

# Examination of the Relationship Between Missed Nursing Care and Job Satisfaction of Pediatric Nurses

Funda Özer<sup>1</sup> , Hatice Yıldırım Sarı<sup>2</sup> 

<sup>1</sup>Department of Pediatric Intensive Care, Health Sciences University Behçet Uz Pediatric Diseases and Surgery Training and Research Hospital, İzmir, Türkiye  
<sup>2</sup>Department of Child Health and Diseases Nursing, İzmir Kâtip Çelebi University Faculty of Health Sciences, İzmir, Türkiye

## Abstract

**Background:** Missed nursing care is a multifaceted phenomenon defined as neglecting or delaying any or all necessary patient care. Its impact on patient outcomes and quality of care has been established.

**Aim:** This study aims to assess the prevalence of missed nursing care in pediatric clinics, identify its causes, and explore its relationship with nurses' job satisfaction.

**Methods:** A cross-sectional study was conducted with 185 pediatric nurses in all inpatient clinics of a training and research hospital from June to December 2021. The Personal and Professional Characteristics Form, the Missed Nursing Care Scale (MISSCARE SURVEY - Pediatric Version), and the Minnesota Satisfaction Scale were utilized. Data were collected from 94 nurses via Google Survey and 91 nurses through self-report on a voluntary basis, and analyzed using descriptive statistics, independent t-tests, one-way analysis of variance, Bonferroni and Pearson correlation tests.

**Results:** It was found that 83.8% of the nurses participating in the study were female, with ages ranging from 22 to 58 years (mean 32.11 ± 7.84). The most frequently missed nursing care tasks were meeting the nutritional needs of the child according to clinical conditions (34.6%) and assisting the child to get up and walk three times a day or as per the nursing care plan if clinical conditions permit (34.6%). The primary reason for missed care was identified as a lack of labor resources. A statistically significant difference was observed in missed care practices, employment unit, working styles, and overall job satisfaction ( $P < 0.05$ ).

**Conclusion:** It was found that nurses were unable to provide at least one required nursing care during their last shift, primarily due to issues related to labor resources. Consequently, it was observed that job satisfaction among nurses decreased as incidents of missed care increased. It is recommended that improvements be made in labor resources as a priority to reduce missed care practices. Additionally, the issue should be further explored through new studies, and essential protocols should be developed to prevent missed nursing care.

**Keywords:** Care, missed care, nursing, pediatric nurse

## Introduction

Missed nursing care (MNC) is defined as the neglect or delay of part or all of the care required for a patient.<sup>1</sup> It is a multifaceted phenomenon linked directly to patient outcomes and the quality of care,<sup>1,2</sup> potentially leading to adverse patient outcomes such as increased readmission rates, pressure ulcer cases, reduced patient satisfaction, and incidents of patient loss and falls.<sup>3,4</sup>

In studies conducted on MNC, it has been determined that factors such as hospital-related characteristics, employee-related characteristics, working style, working environment, and the characteristics of the work performed, affect MNC.<sup>1,2</sup> Considering these factors, work-related situations and job satisfaction are identified as important elements for either high-quality nursing care or instances of missed nursing care.<sup>5</sup> Job satisfaction occurs when the characteristics of the job align with the employee's desires, reflecting the employee's contentment with their role.<sup>6</sup> Compared to other professions, job satisfaction holds greater significance in the health sector, which prioritizes human life. Job satisfaction among nurses is known to influence nursing practices and correlate with patient satisfaction.<sup>7,8</sup>

The current affiliation of Funda Özer is: Graduate of İzmir Katip Çelebi University Institute of Health Sciences, İzmir, Türkiye

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**Corresponding author:** Funda Özer E-Mail: fundao89o@hotmail.com

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Job satisfaction is influenced by individual factors such as age, gender, marital status, education level, and years of employment, as well as organizational factors like working environment, salary, job characteristics, and opportunities for promotion.<sup>9</sup> Pediatric clinics, especially specialized units such as neonatal intensive care, pediatric intensive care, and pediatric oncology, continue to manage medically complex cases. Pediatric patients inherently require nurses to possess advanced skills in nursing interventions, particularly in medication administration. High-quality nursing care in pediatric units significantly impacts the reduction of mortality and morbidity rates in children.<sup>10</sup>

Evaluating the job satisfaction levels of pediatric nurses is crucial for delivering quality and safe care to pediatric patients.<sup>4</sup> As a professional group, pediatric nurses are highly motivated to make a positive impact in their patients' lives. However, the inability to provide necessary care can lead to job dissatisfaction at a more severe level compared to other professional groups.<sup>10</sup> The relationship between MNC and job satisfaction was affirmed by study findings, and nurses reporting fewer instances of MNC exhibited higher job satisfaction.<sup>10</sup> It was observed that the intention to leave the current position was greater among nurses working in units with higher levels of MNC.<sup>11</sup> While the literature has explored missed care requirements<sup>10,12,13</sup> and job satisfaction<sup>14</sup> among pediatric nurses, it is acknowledged that both missed care requirements and job satisfaction can be influenced by the resources available to pediatric nurses and by the institutions they work for, varying from country to country and even between institutions. The identification of missed care needs, a relatively new area of concern globally and in Türkiye, along with its relationship to job satisfaction, are expected to capture the attention of nurse managers in Türkiye, encouraging them to explore solutions.

Evaluating the causes of MNC, which adversely affects both employee well-being and the quality of patient care, and implementing measures to prevent MNC are critical for enhancing the quality of nursing care and job satisfaction. This study was undertaken to assess the status of missed nursing care in pediatric clinics, identify its causes, and examine its relationship with nurses' job satisfaction.

### Research Questions

- What is the current status of MNC in pediatric clinics?
- What are the primary causes of MNC?
- Which nursing care practices cannot be met due to the personal and professional characteristics of pediatric nurses, and why are the practices unmet?
- What is the relationship between MNC and job satisfaction of pediatric nurses?
- What is the relationship between the personal and professional characteristics of pediatric nurses and their job satisfaction?

## Materials and Methods

### Design of the Study

This study is designed as a cross-sectional analysis.

### Study Population and Sample

The study was conducted in a training and research hospital during the coronavirus disease-2019 (COVID-19) pandemic, with the number of active nurses working there being recorded as 479. The sample

size was calculated to be 214 nurses, using a formula for calculating samples with a known population. This calculation was based on a 95% confidence interval and a 5% margin of error. To accommodate a potential 10% data loss, the target sample size was adjusted to 225. However, due to the reluctance of a significant portion of nurses to participate in the study during the pandemic, the calculated sample size was not met. Data collection was intended to conclude when the number of participants reached 225, but the study was completed with 185 nurses. This was because 35 of the 258 nurses who were approached did not return the questionnaires within the specified period, and 38 refused to participate in the study. Thus, 38.6% of the target population was ultimately included in the study. The study's power was analyzed using the G\*Power 3.1.9.2 program. An analysis of the 185 participants yielded an effect size of 0.222 at an  $\alpha=0.05$  level, with the post-hoc power of the study calculated to be 0.863. The minimum acceptable post-hoc analysis power value is 0.67, indicating that the strength of this study is acceptable, and the data quantity is sufficient. Eligibility for the study was limited to nurses working in pediatric inpatient clinics who volunteered to participate.

### Data Collection Tools

Data were obtained using the Personal and Professional Characteristics Form, the Missed Nursing Care Scale (MISSCARE SURVEY - Pediatric Version), and the Minnesota Satisfaction Scale.

### Personal and Occupational Characteristics Form

This questionnaire, developed by the researchers, comprises 15 questions designed to collect data on the participants' age, gender, education level, work unit, employment type, average monthly working hours, number of patients cared for during working hours, and status of in-service training.

### The Missed Nursing Care Scale (MISSCARE SURVEY - Pediatric Version)

The Missed Nursing Care Scale (MISSCARE SURVEY- Pediatric Version) underwent a Turkish validity and reliability assessment by İncekar, İspir, and Sönmez in 2020, following its development by Bagnasco et al. in 2018. This scale is divided into two sections. Section A contains 29 items rated on a six-point Likert scale, with a 'Not suitable' option provided for each nursing practice to account for situations where a practice may not be applicable in certain units. Section B comprises 16 items rated on a four-point likert scale divided into three sub-dimensions. The sub-dimensions of Section B are as follows: Items 9, 10, 11, and 12 pertain to 'material resources'; items 2, 3, 4, 5, 6, 7, and 8 pertain to 'communication'; items 1, 13, 14, 15, and 16 pertain to 'labor resources'; items 1, 13, 14, 15, and 16 pertain to 'labor resources'. The validity and reliability for Section A were calculated to be 0.88, and for Section B, 0.90. Reliability analyses revealed that Cronbach's alpha values ranged from 0.82 to 0.88 across the sub-dimensions, and Intra-Class Correlation Coefficient (ICC) values were between 0.52 and 0.65 for the sub-dimensions, with an overall questionnaire value of 0.64. The questionnaire has been found to be a valid and reliable tool for cross-cultural research. It reveals the nursing care activities that nurses working in pediatric clinics are unable to meet, along with the reasons for these shortcomings.<sup>15</sup> In this study, the Cronbach's Alpha value of the Missed Nursing Care Scale was found to be 0.953.

### The Minnesota Satisfaction Scale

This scale, whose Turkish validity and reliability study was conducted by Baycan in 1985, was developed by Davis, Weiss, England, and Lofquist in 1967 to determine the level of job satisfaction (Cronbach's alpha: 0.77). The Minnesota Satisfaction Scale is a five-point Likert-type measurement tool consisting of 20 items that assess the level of intrinsic and extrinsic satisfaction. It is scored between 1 (Not at all satisfied) and 5 (Very satisfied).<sup>16</sup> In this study, the Cronbach's alpha value of the Minnesota Satisfaction Scale was found to be 0.929.

### Data Collection

The study was conducted from June 3, 2021, to December 30, 2021, across all inpatient treatment and care clinics at a training and research hospital. Informed consent was obtained from the nurses prior to their participation in the study. Although it was initially planned to collect all study data through face-to-face interactions, the COVID-19 pandemic led to changes in the work schedules of many nurses, necessitating the collection of some data online. Data were collected from 94 nurses via Google Survey and 91 nurses through self-report. Of the 91 self-reporting nurses, 20 completed the questionnaires in the presence of the researcher, while 71 completed them in the presence of their supervisors within their respective units; all questionnaires were submitted on the same day. The average time to complete the survey was 10 minutes. Efforts were made to ensure that the data collection process did not interfere with working hours and that nurses had sufficient time to complete the questionnaires.

### Data Analysis

The data obtained from the research were analyzed using the Statistical Package for the Social Sciences 22.0 (SPSS version 22, IBM, New York, USA). Descriptive statistics for the data obtained from the Personal and Occupational Characteristics Form, the Missed Nursing Care Scale (Pediatric Version), and the Minnesota Satisfaction Scale were calculated. Descriptive statistics are presented as number (n), percentage (%), minimum and maximum value (min-max), mean ( $\bar{x}$ ), standard deviation (SD), and median values. The adherence of the scales' data and their sub-dimensions to a normal distribution was evaluated using kurtosis and skewness values, complemented by Q-Q plot visualization. For the comparison of quantitative data within normally distributed datasets, the independent t-test was utilized to determine the difference between two independent groups. A one-way analysis of variance was employed for comparing more than two independent groups, with Bonferroni correction applied to identify the group(s) contributing to any observed differences. Pearson correlation analysis was used to examine the relationships between numerical variables.

### Ethical Responsibilities

Approval for this study was granted by the Clinical Research Ethics Committee of the Health Sciences University Behçet Uz Pediatric Diseases and Surgery Training and Research Hospital on June 3, 2021, under the decision number 2021/10-15. Institutional permission was also secured to conduct the study across all inpatient treatment and care clinics within the facility. This study was performed in line with the principles of the Declaration of Helsinki, and necessary permissions for scale usage were obtained. Informed consent was obtained from the participants.

## Results

The study revealed that 83.8% of the nurses were female, with age ranges between 22 and 58 years (mean age  $32.11 \pm 7.84$ ). Among these nurses, 68.6% held a bachelor's degree, and 57.3% worked in intensive care units. Their overall professional experience ranged from 1 to 40 years, averaging  $9.34 \pm 8.43$  years; specifically, in the pediatric unit, their experience ranged from 1 to 36 years, with an average of  $7.02 \pm 6.95$  years. A total of 72.42% of the nurses were assigned to their current units, while 27.6% chose their units voluntarily. When analyzing working patterns, 12.4% of nurses work continuous daytime shifts (08:00-16:00), 2.2% work continuous nighttime shifts (16:00-08:00), 15.1% work continuous 24-hour shifts, and 70.3% work mixed shifts. The number of patients cared for by the nurses during working hours varied between 1 and 18, with an average of  $3.48 \pm 1.93$  patients. The number of patients cared for during night shifts and weekends also ranged from 1 to 18, with an average of  $3.94 \pm 2.59$  patients. The average monthly working hours for nurses ranged between 100 and 300 hours, with an average of  $190.64 \pm 24.22$  hours; the average monthly overtime was  $34.82 \pm 22.65$  hours. A total of 84.3% of nurses reported receiving orientation training upon starting work in the pediatric unit, and 82.7% reported receiving in-service training. The number of in-service trainings received within a year varied from 0 to 16, with an average of  $2.56 \pm 2.27$  sessions.

The nurses identified the following reasons for unmet care needs in the clinical environment: 42.2% cited inadequate materials, 40% cited a shortage of nurses, 36.2% reported a high workload and a high number of patients, 22.7% mentioned insufficient nursing staff, 9.2% identified communication breakdowns/tension within the healthcare team, 8.6% felt the working environment was physically unsuitable, 6.5% cited low motivation, 2.7% mentioned disruptions caused by companions, 1.6% cited a high number of patients and patients whose clinical condition deteriorated, and 1.1% cited long shifts (Table 1).

Care practices that nurses "sometimes" are unable to meet include "supporting the neuro-development of the baby according to its age and clinical condition (e.g., neonatal care, cognitive and relational development of the child or adolescent)" at 23.8%, and "providing non-pharmacological care according to protocol for managing pain with pain management approaches" also at 23.8%.

The nurses reported several factors affecting MNC: "lack of cooperation among team members (e.g., nurses, nurse aides, doctors)" was cited by 29.2% in the communication sub-dimension; "lack of availability of tools/equipment when needed (e.g., infusion pump, surgical instruments)" was noted by 31.4% in the material resources sub-dimension; and in the labor resources sub-dimension, "insufficient number of auxiliary personnel" (57.3%) and "insufficient number of nurses" (51.9%) were identified as significantly impacting MNC.

A statistically significant difference was observed in the MNC practices (Section A) scores among nurses according to the units they worked in ( $P=0.001$ ). Nurses working in intensive care units were found to be unable to meet care practices more frequently than those working in special care clinics. Additionally, a statistically significant difference was noted in the MNC practices (Section A) scores among nurses based on their working patterns ( $P=0.003$ ). Nurses working continuous 24-hour shifts were found to be less able to meet care

**Table 1.** The Situation of Missed Nursing Care Practices at the Highest Rate (n=185)

Nursing Care Practices (Examples)	Never		Rarely		Sometimes		Often		Always		Not Suitable	
	N	%	n	%	N	%	n	%	N	%	n	%
Standing and walking the child three times a day if clinical conditions permit or in accordance with the nursing care plan	25	13,5	<b>64</b>	<b>34,6</b>	26	14,1	15	8,1	13	7,0	42	22,7
Meeting nutritional needs according to the newborn's request depending on the child's clinical conditions (e.g. meeting nutritional needs according to the newborn's request (oral feeding and/or supporting feeding, promoting proper nutrition according to personal taste)	31	16,8	<b>64</b>	<b>34,6</b>	26	14,1	19	10,3	43	23,2	2	1,1
Recording completely of all required nursing data	25	13,5	<b>62</b>	<b>33,5</b>	32	17,3	29	15,7	36	19,5	1	0,5
Evaluate the effectiveness of administered drugs	29	15,7	61	33,0	33	17,8	<b>36</b>	<b>19,5</b>	26	14,1	0	0,0
Taking biological specimens/samples as requested	43	23,2	50	27,0	15	8,1	22	11,9	<b>51</b>	<b>27,6</b>	4	2,2
Hand washing	50	27,0	37	20,0	23	12,4	19	10,3	<b>51</b>	<b>27,6</b>	5	2,7

practices compared to those working continuous daytime (08:00-16:00) and mixed shifts (Table 2).

Regarding job satisfaction, 62.2% of nurses reported being not at all satisfied with their current jobs in terms of remuneration, 58.9% in terms of promotion opportunities, and 35.1% in terms of the opportunity to be respected in society. Conversely, 37.8% of nurses expressed satisfaction with their jobs in terms of job stability, 24.9% were very satisfied with the opportunity to help others, and 18.9% were very satisfied with being able to use their own skills in their job.

A statistically significant difference was observed in the scores for general satisfaction and the intrinsic satisfaction sub-dimension based on the gender of the nurses ( $P < 0.05$ ), with female nurses reporting higher overall and intrinsic satisfaction compared to male nurses.

Furthermore, a statistically significant difference was noted in the intrinsic satisfaction sub-dimension scores among nurses according to their level of education ( $P=0.01$ ). Nurses with a bachelor's degree reported higher intrinsic satisfaction compared to those with diplomas from health vocational high schools and those with master's degrees.

A statistically significant difference was observed in the job satisfaction scores of nurses based on their working patterns ( $P < 0.05$ ). Nurses working continuous daytime shifts (08:00-16:00) reported higher job satisfaction compared to those working mixed shifts.

There was a statistically significant negative correlation between the number of patients cared for during working hours and both the

general satisfaction scores and intrinsic satisfaction sub-dimension scores of nurses ( $P < 0.05$ ).

A statistically significant positive correlation was noted between general satisfaction scores and intrinsic satisfaction scores. Conversely, a statistically significant negative correlation was observed between MNC practices, reasons for MNC, and communication sub-dimension scores ( $P < 0.05$ ). A significant strong positive relationship was detected between intrinsic satisfaction and extrinsic satisfaction sub-dimension scores ( $P=0.00$ ) (Table 3).

A statistically significant negative correlation was identified between the extrinsic satisfaction sub-dimension scores and the sub-dimension scores related to MNC practices, reasons for MNC, and communication ( $P < 0.05$ ) (Table 3).

No statistically significant positive relationship was found between the MNC practices score and the communication sub-dimension score ( $P=0.05$ ) (Table 3).

### Discussion

The nurses identified the top three reasons for missed nursing care needs as insufficient materials, a shortage of nurses, and a high workload along with a high number of patients, respectively in this study. These are followed by high workload and excess number of patients, which are directly caused by the lack of nursing staff. According to the research conducted by Yardımcı and Akın, the two most significant factors contributing to increased workloads for nurses were identified as the insufficient number of nursing staff and nurses' off-duty tasks.<sup>17</sup> Furthermore, the study by Elmaoğlu and Eriş revealed that unclear task definitions for pediatric nurses contribute to increased workloads; similarly, Seki's study found that the workload negatively impacts nurses' job satisfaction.<sup>18,19</sup> This study also observed that the number of patients cared for by nurses during day shifts was lower compared to night and weekend shifts. Considering that the majority of nurses participating in our study work in intensive care units, this average seems to pose serious challenges. It was found that pediatric nurses in intensive care units were more likely than those in special care clinics to be unable to provide necessary care. This study revealed that pediatric nurses' job satisfaction

**Table 2.** Point Averages of Minnesota Job Satisfaction Scale of Nurses (n:185)

Scale Dimensions	Min	Max	$\bar{x}$	SS
General satisfaction	1,00	4,60	2,69	0,75
Intrinsic satisfaction	1,00	5,00	2,91	0,82
Extrinsic satisfaction	1,00	4,13	2,37	0,77

Min: The smallest value, Max: The greatest value

**Table 3. Correlation Analysis of Scales and Subscales**

Scale and Dimensions	1	2	3	4	5	6	7	8
1-General satisfaction	1	<b>0,961**</b>	<b>0,899**</b>	<b>-0,181*</b>	-0,134	-0,090	<b>-0,178*</b>	-0,058
P		<b>.000</b>	<b>.000</b>	<b>.014</b>	.070	.226	<b>.016</b>	.435
2- Intrinsic satisfaction		1	<b>0,743**</b>	-0,141	-0,087	-0,052	-0,131	-0,020
P			<b>.000</b>	.055	.240	.479	.075	.792
3- Extrinsic satisfaction			1	<b>-0,214**</b>	<b>-0,186*</b>	-0,134	<b>-0,222**</b>	-0,109
P				<b>.003</b>	<b>.011</b>	.069	<b>.002</b>	.141
4- MNC practices				1	0,105	0,088	<b>0,144*</b>	0,024
P					.155	.235	<b>.050</b>	.750
5- Causes of MNC					1	<b>0,873**</b>	<b>0,924**</b>	<b>0,842**</b>
P						<b>.000</b>	<b>.000</b>	<b>.000</b>
6- Material resources						1	<b>0,732**</b>	<b>0,642**</b>
P							<b>.000</b>	<b>.000</b>
7- Communi-cation							1	<b>0,632**</b>
P								<b>.000</b>
8- Labor resources								1
P								

decreased as missed care practices increased. A study conducted in the United States of America determined that as missed care increases among neonatal nurses, job satisfaction decreases, and the intent to leave the institution increases.<sup>20</sup> The Society of Pediatric Nurses stated that the patient-nurse ratio in pediatric clinics directly affects patient care outcomes, necessitating institutional analyses on this issue. It highlighted that mortality, infections, falls, and longer hospital stays are significant adverse outcomes that may arise from a shortage of nurses.<sup>21</sup> In study conducted by Uzuntarla and Büyük, it was found that pediatric nurses tend to care for 1-5 patients during working hours, which is similar to our study's findings.<sup>22</sup> Another study revealed that as the number of child patients cared for by nurses increases, readmissions to the hospital within 15-30 days increase by 1.11 times or 11%.<sup>23</sup>

Inadequate equipment was identified as the primary cause of MNC reported by nurses in this study. In the absence of necessary equipment, nurses are forced to spend time searching for these items or creating alternatives, thereby reducing the time available for patient care and increasing the risk of missed care. In specialized units such as oncology, insufficient equipment may lead to patients being referred to different hospitals, or necessitate obtaining supplies through the family, resulting in delays in treatment and care.<sup>24</sup> Studies on the topic have consistently reported equipment insufficiency as one of the most common reasons for unmet care needs.<sup>8,25</sup>

In this study, when evaluating the causes of MNC, the most common reasons identified were an inadequate number of auxiliary personnel within the labor resources sub-dimension, unavailability of tools/equipment when needed in the material resources sub-dimension (e.g., infusion pumps, surgical instruments), and lack of cooperation among team members (nurses, auxiliary personnel, physicians) in the

communication sub-dimension. The insufficient number of auxiliary staff is significant concerning patient care and thus forms a basis for MNC. It has been reported that good collaboration between team members significantly enhances work performance, job satisfaction, and the quality of healthcare services provided.<sup>26</sup> Similar to our findings, a study conducted by Kalisch et al. revealed that the primary causes of MNC were in order, labor resources, material resources, and communication.<sup>27</sup> Differently, in a study carried out in the neonatal intensive care units (NICUs) of seven public hospitals in Istanbul, the leading cause of MNC was identified as the 'communication' sub-dimension.<sup>28</sup>

Furthermore, this study determined that nurses working in continuous 24-hour shifts were more likely to be unable to provide care compared to those working in continuous day and mixed shifts. Corresponding to this outcome, nurses working around the clock reported lower job satisfaction. Bahar et al. also found that nurses working continuous day shifts experienced higher job satisfaction.<sup>29</sup> The Turkish Nurses Association (TNA), in its report on the working conditions of nurses, stated that working long shifts with constantly changing hours adversely affects nurses' circadian rhythms, as well as the quality of patient care, safety, and their family and social life.<sup>30</sup> Similarly, the International Labor Organization (ILO) reported in 2016 that one of the most significant stressors for nurses related to their working environment is the shift and on-call working system.<sup>31</sup> For these reasons, 24-hour shifts should not be routine practice in the nursing profession but rather a method used sparingly. Although many hospitals did not frequently employ the 24-hour working system, the increase in patient numbers during the pandemic and the incidence of nurses contracting COVID-19 exacerbated the nursing shortage, leading to more frequent 24-hour shifts. A positive correlation was observed

between average monthly overtime hours and communication as a cause of MNC.

In this study, the care practices most consistently met were 'assessing vital signs according to the nursing care plan' and 'responding to a call light, intervention request, or alarm within five minutes.' Following these were 'assessing the catheter site' and 'providing necessary care.' It was found that the nurses participating in our study failed to meet at least one aspect of nursing care during their last shift. The most commonly unmet care practices were 'meeting the nutritional needs of the child according to clinical conditions,' 'assisting the child to get up and walk three times a day or as per the nursing care plan if clinical conditions permit,' 'completely recording all necessary nursing data,' and 'attending daily bedside rounds.' Analysis of the results suggests that nurses prioritize care practices that are urgent/necessary for the patient at that moment. Consequently, they may not fulfill care practices that can be postponed, facing choices between competing care needs.

The ability to provide complete patient information during handover is crucial for ensuring continuity of care and patient safety.<sup>32</sup> In our study, a high percentage of failures were observed in the practices of 'completely recording all necessary nursing data' and 'attending daily bedside rounds.' The allocation of time for data recording is sometimes neglected or postponed due to workload, leading to care continuity issues with incomplete information and adverse outcomes for the patient. Almost all nurses participating in a study by Çevik et al. expressed discomfort with unnecessary conversations during handovers, uninterested attitudes and behaviors of colleagues, and the inability to fully answer questions asked.<sup>33</sup>

The average job satisfaction scores reported in various studies were as follows: 3.15 in the research by Çelik and Kılıç; 3.53 in the study by Hatip and Seren; 3.3 in Shanshan et al.'s study; and 2.77 in Al-Hamdan et al.'s study.<sup>34-37</sup> In our research, female nurses were found to have higher general and intrinsic satisfaction levels than male nurses. Moreover, nurses with bachelor's degrees exhibited higher intrinsic satisfaction compared to those with diplomas from health vocational high schools and master's degrees. As the level of education increases, so do people's expectations regarding professional advancement and wages. The majority of nurses reported being dissatisfied with their salaries and the opportunities for advancement within their workplace. It was found that nurses working in intensive care units reported higher general satisfaction and intrinsic satisfaction compared to those in specialized care clinics. This higher satisfaction in intensive care units may be attributed to their isolation from other hospital units and more intense team communication, contributing to greater job satisfaction.

### Limitations

The study's scope is limited due to its conduct in a single center, preventing broad generalizations. Additionally, the pandemic conditions hindered the ability to reach a planned number of nurses, further constraining the study's scope. Since data were collected during the COVID-19 pandemic, the findings are influenced by the specific working conditions of this period.

### Conclusion

This study revealed that job satisfaction among nurses decreased as incidents of missed care increased. Based on the study data, it

is suggested that institutions should regularly implement and evaluate the scale of MNC within their organizations, examining the reasons for MNC and taking corrective actions based on feedback from employees and management. It is recommended to establish a system for reporting and tracking unmet care needs. The job satisfaction of nurses should be assessed regularly, and appropriate measures should be implemented to enhance their satisfaction in terms of the working environment, wages, management style, communication, and opportunities for development and promotion. In Türkiye, there is a need for comprehensive studies involving various healthcare team members (such as nurses, physicians, and nursing staff) to identify the causes of MNC and develop effective solutions. Aligning the patient-nurse ratio with standards across all clinics could significantly address the issue. Future research could explore the impact of increased nursing staff on the rates of MNC and job satisfaction.

**Ethics Committee Approval:** Permission for the study was obtained from the Clinical Research Ethics Committee of the Health Sciences University Behçet Uz Pediatric Diseases and Surgery Training and Research Hospital (Approval Number: 2021/10-15, Date: 03.06.2021).

**Informed Consent:** Informed consent was obtained from the nurses prior to their participation in the study.

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