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The relationship between documentation quality and patient satisfaction in nursing care: Review

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Abstract---Background: Missed nursing care, encompassing delayed, incomplete, or omitted care, has emerged as a critical area of focus in the past decade due to its implications on patient outcomes and nursing satisfaction. It is influenced by factors like resource scarcity, teamwork, and patient acuity and has been linked to adverse events, particularly in vulnerable populations like older adults. **Methods:** This review synthesizes findings from seven systematic reviews exploring the frequency, predictors, and outcomes of missed nursing care across diverse hospital environments. Databases including EMBASE, Cochrane Library, CINAHL, and Scopus were searched, examining factors such as staffing levels, workload, and communication. Studies were primarily cross-sectional and observational. **Results:** Missed nursing care is prevalent globally, with significant variance influenced by staffing, workload, and communication dynamics. Commonly missed aspects include psychosocial support, communication, and patient education. Associations were found between missed care and adverse outcomes, such as infections, pressure injuries, and increased mortality, particularly in older patients. However, causality remains unclear due to methodological limitations. **Conclusion:** Missed nursing care is a multifaceted issue with broad implications for patient safety, nursing satisfaction, and healthcare outcomes. Further research, including longitudinal and experimental studies, is needed to elucidate causal pathways and develop effective interventions. Addressing the phenomenon requires integrating these insights into nursing education and adopting a multidisciplinary approach to care delivery.

Keywords---missed nursing care, patient safety, adverse outcomes, nursing education, healthcare quality.

1. Introduction

In the last ten years, there has been a renewed focus on fundamental, essential, or basic nursing care, accompanied by an acknowledgment that certain aspects of care are often overlooked [1]. Missed nursing care refers to care that is either delayed, only partially completed, or not completed whatsoever [2]. Nursing care that remains unaddressed and nursing care needs that go unmet have also been referred to in this manner. The concept of rationing care is associated with, yet separate from, missed nursing care. Rationing entails a deliberate and thoughtful choice to restrict access to care [3]. In nursing, this definition has also encompassed the idea that the rationale for this rationing stems from a scarcity of resources [4]. Missed care, in contrast, may not be intentional or justified and might not stem from a shortage of resources [5, 6]. In their significant concept analysis, Kalisch et al. [2] identified various nurse factors that influence missed nursing care, including team norms, decision-making, internal values and beliefs, and habits. Their findings indicated that missed nursing care is a common occurrence, implying its relevance for both nurses and the patients under their care.

The increasing focus on missed nursing care is reflected in a significant rise in publications regarding the subject over the last 15 years, encompassing a variety of review types [7,8]. In addition to systematic reviews, scoping reviews and narrative reviews of missed nursing care have been conducted [9,10]. Scoping reviews evaluate the extent and breadth of existing research literature, and both the review questions and the review processes may develop throughout the review process [12]. A scoping review encompassing 44 papers examined patients' perspectives on unmet nursing care needs. It revealed that most unmet needs were centered around communication, self-management, autonomy, education, and emotional and psychological care [9]. Narrative reviews can provide a thorough examination of a topic or trends within the literature but typically lack a predetermined review protocol, often developing as the review progresses, and may encompass a range of literature beyond just research studies [14-16]. A narrative review approach was employed to present an overview of the instruments utilized to assess missed nursing care, identifying three tools that were consistently applied in this measurement. The tools varied concerning the types of activities and the timeframes applied in the measurements.

Systematic reviews focus on precise questions and strive to conduct a thorough search of the research literature, evaluate the quality of the studies, and integrate the research findings [14]. Systematic reviews are thorough review methods, with their protocols registered with organizations like Cochrane and PROSPERO. Through their meticulous evaluation and synthesis of the evidence concerning particular clinical inquiries, they can support decision-making [15-17]. The number of systematic reviews has seen a remarkable increase, with one group estimating that approximately 22 new systematic reviews are published daily [18]. Consequently, overviews of reviews have developed as an additional approach to systematically gather, evaluate, and integrate the findings of multiple systematic reviews within a specific field [19-21]. Additional terms for overviews are umbrella reviews, meta-reviews, and reviews of reviews. Overviews typically encompass a wide range of issues, ultimately leading to improved decision-making [19]. A variety of published reviews exist regarding missed nursing care, concentrating on the frequency of such occurrences, the influencing factors, and the resulting outcomes. However, there is an absence of a systematic synthesis of these interconnected reviews. This overview of reviews compiles the findings from published systematic reviews regarding missed nursing care.

2. Methods

The databases searched from inception until 2020 include EMBASE, The Cochrane Library, Cumulative Index to Nursing and Allied Health Literature (CINAHL) (EBSCO), and Scopus.

3. Nursing Care Within Various Hospital Environments

Multiple factors, some associated with resourcing and others linked to teamwork and patient acuity, impact missed care [22-28]. Instances of missed care are linked to a decline in the quality of care and an increase in adverse events. This overview demonstrated that earlier reviews have concentrated on nursing care within various hospital environments and diverse populations. In medical and

surgical ward settings, older patients, typically those aged 65 years and above, face a significant risk of developing iatrogenic complications [29-31]. Occasional lapses in nursing care may not pose significant issues for younger, healthier patients; however, for older individuals, repeated instances of missed nursing care can lead to a chain reaction of iatrogenic complications [32]. In complex older patients, four common iatrogenic complications include pneumonia, pressure injury, urinary tract infection, and delirium [33]. The four complications have been categorized as a nurse-sensitive indicator of care for older patients, referred to as “failure to maintain.” [34].

Nursing-sensitive indicators are becoming essential instruments in quality enhancement, aimed at identifying adverse events that are influenced by nursing care [35]. However, the degree or occurrence of missed care that ultimately leads to an adverse event remains unclear, as nearly all research conducted so far has been cross-sectional and observational, establishing only associations between missed care and negative outcomes. Longitudinal and experimental research, which does not solely depend on nurse or patient self-report, is necessary to more clearly determine whether the relationships between missed care and negative patient outcomes are likely to be causal.

Nursing is recognized as a holistic discipline that addresses the entire patient; however, aspects of psychosocial care, including patient interaction, education, and emotional support, frequently appear on the list of missed care items. Considering the principles of nursing, it is understandable that nurses express low job satisfaction, increased absenteeism, and even a desire to leave their positions when they are unable to provide nursing care [36].

Initially, it is essential to gain a deeper understanding of the reasons behind the occurrence of missed nursing care. Jones et al. observe that although research on antecedents is expanding, it accounts for only a small portion of the variation in missed nursing care [23]. This indicates a necessity for a more thorough exploration of the phenomenon. In place of the usual cross-sectional surveys, frequently paired with extensive database analyses, there is a necessity for comprehensive qualitative and mixed methods research to gain a deeper insight into how nurses prioritize care and how external factors like workload, resources, teamwork, and communication affect the care provided, as well as the care that remains undone or is only partially completed [29]. Additionally, it is essential to examine populations that are particularly vulnerable to overlooked nursing care, including older patients with specialized geriatric requirements.

Considering the potential risk to patient safety associated with missed nursing care, it is essential to incorporate these findings into nursing education. The reasoning behind teaching fundamental care in the first year goes beyond merely addressing patient needs; it also highlights how fundamental care can play a crucial role in preventing hospital-acquired complications [37]. During the third year, reflective clinical leadership exercises that emphasize setting priorities and delegation may encompass the safety implications of missed nursing care on patient safety, both in the short and medium term. This content may be most effectively positioned in capstone courses, allowing students to integrate their experiences of missed nursing care into their evolving professional identity.

During their second year, students delve into their ethical responsibilities and are introduced to concepts like Entrustable Professional Activities (EPA), which encompass the tasks that professionals are trusted to carry out in their everyday roles.³⁷ Classifying fundamental physical care and patient communication as essential practice activities for registered nurses presents the opportunity to frame these tasks as ethical, alongside being needs-based and safety-oriented requirements. Although EPAs are a relatively recent concept in nursing, determining whether fundamental care and patient communication can be classified as EPAs will necessitate additional discussion and debate within the broader professional nursing literature [38].

Kearns, in his philosophical exploration of missed nursing care, articulated the principle of “ought to imply can.” [6]. He contends that nurses cannot be held morally accountable for failing to provide care if they cannot do so. If the reasons for missed care are outside the nurses' control, then they should not be held accountable for this oversight. This philosophical perspective could enhance our understanding of how to tackle solutions for missed nursing care. There are various types of care that nurses deliver alongside other healthcare professionals, including assisting patients in intensive care with mobility, feeding patients recovering from a stroke, and offering discharge education to those who have undergone surgery. The application of the “ought to imply a” principle to this shared care remains unclear. The current research does not indicate whether it captures care that may have been overlooked by nurses but performed by others [29]. Ultimately, it remains uncertain whether the existing generic measuring tools are capable of accurately assessing missed nursing care across different specialty settings [10]. This significant yet still developing area of research presents numerous additional paths to investigate.

4. Constraints

Just as conclusions drawn from systematic reviews depend on a wealth of high-quality research, conclusions from overviews also necessitate a substantial foundation of high-quality reviews [14]. If we had incorporated rationed nursing care, we would have added more reviews to this overview. However, rationed care represents a deliberate and thoughtful choice to restrict access to care, particularly in nursing, where such decisions are influenced by available resources. This approach stems from a particular theoretical perspective that does not align with the substantial evidence indicating that missed nursing care arises from multiple factors. We included the review that describes three of the reviews in our overview, provided that it reported results in a way that allowed us to extract information about missed nursing care from the review of rationed care [23, 26, 30].

This overview was constrained as the reviews we incorporated had not formally evaluated the body of evidence, preventing us from commenting on the overall certainty of that evidence. Furthermore, most of the studies examined in the reviews we evaluated employed cross-sectional observational designs and relied on self-reports; thus, the findings concerning both predictors and outcomes should be interpreted with caution. Ultimately, we focused solely on reviews in the English language due to limitations in resources. We may have overlooked

some reviews, but it's worth noting that three out of our seven reviews were authored by individuals from European or Asian countries where English is not the primary language.

5. Conclusions

This overview of seven systematic reviews of missed nursing care highlights the extensive variety of care that is overlooked and emphasizes that it is a prevalent issue in hospitals globally. However, the elements that forecast missed nursing care contribute only a small portion to the overall variance in missed care. Although a connection between missed care and outcomes for patients, nurses, and organizations has been identified, the predominance of cross-sectional research thus far leaves the evidence supporting this relationship somewhat ambiguous.

Further investigation is essential to gain a clearer insight into the reasons behind missed care and the factors influencing nurses' prioritization of the care that is overlooked. It is essential to comprehend how the contributions of other members of the multidisciplinary team can be objectively documented to accurately assess whether the patient is not receiving care or if it is being delivered by a different professional group. Analyzing particular patient groups, especially the older high-risk individuals, could yield more precise insights into the connection between missed nursing care and patient outcomes. Ultimately, grasping what patients desire and appreciate while respecting their preferences, embodies a patient-centered approach to care that would be beneficial to incorporate in future research.

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العلاقة بين جودة التوثيق ورضا المرضى في رعاية التمريض: مراجعة الملخص

الخلفية: ظهرت رعاية التمريض غير المكتملة، التي تشمل الرعاية المؤجلة أو غير المكتملة أو المهملة، كموضوع بالغ الأهمية خلال العقد الماضي بسبب تأثيرها على نتائج المرضى ورضا الممرضين. تتأثر هذه الظاهرة بعوامل مثل ندرة الموارد، والعمل الجماعي، وشدة حالة المرضى، وترتبط بالأحداث السلبية، لا سيما في الفئات السكانية الضعيفة مثل كبار السن.

الطرق: تسلط هذه المراجعة الضوء على نتائج سبع مراجعات منهجية تستكشف تكرار الرعاية التمريضية غير المكتملة والعوامل المؤثرة فيها وتأثيراتها عبر بيانات المستشفيات المختلفة. تم البحث في قواعد بيانات مثل EMBASE ، و Cochrane Library، وCINAHL، وScopus، لفحص عوامل مثل مستويات التوظيف، وحجم العمل، والتواصل. اعتمدت الدراسات في الغالب على التصاميم المستعرضة والرصدية.

النتائج: الرعاية التمريضية غير المكتملة منتشرة عالميًا، مع تباينات كبيرة متأثرة بمستويات التوظيف، وحجم العمل، وديناميكيات التواصل. تشمل الجوانب التي يتم إغفالها غالبًا الدعم النفسي والاجتماعي، والتواصل، وتعليم المرضى. وجدت ارتباطات بين الرعاية غير المكتملة والنتائج السلبية، مثل العدوى، وإصابات الضغط، وزيادة الوفيات، خاصة لدى كبار السن. ومع ذلك، تظل العلاقة السببية غير واضحة بسبب القيود المنهجية.

الخلاصة: الرعاية التمريضية غير المكتملة قضية متعددة الجوانب ولها آثار واسعة على سلامة المرضى ورضا الممرضين ونواتج الرعاية الصحية. هناك حاجة إلى مزيد من البحث، بما في ذلك الدراسات الطولية والتجريبية، لتوضيح المسارات السببية وتطوير تدخلات فعالة. يتطلب التصدي لهذه الظاهرة دمج هذه الرؤى في التعليم التمريضي واعتماد نهج متعدد التخصصات لتقديم الرعاية.

الكلمات المفتاحية: الرعاية التمريضية غير المكتملة، سلامة المرضى، النتائج السلبية، التعليم التمريضي، جودة الرعاية الصحية