



**FACTORS ASSOCIATED WITH THE INCIDENCE OF MISSED NURSING CARE (MNC)**

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**ABSTRACT**

Nurses are one of the main elements in health services in hospitals. The main task of nurses is to provide safe nursing care to patients including activities to help patients reduce weakness, prevent disease, and assist in the recovery process without being missed or delayed (Missed Nursing Care). Many factors influence missed nursing care. The purpose of this study was to determine the factors associated with the incidence of missed nursing care at Bhayangkara Setukpa Hospital, Lemdiklat Polri. This type of research is correlational with a cross-sectional approach. Population and sample were all health workers in Bhayangkara Setukpa Lemdiklat Polri Hospital, Sukabumi City, 71 people using total sampling. Data collection using questionnaires. The instrument used in this study was standardised instrument The Missed Nursing Care (MISSCARE) Survey. Data were analyzed using univariate analysis with frequency distribution and bivariate analysis with Chi-Square correlation. Age ( $p = < 0.001$ , OR = 7.875), gender ( $p = 0.018$ , OR = 0.29), education ( $p = 0.007$ , OR = 0.254), length of service ( $p = < 0.001$ , OR = 6.214) and marital status ( $p = 0.002$ , OR = 0.159) were associated with missed nursing care. There is a relationship between age, gender, education, length of service, and marital status with the incidence of missed nursing care.

Keywords: missed nursing care; nurse; respondent characteristics

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**INTRODUCTION**

Hospitals are institutions in the health sector and have an important role in ensuring public health. These services include services to families and the environment (Rabiatunnisa & Hernike, 2018). Hospitals are often the first point of health care accessed by people when they need medical care. Hospitals provide acute medical care, as well as preventive, diagnostic, and rehabilitation services. The success of a hospital's function can be judged by its ability to provide high-quality health care, which is highly dependent on human resources, especially nurses and other medical personnel who work around the clock (Abere et al., 2024). Nurses are one of the main elements in health services in hospitals, having a fairly large role in determining the quality of health services. Nurses have a fairly large portion, reaching more than 50% of all medical personnel in hospitals, and are always near patients for 24 hours, so the quality of nursing services determines the quality of hospital services (Arsani et al., 2023). The primary task of nurses is to provide safe nursing care to patients. Nursing care includes activities to help patients reduce weakness, prevent illness, and assist in the recovery process without missing or delaying (Missed Nursing Care). Missed Nursing Care (MNC) refers to the omission of important aspects of patient care, which can compromise patient safety and lead to adverse outcomes for the hospital (Soares Paiva et al., 2021). MNC is nursing care that is not provided at all, not fully implemented, delayed, or neglected (Babaei et al., 2024; Dwi Pratiwi et al., 2024). The existence of MNC is a significant issue that has the potential to reduce patient satisfaction levels, increase patient return rates, and have an impact on increasing mortality rates in several hospitals (Rezaei-Shahsavarloo et al., 2021).

Missed nursing care (MNC) is a global challenge that threatens patient safety and health. MNC occurs in the United States, Turkey, and 12 other European countries when assessing individual needs, basic needs, and planning interventions (Albsoul et al., 2019). A study in Stockholm, Sweden, during May-June 2020 showed that missed nursing care actions included turning patients every two hours (76.35%), ambulation three times a day as planned (65%), oral care (52.6%), patient and family education (43.3%), and wound care (43.2%). In the Czech Republic in April-September 2020, the most common MNC indicators were ambulation three times a day as planned (36.3%), emotional support to patients and families (22.8%), turning patients every two hours (16.3%), patient education (13.6%), and oral care (13%) (Gurková et al., 2020). Missed Nursing Care What happens in Indonesia is that nursing documentation is incomplete so it is often missed (Pratiwi et al., 2024). MNC events can have significant consequences for patients, caregivers, and hospitals. Impacts on patients include risk of falls, low satisfaction, increased likelihood of readmission within 30 days, risk of phlebitis, nosocomial infections, medication errors, pressure ulcers, urinary tract infections, prolonged hospital stays, delayed discharge, increased pain and discomfort, and risk of disability and death. Impacts on nurses include dissatisfaction at work, intention to quit, and negative perceptions of the quality of nursing care. For hospitals, MNCs can result in increased costs associated with prolonged hospitalizations (Nantsupawat et al., 2022).

There are many factors that influence the incidence of missed nursing care in hospitals, one of which is age. Nurses aged between 20 to 30 years old tend to miss care more often. This may be due to a lack of experience in managing ward duties and the additional demands of doing non-nursing work. Young age often means greater responsibility, which can interfere with focus and lead to missed nursing actions. More complex tasks and greater responsibilities add to their workload, potentially leading to missed nursing care (Khajoei et al., 2025). Nurses often struggle to prioritize key tasks on the ward, leading to restrictions in service delivery and an increased likelihood of missing essential tasks. Tasks that require more time, such as communication and education to patients, as well as patient management, are often given low priority. This is due to time and resource constraints, leading to such activities being neglected despite their importance in patient care (Chegini et al., 2020). The next factor that contributes to the incidence of missed nursing care is gender. Male nurses have been identified as a major predictor in medication errors. The high frequency of errors and omissions among male nurses may be influenced by economic factors, where low income encourages them to take up second jobs. This second job has the potential to cause physical and mental fatigue, which ultimately contributes to the high rate of missed nursing care (Chegini et al., 2020). Female nurses tend to show greater commitment to their roles, often engaging more deeply and empathetically in patient care. In contrast, male nurses are often found in positions that demand more physical labor, such as in the operating room, which may affect the division of nursing duties. This difference may contribute to the way they interact with patients, where female nurses often have more direct and emotional interactions, while male nurses are more involved in physically demanding tasks (Abere et al., 2024).

Education is another important factor that influences the incidence of missed nursing care. Inadequate and neglected care often reflects clinical incompetence caused by nurses' inadequate or inappropriate education during their education (Ghorbani et al., 2023). Nurses with a diploma educational background are more than four times as likely to miss nursing care compared to those with a master's degree. This finding is supported by a study conducted in Tigray, Ethiopia. An increased level of education contributes to the development of critical thinking ability, knowledge, skills, as well as a sense of professionalism. According to Hogston (1995), continuing education and professional knowledge can improve competence and the quality of care provided (Mingude et al., 2022). The next factor that has an influence

on the incidence of missed nursing care is length of service. Nurses with less than five years of experience reported higher rates of missed nursing care, particularly in critical elements such as emotional support, bathing care, assessment of medication effects, oral care, reversing patient position, toileting assistance, response to calls, and wound care. This indicates that limited clinical experience may affect nurses' ability to provide complete and thorough care, increasing the risk of omissions in critical aspects of patient care (Mainz et al., 2024). Experience plays an important role in determining the quality of nursing care. The longer a nurse works, the more skilled and experienced he or she becomes in carrying out nursing actions, which in turn improves his or her ability to provide optimal care. This allows nurses to complete nursing tasks better, reduce the risk of missed nursing care, and improve the quality of care provided to patients (Putri et al., 2024). Research shows that nurses with more experience tend to have lower rates of medication errors and patient falls. This finding is supported by another study that identified that individual factors such as work experience and communication skills accounted for 64% of the variation in missed nursing care. This reflects the importance of skill development and better decision-making as nurses gain experience (Mingude et al., 2022).

Marital status is a factor that contributes to the incidence of missed nursing care. Single individuals are almost five times more likely to miss nursing care, in other words, nursing care that is delayed, incomplete, or not performed at all is more common among unmarried nurses than married ones (Kassahun et al., 2024). In addition, high nurse-to-patient ratios and long shift durations can increase workload, with single nurses often facing more demanding tasks than their married counterparts. This increase in nurse-to-patient ratios, leading to greater burden, as well as decreased effectiveness of teamwork, can add pressure and stress on single nurses. This risks affecting the quality of care provided, including increasing the likelihood of missed nursing care (Soliman & Eldeep, 2020). The purpose of this study was to determine the factors associated with the incidence of missed nursing care at Bhayangkara Setukpa Lemdiklat Polri Hospital

## **METHOD**

This type of research is correlational with a cross sectional approach. The study was conducted from February 2024 to July 2024 at the Bhayangkara Hospital Setukpa Lemdiklat Polri Sukabumi City. The population and sample was all health workers at the Bhayangkara Hospital Setukpa Lemdiklat Polri Sukabumi City as many as 71 people using total sampling. Data collection using questionnaires. The instrument used in this study was a questionnaire which in the MNC incidence variable refers to standardised instrument The Missed Nursing Care (MISSCARE) Survey. Data analysis used univariate analysis with frequency distribution and bivariate analysis with Chi-Square correlation. The research ethics letter was given by the ethics commission of the Sukabumi Health Sciences College with the number: 000549/KEP STIKES SUKABUMI/2024.

## **RESULT**

Table 1 shows that most of the respondents were aged 20-30 years as many as 45 people (63.4%), female gender as many as 41 people (57.7%), D3 nursing education as many as 37 people (52.1%), working for 1-5 years as many as 36 people (50.7%), married as many as 45 people (71.2%) and experienced a high incidence of missed nursing care, namely 43 people (60.6%).

Table 1.  
Univariate Analysis (n = 71)

Characteristics of Respondents	f	%
Age (Years)		
20-30	45	63,4
> 30	26	36,6
Gender		
Male	30	42,3
Female	41	57,7
Education		
Diploma	37	52,1
Ners	34	47,9
Length of Employment (Years)		
1-5	36	50,7
> 5	35	49,3
Marital Status		
Unmarried	26	28,8
Married	45	71,2
Incidence of Missed Nursing Care		
Low	28	39,4
High	43	60,6

Tabel 2.  
Bivariate Analysis

Bivariate Analysis									
Independent Variable	Categories	Missed Nursing Care				Total		P-Value	OR
		Low		High					
		f	%	f	%	f	%		
Age	20-30 Years	10	22,2	35	77,8	45	100	< 0,001	7,875
	> 30 Years	18	69,2	8	30,8	26	100		
	Total	28	39,8	43	60,6	71	100		
Gender	Male	7	23,3	23	76,7	30	100	0,018	0,29
	Female	21	51,2	20	48,8	41	100		
	Total	28	39,8	43	60,6	71	100		
Education	Diploma	9	24,3	28	75,7	37	100	0,007	0,254
	Ners	19	55,9	15	44,1	34	100		
	Total	28	39,8	43	60,6	71	100		
Length of Employment	1-5 Years	7	19,4	29	80,6	36	100	< 0,001	6,214
	> 5 Years	21	60	14	40	35	100		
	Total	28	39,8	43	60,6	71	100		
Marital Status	Unmarried	4	15,4	22	84,6	26	100	0,002	0,159
	Married	24	53,3	21	46,7	45	100		
	Total	28	39,8	43	60,6	71	100		

Table 2 shows that there is a relationship between age ( $p = <0.001$ , OR = 7.875), gender ( $p = 0.018$ , OR = 0.29), education ( $p = 0.007$ , OR = 0.254), length of service ( $p = <0.001$ , OR = 6.214) and marital status ( $p = 0.002$ , OR = 0.159) with the incidence of missed nursing care in inpatient room nurses. The variable that most influenced the incidence of missed nursing care was age, with an OR of 7.875. This means that respondents aged 20-30 years are more likely to experience missed nursing care as much as 7.875 times compared to respondents aged > 30 years.

## DISCUSSION

### The Relationship Between Age and The Incidence Of Missed Nursing Care (MNC)

The results showed that there was an association between age and the incidence of missed nursing care (MNC) ( $p = <0.001$ , OR = 7.875). This is in line with Tschannen et al. who stated that the age of nurses has a significant effect on patient care. Older nurses have more qualified work experience and can carry out better patient care. This is also stated by Al

Kandari & Thomas who said that older nurses have time management, capabilities, and a sense of responsibility in providing care to patients. Robbins & Judge also argue that increasing age will affect the positive behaviour of workers in doing their jobs (Julianti & Waluyanti, 2021). Young nurses do not only rely on theoretical knowledge, but also need to have intuition to handle patient problems. This lack of experience can lead to missed nursing care (Kim & Lee, 2020). Younger nurses do not have adequate mastery in their work due to shallow work experience. In addition, younger nurses tend to be given more tasks and responsibilities, which affects incomplete nursing services (Khajoei et al., 2025). With many tasks that must be completed in a limited time, important information can be poorly conveyed so that care can be missed or delayed, which is another part of the incidence of missed nursing care (Muharni et al., 2022).

Based on the researcher's assumption, nurses who are in the younger age group tend to still have limitations, especially in terms of work experience and not optimal mastery of clinical skills in nursing practice. These limitations significantly affect the quality of nursing care implementation and have an impact on increasing the risk of missed nursing care. In addition, the high workload experienced by young nurses during the early stages of the adjustment process also increases the possibility of missing important nursing interventions so that the services provided to patients are not provided thoroughly and do not meet comprehensive nursing service standards.

### **The Relationship Between Gender and The Incidence Of Missed Nursing Care (MNC)**

The results showed a relationship between gender and missed nursing care ( $p = 0.018$ ,  $OR = 0.29$ ). This result is in line with Ghorbani et al (2023) which states that there is a relationship between gender and missed nursing care. This statement is supported by Imam et al (2023) who in their research stated that there is a relationship between gender and missed nursing care where male nurses do more missed nursing care than women. Missed nursing care is an act of care that is given but incomplete due to negligence. Missed nursing care can cause major problems, reduce the quality of patient satisfaction, increase readmission and increase mortality rates. Missed nursing care describes elements of nursing care needed by patients that are missed or delayed by nurses (Pratiwi et al., 2024). Gender is one of the factors that influence missed nursing care. Men are more likely to experience missed nursing care than women. While many men have entered nursing, the profession has historically and culturally been dominated by women. This has led to certain role pressures and expectations that can affect male nurses' emotional engagement and approach to patients. Women, in many cultures, are known to be more nurturing, so they may be more conscientious and consistent in meeting patients' needs. In addition, male nurses are more often placed in units that are technical in nature or have a high physical work intensity, such as emergency rooms or surgical units. These placements can potentially lead to heavy workloads, limited time, and high pressure which contribute to the increased risk of missed care (Abere et al., 2024).

Male nurses have a greater chance of experiencing missed nursing care than female nurses. In the nursing work environment, there are still relatively few male nurses so they are often in a minority position in the team. This can affect interactions and the balance of task sharing among team members, which, if uneven, can potentially increase individual workload and lead to missed nursing care. In addition, male nurses often face social pressure due to the perception that nursing is a profession more suited to women. Such pressures can lead to stress and emotional distress, which can negatively impact the quality of care provided and their engagement in responding to patients' emotional needs. Meanwhile, women generally have higher abilities in empathy, interpersonal communication, and sensitivity to non-verbal

signals from patients. In contrast, men are often more task-orientated and to the point, potentially missing patient needs that are not explicitly expressed (Razi, 2024).

### **The Relationship Between Education and The Incidence of Missed Nursing Care (MNC)**

The results showed that there is an association between education and the incidence of missed nursing care in hospitals ( $p = 0.007$ ,  $OR = 0.254$ ). Lower levels of education, such as in nursing assistants or practical nurses with basic qualifications, were significantly associated with a higher incidence of missed nursing care (Prokešová et al., 2024). Nurses with higher levels of education tend to have a greater mastery of knowledge and clinical skills, so that they are able to provide better quality nursing services. Further education is also closely related to increased capacity in decision-making and problem-solving, especially when dealing with complex clinical conditions. The level of education also affects the ability to provide effective and safe care. Quality and patient safety can be directly impacted by education level, as errors and shortcomings in nursing practice often stem from poor professional preparedness..

Nurses who pursue higher education are generally more skilled in utilizing the latest technology and are able to adapt to service system innovations efficiently. This results in increased accuracy in documentation, therapy delivery, and monitoring of patient conditions. These skills also extend to educating patients and families in the use of technology as part of self-care management, which directly impacts the sustainability of care outcomes (Alanazi et al., 2023). Higher formal education is also known to support the quality of teamwork in nursing practice. Mastery of interpersonal and professional communication skills obtained through education significantly strengthens coordination between nursing teams in decision making and implementation of nursing interventions. The effectiveness of this teamwork is directly related to the reduction in the incidence of missed nursing care, because each team member is able to play a synergistic role in ensuring the continuity and completeness of nursing care provided (Amalia et al., 2021).

According to the researcher's assumption, the level of nursing education has a significant contribution to the frequency of missed nursing care, where nurses with a diploma educational background are more prone to negligence in providing care than those who have undergraduate education. Limited provision of advanced nursing theory, lack of understanding of holistic concepts, and low intensity of clinical training that requires in-depth analysis and synthesis of information are the main factors that influence this. Thus, low levels of formal education in nursing can be a predictive indicator of inconsistency in the implementation of comprehensive and sustainable nursing care.

### **The Relationship Between Length of Employment and The Incidence of Missed Nursing Care (MNC)**

The results showed that there is an association between length of employment and the incidence of missed nursing care in hospitals ( $p = 0.007$ ,  $OR = 0.254$ ). In line with the research of Khajoei et al (2025) that length of service is an important predictor in the incidence of missed nursing care. In line with the Kalisch Model in Ahansaz (2024) that various factors related to nurses such as length of service play an important role in influencing how often nursing care is not carried out. Length of service is the period of time a person has taken in carrying out duties or responsibilities in a workplace. This duration reflects the level of individual involvement and experience in a field of work. The longer a person works in an organisation, the higher the experience he has, so that his skills and abilities in completing work tend to increase over time (Astin & Paembonan, 2021).

Nurses who have a working period of <5 years tend to miss nursing care more often, especially in the implementation of basic nursing care compared to nurses who are more experienced or have a long working period. This situation occurs because nurses with a shorter working period have not fully mastered the tasks in the ward so that they are less efficient in carrying out their work. In addition, because they are considered inexperienced, they are sometimes given tasks outside the nursing role or vice versa, they are burdened with many responsibilities as part of the learning process. Both conditions interfere with their focus on providing optimal nursing care, increasing the risk of missed nursing care (Papathanasiou et al., 2024). According to the researcher's assumption, the length of service of nurses plays an important role in fulfilling the possibility of missed nursing care, where nurses with longer working hours generally have more extensive experience, in-depth understanding of procedures, and better time and priority management skills. This experience allows them to recognise patient needs and make the right decisions in complex situations. In contrast, new nurses are often still adapting to the task load, work system and service pressures, making them more prone to neglect certain nursing actions.

### **The Relationship Between Marital Status and The Incidence of Missed Nursing Care (MNC)**

The results showed that there was a significant relationship between marital status and the incidence of missed nursing care. This research is in line with Kassahun et al. (2024) who postulated that missed nursing care can be influenced by the characteristics of a nurse's marital status. This research is also supported by Nantsupawat et al. (2022) who highlighted a positive correlation between marital status and the incidence of missed nursing care. Marital status is defined as a person's status in terms of their living arrangements in a family or household, regardless of the person's legal marital status (Mortelmans et al., 2023). Marital status refers to being married or unmarried, and is associated with various outcomes, one of which is the incidence of missed nursing care. Single nurses may experience a greater workload if they have to handle additional tasks that should be delegated to married nurses, but this does not mean they are less competent or have a lower standard of care (Kassahun et al., 2024; Nantsupawat et al., 2022).

According to the researcher's assumption, nurses who are single have a higher risk of experiencing missed nursing care events. This is thought to be because single nurses generally have less work experience, higher levels of work stress due to additional shift loads, and limited social support. Single nurses are also generally younger with less work experience, which can impact on their lack of skills in time management, prioritisation of actions, decision-making, and emotional maturity in dealing with work pressure. Not to mention the limited support commonly experienced by single nurses, which can reduce resilience, decrease work motivation, and increase vulnerability to emotional exhaustion.

### **CONCLUSION**

There is a relationship between age, gender, education, length of employment, and marital status with the incidence of missed nursing care (MNC). The most dominant variable associated with the incidence of missed nursing care (MNC) is age.

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