ethical issue that challenges nurses' professional and moral values [5]. There are negative factors that affect the quality of care, including lack of adequate number of nursing workforce, nurse-to-patient ratio, sudden change in the patient's condition, patient care was often inadequate or completely missed [6]. One of the main factors for failure to provide comprehensive and high quality of care in hospitals is human resources shortage [7].

Kebede, C and Ozmen, S. et al. [2, 8] found that, nurses reported that availability of resources in working area, participate in teamwork, satisfaction with profession indicate low level of missed nursing care. Meanwhile, Alshammari, B. et al. [9] reported a statistically significant negative correlation between missed nursing care and job satisfaction whereas low level of missed nursing care was associated with higher level of job satisfaction.

The most frequent missed nursing care are timely response to requests, offering emotional or psychological support and assisting with ambulation [10]. Turning patients every 2 hours was the most frequently missed nursing care [6]. The most frequently missed element of nursing care was attending interdisciplinary care conferences [7].

The current study seeks to address the missed nursing care practices and contributed factors among nurses in Jeddah, Saudi Arabia. The literature shows very few studies have been conducted in Saudi Arabia, which confirms the importance of assessing the missed nursing care phenomenon in Saudi Arabia.

The role of nursing is crucial in providing high-quality nursing care, as any deficiency or negligence in nursing tasks may affect the patient's outcomes and increase the possibility of complications. Missed nursing care is considered a global phenomenon as Literature showed. This phenomenon termed missed nursing care, exist globally and impacts patient satisfaction and quality of nursing care [11].

By conducting this study, it contributes to identifying practices being missed to help nurses prioritize interventions and efficient resource allocation within health care settings and allows for targeted interventions to address contributing factors such as staff shortages, inadequate training, or inefficient workflow.

Several studies were found in nursing literature examined the frequency of missed nursing care. In this context, a quantitative cross-sectional study was conducted in the state of Alabama to discover the extent of and factors associated with missed nursing care among the nurses (n= 950) revealed that timely response to requests, offering emotional or psychological support and assisting with ambulation was the most frequently missed nursing care [10].

However, A further quantitative cross-sectional study was conducted in Saudi Arabia to explore the dimensions of missed nursing care and its predictors among the nurses (n= 604) revealed that the most frequently missed element of nursing care

was attending interdisciplinary care conferences [7].

Numerous studies highlighted the reasons of missed nursing care. In this context, a cross sectional study was conducted in Iran to determine missed nursing care and its related factors (n= 189) revealed that, missed nursing care is largely associated with non-nursing tasks and a shortage of nursing staff [3]. This finding is consistent with findings of other quantitative cross-sectional study was conducted in both Korea and USA to identify and compare missed nursing care types and reasons between South Korea and the United States of America among the nurses (n= 1188) revealed that, labor resource was the most problem reported by the nurses [1].

A further cross-sectional study was conducted in Denmark to investigate the prevalence, types and reasons for Missed Nursing Care (n= 3507) found that, staffing shortages, unexpected increases in patient census, unexpected changes in patient conditions, and increased admission and discharge activity were significantly contributed to missed nursing care [12].

A few studies have shown that there is a connection between nurse to patient ratio and missed nursing care. In this context, a cross-sectional study was conducted in Greece to assess the work environment of the nurses and investigate the relation between the work environment and selected patients' safety indicators among the nurses (n= 520) revealed that, The intensive care units nurses have a high level of competency and legal regulation of the patient-to-nurse ratio, which led to reported less missed nursing care [6], This findings is consistent with findings of other study showed that, The medical and surgical units was found to have a higher rate of missed nursing care compared to the intensive care units [13].

Several studies were found in nursing literature to examine the association between work environment and missed nursing care. In this context, A quantitative cross-sectional study was conducted in South Korea to investigate the prevalence of missed nursing care and how nurse turnover affects missed nursing care (n= 264) revealed that, favorable nurse work environment was significantly associated with less missed care [14].

Teamwork is factor that contribute to improving the therapeutic process as a whole by reducing the missed nursing care, some physical nursing tasks cannot be performed individually according to present study findings, lack of supportive services and personnel is associated with the missing basic nursing tasks including turning and positioning every 2 hours and patient ambulation for three times per day [7].

Furthermore, cross-sectional observational study conducted in Mexico to examine associations between socio-demographic characteristics, work environment factors and reports of missed care and reasons for omission of care among nurses (n= 315) revealed that, missed nursing care decreased among nurses who were satisfied with their jobs and working in suitable environments [15].

2. Methods

2.1. Design

The selected research design in this study was quantitative, descriptive, correlational cross-sectional design.

2.2. Setting

Participants in the current study included all available nurses working in Maternity and Children Specialized Hospital in Jeddah, affiliated to the Ministry of Health (MOH). The reason for choosing this hospital in particular is that the hospital has obtained accreditation from the Central Board for Accreditation of Healthcare Institutions (CBAHI, 2021) [16]. Additionally, it consists of 400 beds capacity. Moreover, this hospital has about 382 nurses working in the inpatient wards with national and international expertise, the nursing staff is from Saudi Arabia, India, Philippines and other countries.

2.3. Sampling

The current research's sample included registered nurses who were chosen by convenience sampling technique by selected the nurses who were available and met the inclusion criteria to participate in the study.

The inclusion criteria in the research were all female registered nurses who have experience of six months and more and provide direct care to patient in Maternity and Children Specialized Hospital.

All nurses belong to the outpatient unit were excluded due to the different nature of the working environment and condition. Also, other nursing rank or level than staff nurse such as nurses in administrative role, as well as other healthcare professions than nursing including (physicians, laboratory specialists, radiology specialists, physiotherapists, etc.) and those who participated in the pilot study.

2.4. Sample Size

From the target population the total registered nurses working in Maternity and Children Specialized Hospital (MCSH) is 382, after excluding those on annual leave, maternity leave, and sick leave, as well as the nurses with less than six months of experience in MCSH and those who participated in the pilot study, the eligible study population was reduced to 281 nurses.

Therefore, the sample size was all participants who met the study criteria. Of these, 204 completed and returned the survey, yielding a response rate of approximately 73%.

2.5. Ethical Consideration

2.5.1. Ethical Approval

The ethical approval was obtained from Chair of Nursing Research Ethical Committee at King Abdulaziz University (Approval NREC Serial No: Ref No 1M.33 on 30 August 2024), and (Ethical Approval from The Institutional Review Board of Research Ethics Committee of the Ministry of Health in Jeddah, Saudi Arabia IRB log No A02093 on 23 December 2024), furthermore, tool permission was taken from the original author via email.

2.5.2. Anonymity and Confidentiality

The study has no harm to the participants. Data collected anonymously, no personal identification data from the subjects was known, and confidentiality was maintained. Participation was voluntary. Also, subjects had the right to withdraw from participation at any time.

2.6. Data Collection Tool

Self-reported questionnaire was applied in the study. Therefore, the MISSCARE Survey was used in the present study developed by Kalish and Williams in 2009 [17]. Development and psychometric testing of a tool to measure missed nursing care (MISSCARE Survey). Permission to use and adapt the survey was obtained from the original author. The questionnaire consists of two parts as follow:

Part I (Personal data and professional characteristics)

The first part includes personal data which consists of (9 items). Modified by the researcher to be appropriate for the study sample after obtaining permission from the author, which includes (Age, educational level, years of experience, working area, working shift and unit staffing, satisfaction level in the current position, satisfaction level with being a nurse and satisfaction level of the team work in the unit).

Part II (MISSCARE Survey)

The second part consists of two sections: the first section measures missed nursing care (Items Q1 - Q25). Participants asked to indicate how often the nursing care is missed for each item, using a 5-point Likert scale ranging from 1 to 5 as 1 indicates never missed and 5 indicates always missed.

The second section explore the reasons for missed nursing care (Items Q26 – Q47). Participants asked to indicate the reasons for missed nursing care, using a 4-point Likert scale ranging from 1 to 4 as 1 indicate not a reason for missed care and 4 indicate significant reason for missed care.

2.6.1. Validity

The MISSCARE Survey is valid according to research done by Kalisch & Williams (2009). The validity of the questionnaire was established by a jury group consisting of academic staff from the Faculty of Nursing, King Abdulaziz University. All suggested modifications were reviewed by the

research supervisor, and the necessary changes were made. These included the removal of some items from personal data and professional characteristics part that were not applicable to the study sample, such as: gender (since all nurses working in Maternity and Children Specialized Hospital are female), job title (as the inclusion criteria were limited to staff nurses who provide direct care to patients), number of working hours (the hospital follows the policy of 48 working hours per week for all nurses whether it is 8 hours shift or 12 hours shift), and number of overtime hours (as overtime is not applicable to nurses in this hospital).

2.6.2. Reliability

MISSCARE Survey reliability was determined by the study done by Kalisch & Williams (2009) using test-retest. The result for the missed care section was ($r=0.87$) and the result for the reason of missed nursing care section was ($r=0.86$).

The present study reassessed the tool reliability in a pilot study on 30 participants due to different cultures, reliability reassessed regarding the internal consistency by calculating the Cronbach's Alpha for the tool. The result for the missed care section has a Cronbach Alpha of ($\alpha=0.97$), indicating (Excellent internal consistency). The result for the reason of missed nursing care section has a Cronbach Alpha of ($\alpha=0.95$), indicating (Excellent internal consistency). The overall reliability test of the study questionnaire has a Cronbach Alpha of ($\alpha=0.96$), suggesting an (Excellent internal consistency) of the study questionnaire according to Daniel & Cross (2019) guidelines [18].

2.7. Pilot Study

Pilot study was conducted on 30 participants from the study sample. By selected 10% of the main sample ($n: 281$). It was done to test clarity, the applicability of study tool, feasibility, and estimate the time required for complete the questionnaire. No modifications were made in the questionnaire after the pilot study. Nurses who were involved in the pilot study were omitted from the study sample.

2.8. Data Collection Process

The researcher personally visited all inpatient and intensive care units that provide direct care to the patient. A list of nurses' names was obtained from the head nurse of each department. Based on the education department's report, nurses who did not meet the inclusion criteria such as those with less than six months of experience in MCSH were ex-

cluded. Subsequently, the Google Form survey link was distributed via the official hospital email to all eligible nurses included in the study.

The researcher visited all included departments in Maternity and Children Specialized Hospital weekly to remind the staff nurses to fill out the online Survey and answer their inquiries to improve the response rate. No research assistants were involved in the data collection process. The data collection process took two months, started on March to May 2025.

2.9. Data Analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 26 (Armonk, NY: IBM Corp, USA). Descriptive statistics were summarized as numbers and percentages for all categorical variables, while mean and standard deviation were given for all continuous variables. The differences between missed nursing care (MNC) and the reason of missed nursing care (RMNC) scores, according to the personal data and professional characteristics, were calculated using the Mann-Whitney Z-test and the Kruskal-Wallis H-test. The normality test was performed using the Kolmogorov-Smirnov test.

Based on the plot, the MNC and RMNC scores follow the non-distribution. Thus, the non-parametric tests were applied. Furthermore, a Spearman correlation coefficient was used to determine the correlation between MNC and RMNC scores. A P-value of 0.05 was considered statistically significant.

3. Results

3.1. Personal Data and Professional Characteristics of Nurses

The current study enrolled 204 female nurses. As shown in Table 1, (66.7%) of the participants were between 25 and 34 years old. Nurses who hold bachelor's degrees constitute (85.3%). More than half (51%) had years of experience between 6 months to less than 5 years. The most common working area was NICU (29.9%). A vast majority (85.3%) were working a 12-hour shift. Only (13.2%) of the respondents believed that there was adequate unit staffing at all times. Additionally, nurses who indicated being very satisfied with their current position, current job, and the level of teamwork in their unit were (11.8%), (29.4%), and (22.5%), respectively.

Table 1. Personal Data and professional characteristics of Nurses ($n=204$).

Characteristic	Category	Percent (%)
Age group	25–34 years	66.7%

Characteristic	Category	Percent (%)
Educational level	Bachelor's degree	85.3%
Years of experience	6 months–<5 years	51.0%
Working area	NICU	29.9%
Shift type	12-hour shift	85.3%
Adequate staffing	100% of the time	13.2%
Satisfied with current position	Very satisfied	11.8%
Satisfied with profession	Very satisfied	29.4%
Satisfied with teamwork	Very satisfied	22.5%

Table 1. Presents the highest frequency categories for each variable among 204 nurses.

3.2. Assessment of Missed Nursing Care and Its Elements

The assessment of missed nursing care questionnaire as shown in **Table 2**, the highest-rated item in the assessment and vital signs domain was ‘Full documentation of all necessary data’ ($M = 1.69$), while the lowest was ‘Hand washing’ ($M = 1.39$). In the interventions and individual needs domain, ‘As-

sist with toileting needs within 5 minutes of request’ showed the highest mean score ($M = 1.80$), whereas ‘Assess the effectiveness of medications’ was the lowest ($M = 1.62$). For basic needs, ‘Ambulation three times per day’ was the most frequently missed item ($M = 2.15$), while ‘Skin/wound care’ was the least ($M = 1.51$). In the planning domain, ‘Attending interdisciplinary care conferences’ was the highest ($M = 2.06$), while ‘Adequate surveillance of confused patients’ was the lowest ($M = 1.56$). The overall mean score for missed nursing care was 1.66 ($SD = 0.68$).

Table 2. Highest and lowest missed nursing care items by domain($n=204$).

Domain	Highest Missed Item	Lowest Missed Item	Mean $\pm$ SD
Assessment and Vital Signs	Full documentation of all necessary data	Hand washing	1.49 ± 0.67
Interventions and Individual Needs	Assist with toileting needs within 5 minutes of request	Assess the effectiveness of medications	1.69 ± 0.76
Basic Needs	Ambulation/mobilization three times per day	Skin/Wound care	1.78 ± 0.71
Planning	Attend interdisciplinary care conferences whenever held	Adequate surveillance of confused patients	1.74 ± 0.78
Overall Mean Score	-	-	1.66 ± 0.68

Table 2. Summarizes the highest and lowest missed nursing care items within each domain based on mean scores from the MISSCARE Survey.

3.3. Assessment of the Reason for Missed Nursing Care and Its Factors

Assessing the reason for missed nursing care as shown in **Table 3**, the highest mean score within the communication domain was reported for ‘Unbalanced patient assignments’ ($M = 2.73$), while the lowest was ‘Nursing assistant did not

communicate that care was not provided’ ($M = 2.32$). The total mean score for communication was 2.51 ($SD = 0.88$). For the material resources domain, the top-rated item was ‘Supplies/equipment not available when needed’ ($M = 2.80$), with a total mean of 2.71 ($SD = 0.93$). Regarding labor resources, ‘Inadequate number of staff’ had the highest mean ($M = 2.98$), while ‘Inadequate number of assistive/clerical personnel’ showed the lowest ($M = 2.61$), with a total mean of 2.74 ($SD = 0.86$). Finally, in the leadership domain, ‘Inadequate support from leadership’ was the top-rated factor ($M = 2.62$), and the total mean score for this domain was 2.41 ($SD =$

0.95). Overall, the global mean score for the reasons of missed nursing care was 2.59 (SD = 0.81).

Table 3. Highest and lowest rated factors for the reasons of missed nursing care(n=204).

Domain	Highest Rated Factor	Lowest Rated Factor	Mean ± SD
Communication	Unbalanced patient assignments	Nursing assistant did not communicate that care was not provided	2.51 ± 0.88
Material Resources	Supplies/equipment not available when needed	-	2.71 ± 0.93
Labor Resources	Inadequate number of staff	Inadequate number of assistive/clerical personnel	2.74 ± 0.86
Leadership	Inadequate support from leadership	-	2.41 ± 0.95
Overall Mean Score	-	-	2.59 ± 0.81

Table 3. Summarizes the highest and lowest mean scores for each domain representing reasons and contributing factors for missed nursing care.

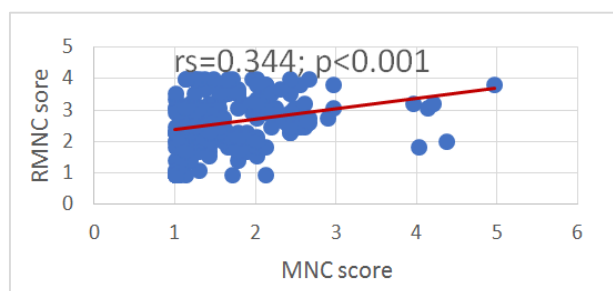


Figure 1. Correlation between missed nursing care and the reason for missed nursing care scores.

3.4. Correlation Between Missed Nursing Care and the Reason for Missed Nursing Care Scores

As shown in **Figure 1** illustrates a positive, highly statistically significant correlation between MNC and RMNC scores,

indicating that an increase in MNC score is associated with a corresponding increase in RMNC score ($r_s = 0.344$; $p < 0.001$).

3.5. Differences Between Missed Nursing Care and Nurses' Personal and Professional Characteristics (n=204)

As shown in **Table 4**, higher MNC scores were significantly associated with working 8-hour shifts ($Z = 2.484$, $p = 0.013$), perceiving inadequate staffing ($Z = 2.241$, $p = 0.025$), dissatisfaction with the current position ($Z = 4.188$, $p < 0.001$), dissatisfaction with the nursing profession ($Z = 3.838$, $p < 0.001$), and dissatisfaction with teamwork ($Z = 3.854$, $p < 0.001$). On the other hand, higher RMNC scores were significantly related to perceptions of inadequate staffing ($Z = 3.238$, $p = 0.001$), dissatisfaction with the current position ($Z = 3.275$, $p = 0.001$), and dissatisfaction with the nursing profession ($Z = 2.593$, $p = 0.010$). No significant differences were found between MNC and RMNC in terms of age, educational level, years of experience, or working area ($p > 0.05$).

Table 4. The statistical differences between (Missed nursing care practices and contributed factors) and personal data and professional characteristics of the nurses (n=204).

Factor	Significant for MNC	Significant for RMNC	p-value / Test Result
Shift type	Higher MNC in 8-hour shift	No significant difference	$Z = 2.484$; $p = 0.013$
Perceived staffing adequacy	Higher MNC with inadequate staffing	Higher RMNC with inadequate staffing	$Z = 2.241$; $p = 0.025$ / $Z = 3.238$; $p = 0.001$

Factor	Significant for MNC	Significant for RMNC	p-value / Test Result
Satisfaction with current position	Higher MNC among dissatisfied nurses	Higher RMNC among dissatisfied nurses	$Z = 4.188$; $p < 0.001$ / $Z = 3.275$; $p = 0.001$
Satisfaction with profession	Higher MNC among dissatisfied nurses	Higher RMNC among dissatisfied nurses	$Z = 3.838$; $p < 0.001$ / $Z = 2.593$; $p = 0.010$
Satisfaction with teamwork	Higher MNC among dissatisfied nurses	No significant difference	$Z = 3.854$; $p < 0.001$
Age, education, experience, area	No significant difference	No significant difference	$p > 0.05$

Table 4. Significant associations were observed primarily for shift type, staffing adequacy, and satisfaction variables ($p < 0.05$). No significant differences were found for age, education, years of experience, or working area.

4. Discussion

The current study was guided by Missed Nursing Care Model developed by Cartaxo and colleagues (2024) [19], which emphasizes that the missed nursing care (MNC) outcome of interacting factors. The findings support this framework, as inadequate staffing, lack of resources, and teamwork were significant contribute to missed nursing care.

According to the results, the overall mean score of the MISSCARE survey was 1.66 out of 5 points (33.2%). Missed nursing care usually associated with intervention and basic needs, planning, and individual needs. These results are similar to that finding, the most significant missed nursing care were failure to attend interdisciplinary care conferences and patient ambulation three times a day [7]. In contrast, Al-Mnaizel, E. et al. [20] found the mean score for missed nursing care at 2.18 points higher than the study findings, while Hammad, M. et al. [13] found the mean score for missed nursing care at 2.26 points. These variations could be due to the differences in study settings, sample characteristics, and cultural and organizational factors. Addressing the missed nursing care in hospitals is crucial, which may include improving unit staffing, ensuring the availability of resources and promoting effective communication.

Result from the present study suggests that the 8-hour shift, inadequate unit staffing, dissatisfaction with the current position, job, and level of teamwork were significant predictors of increased MNC. Potential reasons that may lead to missed nursing care due to 8-hour shifts include increased handoff and fragmentation of care, task and time pressure, and cumulative fatigue across multiple shifts. Lack of human resources may lead to an increased risk of missed nursing care due to increased workload per nurse, task prioritization, and burnout that leads to a negative impact on morale. While dissatisfaction with current position, job and level of teamwork is an important reason for missed nursing care due to decreased feelings of motivation, engagement, professional

growth and support. In line with the study findings, several international studies have found that inadequate staffing, teamwork issues, and dissatisfaction with the job significantly impact MNC [13, 15, 21, 22].

In studies conducted by Khajoei, E and Heng, L. et al. [3, 23] highlighted that, multiple factors including gender, age, education level, work experience, working shift, and intention to leave were associated with MNC. In contrast to the findings of the present study, personal data and professional characteristics variables, including age, education, years of experience, and working area, did not show a significant association with missed nursing care. These variations in study findings regarding factors leading to missed nursing care are due to several reasons, including differences in research methods, sample characteristics, and differences in work environments.

The overall mean score of RMNC was 2.59 out of 4 points (64.8%), indicating a greater impact of RMNC among the population. Among the elements of RMNC, labour resources achieved the highest score, followed by material resources and communication, while institutional management or leadership styles had the least impact among RMNC elements. The current study's result aligns with the study conducted by Khajoei, E. et al. [3] which found that, the reasons for commonly missed nursing care were labor resources, teamwork, material resources, and communication. While, Lima, M. et al. [24] found that material and labour resources domains were the most prominent reasons for missed nursing care. In the same respect, Mandal, L and Mainz, H. et al. [11, 12] suggested that, the most significant reason for missed nursing care was inadequate staff during disaster time. In light of these results, the study indicates that increasing the human resources in proportion to the workload may reduce the incidence of missed nursing care.

Furthermore, the present study results found that, a positive correlation between MNC and RMNC. which indicates that whenever missed nursing care increases, the reasons for MNC will also likely increase. This correlation exists because the underlying RMNC will directly lead to the inability of nurses to provide comprehensive nursing care. Addressing these causes is crucial to decrease the missed nursing care and improving patient outcomes. In contrast to the study conducted by Hammad, M. et al. [13] which indicate a negative and weak associ-

ation between non-nursing care tasks and the elements of satisfaction with incidence of missed nursing care.

However, the present study found that, all personal data and professional characteristics variables, including age, educational level, years of experience, and working area, showed no significant association with RMNC. Inconsistent with study conducted by Haile, K. et al. [25] which revealed that, level of education, working shift hours, training opportunity, and job satisfaction level have a significant impact on the RMNC. These variations reflect the complexity and multifactorial nature of missed nursing care, as well as differences in research methods and healthcare contexts.

5. Conclusions

The present study provides evidence that missed nursing care is a significant problem in Saudi Arabia, influenced by several factors, including a nursing shortage, lack of resources, and teamwork. This highlights the pivotal role of nursing management in the healthcare setting in improving nursing quality and patient safety by addressing workforce planning, ensuring resource allocation, and promoting teamwork among nurses. The present study contributes to improving the local healthcare setting in Saudi Arabia by reducing occurrence of missed nursing care and global body of literature in missed nursing care.

6. Limitations

The current study was limited to one governmental hospital in Saudi Arabia, using a convenience sample, which restricts the generalizability of the findings. In addition, reliance on self-report data may have introduced response bias.

7. Recommendations

The results of this study have multiple implications. For nursing management, addressing the nursing shortage may reduce work overload and consequently minimize the chances of missed nursing care. For nursing practice, improving teamwork and ensuring the availability of resources may reduce the likelihood of missed nursing care. For education, integrate the concept of missed nursing care into in-service training and nursing curricula. For research, future studies may include multiple hospitals and different samples to enhance generalizability and explore additional contextual factors that contributed to missed nursing care in Saudi Arabia.

Abbreviations

MOH Ministry of Health

CBAHI	Central Board for Accreditation of Healthcare Institutions
MCSH	Maternity and Children Specialized Hospital
SPSS	Statistical Package for the Social Sciences
MNC	Missed Nursing Care
RMNC	The Reasons for Missed Nursing Care

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Author Contributions

Jelan Alasiri: Conceptualization, Data curation, Formal Analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Validation, Visualization, Writing – original draft, Writing – review & editing

Nirvana Gheith: Supervision, Writing – review & editing

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Data Availability Statement

The data is available from the corresponding author upon reasonable request.

Conflicts of Interest

The authors declare no conflicts of interest.

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