



Original Article

Determination of missed nursing care needs in psychiatric clinics

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Abstract

Objectives: This study aimed to determine the missed nursing care needs in psychiatric clinics.

Methods: This descriptive and cross-sectional study was conducted with 155 nurses working in psychiatric clinics between March and May 2023. Data were collected using the "Personal Information Form" and "The MISSCARE Survey-Turkish."

Results: The mean score of missed nursing care needs (Part A) was 21.34 ± 9.91 . The primary reasons for missed nursing care were identified as insufficient labor, material deficiencies, and lack of communication. Gender and the mean number of patients cared for during day and night shifts were found to be associated with missed nursing care needs. Additionally, gender, working in rotation, allocating sufficient time for care, perceived competence in psychiatric nursing practice, and participation in a certificate program were associated with the reasons of missed nursing care services.

Conclusion: The study revealed that various factors contribute to missed care needs among nurses working in psychiatric clinics. Managerial interventions that strengthen patient safety culture and foster a positive work environment are essential to reducing missed nursing care.

Keywords: Nursing; nursing care; psychiatric nursing

Missed nursing care is defined as "failure to complete, partial completion of, or postponement of all or part of planned care practices".^[1] This relatively new concept was first introduced to the field of study by Kalisch and colleagues in 2006, and it has been the subject of ongoing research ever since. Missed nursing care needs encompass initiatives within nine core areas. These areas, which play a significant role in the lives of individuals with care needs, are described as 'delayed or forgotten': nutrition, emotional support, positioning, hygiene, patient education, intake and output records, discharge planning, and surveillance.^[2,3] Nurses play a critical role in coordinating, planning, implementing, and

evaluating patient care. Failure to fulfil these responsibilities can lead to adverse patient outcomes ranging from minor discomfort to death.^[1] In this context, when reviewing recent national and international literature, missed nursing care needs have led to problems such as an increase in heart failure, acute myocardial infarction, phlebitis, pressure ulcers, urinary tract infections, physical disability, and mortality rates, as well as decreased patient satisfaction, increased patient falls, prolonged hospital stays, and delayed discharge.^[4-6] It is also emphasized that missed nursing care needs negatively affect not only patients but also their relatives, healthcare workers, and healthcare institutions.^[7,8]

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Psychiatric clinics are units where individuals with mental health issues can receive treatment and care. It is extremely important for individuals receiving treatment in these clinics, who are a vulnerable group, to undergo mental and physical assessments by nurses and to have their holistic care needs met.^[9,10] However, patients' nursing care needs are sometimes not met due to reasons such as staff shortages in psychiatric clinics, an excessive workload, high levels of stress and burnout, issues with internal communication and conflict, patient density, a lack of insight in psychiatric patients, and inadequacies in providing a therapeutic environment.^[9,11,12] Furthermore, the physical health needs of patients are sometimes overlooked in psychiatric clinics.^[10,13,14] However, the long-term use of psychopharmacological agents by psychiatric patients, unhealthy eating habits, sleep problems, a lack of physical activity, excessive smoking and alcohol consumption, unsafe sexual practices, a lack of insight, and inadequate help-seeking behaviour can all contribute to the deterioration of patients' physical health, increasing their need for care.^[13,15,16] One of the most important roles of nurses working in psychiatric clinics is to protect, treat, and maintain the physical and mental health of patients. Despite studies on the effectiveness of care provided by nurses in psychiatric clinics, there are limited studies on identifying missed nursing care needs in these clinics.

In this study, Joseph et al.^[11] surveyed 70 psychiatric nurses to determine their perceptions of missed care for acute psychiatric patients. The most frequently missed care practices were found to be care planning, communication assessments, safety checks, and oral intake assessments. In their literature review examining missed care needs in psychiatric clinics, Kohanová et al.^[17] identified three main categories: physical, social, and mental health. They found that missed physical care needs in psychiatric clinics include daily living activities and physical health. Missed mental health care needs include support for mental health issues such as distress, crisis management, and psychotic symptoms. Missed social care needs include support with housing and home management, financial and administrative matters, and social functioning. In this regard, this study was conducted to identify missed nursing care needs in psychiatric clinics and to contribute to the limited literature on this topic. The study questions are listed below:

1. Which nursing care needs are being missed in psychiatric clinics?
2. What are the reasons for these missed nursing care needs?
3. Are there differences in the descriptive characteristics of psychiatric nurses and the scale and its subscales?
4. Is there a relationship between the descriptive characteristics of psychiatric nurses and the scale and its subscales?

What is presently known on this subject?

- Although studies have identified missed nursing care needs and their reasons in internal medicine and surgical clinics, research into the same issue in psychiatric clinics appears to be limited.

What does this article add to the existing knowledge?

- This article adds to the existing body of research and knowledge on missed nursing care needs and their reasons in psychiatric clinics, a topic that has not been widely studied before.

What are the implications for practice?

- This article presents important data on how to improve the quality of patient care by identifying missed nursing care needs in psychiatric clinics and their reasons. Recognizing key obstacles such as labor and material shortages, and communication issues, can help management and policymakers to improve clinical operations. Furthermore, organizing training programs and planning resources to support nurses' professional development and create more efficient working conditions will enhance the quality of care.

Materials and Method

Study Design and Sample

This study was conducted as a descriptive and cross-sectional study. The data were collected from March 10 to May 31, 2023, at the psychiatric clinics of a mental health and psychiatric hospital in İstanbul. The researchers explained the purpose of the study to the nurses working at these clinics and collected the data in their interview room. The study population consisted of nurses working in psychiatric clinics at a mental health and psychiatric hospital in İstanbul (N=257). The sample size was determined to be a minimum of 154 nurses based on the known sample formula ($N=257$, $t=1.96$, $p=0.50$, $q=0.50$, $d=0.05$). The sample consisted of 155 nurses working in psychiatric clinics who met the inclusion criteria.

$$n = \frac{257 \times 1.96^2 \times 0.5 \times 0.5}{0.05^2 (256) + 1.96^2 \times 0.5 \times 0.5} = 154$$

The inclusion criteria for the study were as follows:

1. Being between 18 and 65 years of age.
2. Working as a nurse in an acute or chronic psychiatric clinic.
3. Being primarily responsible for patient care.

Nurses working in psychiatric emergency departments and community mental health centers were excluded from the study because they follow up with outpatients.

Data Collection Tools

The data for the study were collected using a Personal Information Form and the MISSCARE Survey-Turkish.

Personal Information Form

The nurses participating in the study provided information regarding their age, gender, marital status, educational status, total years of work experience in the profession, total years of work experience in psychiatric clinics, methods used in patient care, average number of patients in their unit, total

number of nurses in their unit, average number of patients cared for per shift, and weekly and monthly working hours. They were also asked about their ability to devote sufficient time to patient care in their workplace, whether they had ever been unable to complete or had delayed a care task for which they were responsible during their professional career, whether they had participated in a psychiatric nursing certification program, and their perceived competence in the psychiatric nursing practice. The form consisted of 16 questions and was developed by the researchers after reviewing the relevant literature.^[8,11,18]

The MISSCARE Survey-Turkish

Kalisch et al.^[19] conducted a Turkish validity and reliability study of the scale developed by Kalisch and Williams to measure the amount, type, and reasons for missed nursing care. The scale consists of two parts. The first part (Part A) asks about missed nursing care needs, and the second part (Part B) asks about reasons for missed nursing care services. There are 37 items in total: 21 in the first part of the scale and 16 in the second. Both parts are four-point Likert scales. If the care questions in Part A are not appropriate for the patient, however, the "Not Appropriate" option should be selected.

Part B of the scale consists of three subscales: "Labor Resources," "Material Resources," and "Communication." There is no score range that participants must reach to indicate whether the amount or frequency of the situation under investigation is increasing or decreasing. There is no cut-off score on the scale. An increase in Part A indicates an increase in missed nursing care needs, while an increase in Part B indicates the importance of reasons for missed care. There are no reverse-scored items on the scale. The Cronbach's alpha internal consistency coefficients were 0.93 for Part A and 0.80 for Part B. Permission was obtained from the author who conducted the Turkish validity and reliability study for the use of the scale. In that study, Cronbach's alpha for Part A was 0.84, and for Part B, it was 0.91.

Data Analysis

The IBM SPSS Statistics 22.0 program was used to evaluate the data. Conformity to a normal distribution was analyzed using kurtosis and skewness values.^[20] It was determined that the data were not normally distributed. Descriptive statistics of the data were given in the form of number, percentage, arithmetic mean, standard deviation, median, minimum, and maximum values. Accordingly, the Mann-Whitney U test was used for comparisons between two independent groups, the Kruskal-Wallis H test was used for comparisons among more than two independent groups, and the Spearman correlation coefficient was used for relationship analysis. The data were evaluated at a 95% confidence interval and a $p < 0.05$ significance level.

Dependent and Independent Variables

This study identified the dependent variables as missed nursing care needs and reasons for missed nursing care services. The independent variables were the descriptive characteristics of nurses working in psychiatric clinics, both individual and professional.

Ethical Considerations

Ethical approval for the study was obtained from the Istanbul University Social and Human Sciences Research Ethics Committee (23.02.2023/1650123), and an institutional work permit was obtained from the institution where the study would be conducted (07.03.2023/726). Additionally, nurses who agreed to participate were informed, and written informed consent was obtained. This study was conducted in accordance with the principles of the Declaration of Helsinki.

Limitations

The study has several limitations. First, the data collection tools are based on self-reports, which limits their applicability in psychiatric clinics. Second, the study was conducted with psychiatric nurses working in only one city and in a single mental health hospital, which limits its generalizability. Additionally, the limited number of studies on missed nursing care needs in psychiatric clinics made discussing the results difficult.

Results

Descriptive Characteristics of Nurses Working in Psychiatric Clinics

Of the nurses who participated in the study, 68.4% were female, with a mean age of 28.86 ± 7.28 years. Seventy-two percent were single, and 84.5% had a bachelor's degree. Forty-one percent of the nurses worked the night shift. Almost all of them stated that they shared work in patient care, and 56.8% stated that they allocated partially sufficient time for care. Forty-three point nine percent of the nurses stated that they had partially completed or delayed care at some point in their professional lives. Only 8.4% of participants reported participating in the Psychiatric Nursing Certificate Program. Additionally, the participants had worked in the profession for an average of 6.05 ± 8.15 years and in the psychiatric clinic for an average of 4.00 ± 5.29 years. The average number of patients in the clinic was 32.93 ± 9.71 , and the average number of nurses in the clinic was 11.24 ± 2.62 . The mean number of patients cared for during the day shift was 33.04 ± 10.41 . The mean number of patients cared for during the night shift was 33.36 ± 10.41 . The mean weekly working time was 41.96 ± 3.38 hours, and the mean monthly working time was 171.72 ± 10.56 hours. The perception of competence in the practice of psychiatric nursing care was 7.25 ± 1.82 .

Table 1. Missed nursing care needs in psychiatric clinics

Missed nursing care needs (Part A)	Rarely		Sometimes		Often		Never		Not appropriate	
	n	%	n	%	n	%	n	%	n	%
1. Mobilizing the patient three times a day or as often as necessary	44	28.4	28	18.1	8	5.2	2	1.3	73	47.0
2. Changing patients' positions every two hours	26	16.8	17	11.0	5	3.2	6	3.9	101	65.1
3. Feeding the patient while the food is still warm	76	49.0	19	12.3	11	7.1	4	2.6	45	29.0
4. Preparation of meals for patients who can feed themselves	78	50.3	14	9.0	7	4.5	3	1.9	53	34.3
5. Administer medications to the patient 30 minutes before or after the specified time	75	48.4	7	4.5	6	3.9	21	13.5	46	29.7
6. Assessment of the patient's vital signs as requested	93	60.0	13	8.4	4	2.6	4	2.6	41	26.4
7. Monitoring the patient's intake and output	44	28.4	18	11.6	5	3.2	5	3.2	83	53.6
8. Ensuring that all necessary data is recorded completely	102	65.8	13	8.4	7	4.5	8	5.2	25	16.1
9. Educating the patient about hospital rules, tests, and other diagnostic procedures	88	56.7	27	17.4	17	11.0	6	3.9	17	11.0
10. Providing emotional support to patients and/or their relatives	74	47.8	37	23.9	21	13.5	7	4.5	16	10.3
11. Giving the patient a bath/providing skin care	98	63.2	18	11.6	6	3.9	2	1.3	31	20.0
12. Providing oral care to the patient	52	33.5	20	12.9	24	15.5	1	0.6	58	37.5
13. Washing hands	91	58.7	25	16.1	7	4.5	2	1.3	30	19.4
14. Educating the patient about the timing of post discharge follow-up visits and plans for post-discharge care	106	68.4	13	8.4	5	3.2	3	1.9	28	18.1
15. Blood sugar monitoring at the bedside upon request	74	47.8	12	7.7	6	3.9	3	1.9	60	38.7
16. Assessment of the patient at every shift	92	59.4	20	12.9	6	3.9	5	3.2	32	20.6
17. Care and assessment of intravenous catheter sites according to hospital policy	100	64.5	17	11.0	5	3.2	3	1.9	30	19.4
18. Responding to a call signal/bell within 5 minutes	27	17.4	9	5.8	2	1.3	8	5.2	109	70.3
19. Emergency medication requests are fulfilled within 15 minutes	82	52.9	14	9.0	11	7.1	2	1.3	46	29.7
20. Evaluation of the effectiveness of the medications administered	110	71.0	11	7.1	6	3.9	6	3.9	22	14.1
21. Assisting the patient with their toilet needs within 5 minutes	85	54.8	21	13.5	6	3.9	2	1.3	41	26.5

Missed Nursing Care Needs in Psychiatric Clinics

Nurses in psychiatric clinics reported that the following care needs were rarely provided: evaluation of medication effectiveness, care of the intravenous catheter site, post-discharge patient education, data recording, and bathing/skin care. Reported care needs that were sometimes not provided included emotional support, patient mobilization, education about hospital rules and tests, hand hygiene, and toileting assistance. Care needs that were frequently reported as not provided included oral care, emotional support, and education about hospital rules and tests. Inappropriate care requirements included responding quickly to call signals, changing patients' positions every two hours, monitoring patients' intake and output, mobilizing patients, measuring blood glucose, providing oral care, and administering medications at specific times.

Nurses also stated that medications were not administered at the specified time interval. Additionally, nurses working in psychiatric clinics stated that the requirement to "administer medications to the patient 30 minutes before or within 30 minutes after the specified time" (n=21) was never followed (Table 1).

Reasons for Missed Nursing Care Needs in Psychiatric Clinics

In psychiatric clinics, nurses reported labor shortages (emergencies, lack of personnel, and patient density), material deficiencies (lack of materials, malfunctioning devices, and insufficient medications), and communication problems (tension and breakdowns in communication with physicians) as the most important reasons for missed nursing care needs (Table 2). The score for missed nursing care needs was 21.34 ± 9.91 , and the score for reasons for care services was 51.03 ± 10.41 (Table 3).

Table 2. Reasons for missed nursing care needs in psychiatric clinics

Reasons for missed nursing care needs (Part B)	Minor		Moderate		Important		Not a reason	
	n	%	n	%	n	%	n	%
1. Insufficient number of staff	13	8.4	28	18.1	101	65.1	13	8.4
2. Emergency patient situation (e.g., sudden changes in a patient's condition)	8	5.2	36	23.2	102	65.8	9	5.8
3. An unexpected increase in the number of patients or congestion in the unit where you work	12	7.7	38	24.5	101	65.2	4	2.6
4. Insufficient number of support and technical staff (e.g., patient service assistants, technicians, unit secretaries, etc.)	10	6.5	42	27.1	94	60.6	9	5.8
5. Too many inexperienced staff members in the service department	26	16.8	62	40.0	44	28.4	23	14.8
6. Imbalance in patient distribution	35	22.6	49	31.6	48	31.0	23	14.8
7. Unavailability of medications when needed	14	9.0	41	26.5	89	57.4	11	7.1
8. Insufficient patient handover from the previous shift or outgoing service	25	16.1	46	29.7	55	35.5	29	18.7
9. Failure of other health professionals to provide the necessary care/services (e.g., failure to refer the patient for physical therapy)	38	24.5	35	22.6	62	40.0	20	12.9
10. Lack of materials/equipment when needed	10	6.5	26	16.8	111	71.5	8	5.2
11. When necessary, materials/equipment not functioning properly	11	7.1	27	17.4	107	69.0	10	6.5
12. Insufficient support from team members	23	14.8	44	28.4	66	42.6	22	14.2
13. Lack of communication or tension with other support departments	21	13.5	44	28.4	78	50.4	12	7.7
14. Tension or communication breakdown among nurses	21	13.5	37	23.9	75	48.4	22	14.2
15. Tension or communication breakdown with doctors/medical staff	24	15.5	35	22.6	83	53.5	13	8.4
16. The nurse leaving the ward for any reason other than nursing care or being unavailable	23	14.8	33	21.3	75	48.4	24	15.5

When the comparison between the descriptive characteristics of the participants and the scale and its subscales is analyzed in Table 4, it is seen that while men reported more missed nursing care needs, women reported more reasons for service deficiencies ($p<0.05$). In addition, a significant difference was found between the shift type of the nurses and the reasons for missed nursing care services, and nurses working in rotation reported more “communication” and “material resources” deficiencies ($p<0.05$). Nurses who could not allocate enough time for care stated insufficient labor more frequently ($p<0.05$). Nurses who participated in the Psychiatric Nursing Certificate Program expressed labor-related problems more ($p<0.05$). No significant difference was found with other variables ($p>0.05$).

When the relationship between the descriptive characteristics of the nurses working in psychiatric clinics and the scale and its subscales was examined, it was found that there was a positive and very weak relationship between the mean number of patients cared for during the day shift and missed nursing care needs ($r=0.176$), a positive and very weak correlation ($r=0.190$) between the mean number of patients cared for during the night shift and missed nursing care needs, and a negative and very weak correlation ($r=-0.171$) between the perception of competence in the practice of psychiatric nursing care and the “labor resources” subscale ($p<0.05$). There was no significant relationship between the other variables and the scale and its subscales ($p>0.050$) (Table 5).

Table 3. Scale and subscale mean scores

Scale and subscales	Mean±SD	Min-max
Missed nursing care needs (Part A)	21.34±9.91	0–56
Reasons for missed nursing care needs (Part B)	51.03±10.41	16 – 64
Communication	26.81±6.70	9–36
Material resources	10.38±2.35	3–12
Labor resources	13.83±2.79	4–16

SD: Standard deviation.

Discussion

Missed nursing care needs in psychiatric clinics have been emphasized in recent years because they affect the quality of care, the treatment process, and patient satisfaction. However, there is no national publication on this subject yet, but there are a few studies in the international literature.^[11] This study evaluated missed nursing care needs, the reasons for them, and related factors in psychiatric clinics.

In this study, in which 155 nurses working in psychiatric clinics were sampled, the score of missed nursing care needs was 21.34±9.91, and the main reasons for missed nursing care needs were determined as insufficient labor, material deficiencies, and lack of communication. When the studies conducted with different sample groups in the literature were examined,

Table 4. Comparison of participants' descriptive characteristics with scales and subscales

Variables	Missed nursing care needs (Part A) Median	Reasons for missed nursing care needs (Part B) Median	Communication Median	Material resources Median	Labor resources Median
Gender					
Female	18.00	54.50	29.00	12.00	15.00
Male	22.00	48.00	26.00	10.00	14.00
	U=2082.0 z=-1.984 p=0.047	U=1918.0 z=-2.615 p=0.009	U=2044.5 z=-2.129 p=0.033	U=1730.5 z=-3.589 p<0.001	U=2088.0 z=-2.023 p=0.043
Marital status					
Married	20.00	52.00	27.00	11.00	15.00
Single	19.00	54.00	29.00	12.00	15.00
	U=2296.0 z=-0.448 p=0.654	U=2202.0 z=-0.824 p=0.410	U=2209.50 z=-0.795 p=0.427	U=1951.50 z=-1.964 p=0.050	U=2206.50 z=-0.832 p=0.405
Level of education					
Associate degree	20.00	56.50	29.50	11.00	15.00
Bachelor's degree	19.00	53.00	28.00	12.00	15.00
	U=1412.0 z=-0.792 p=0.428	U=1479.50 z=-0.458 p=0.647	U=1474.0 z=-0.486 p=0.627	U=1478.0 z=-0.500 p=0.617	U=1495.50 z=-0.391 p=0.696
Working type					
Only daytime	22.0	52.0	26.0	10.0	14.0
Only nighttime	19.0	54.0	29.0	12.0	15.0
	U=926.50 z=-1.996 p=0.046	U=1037.0 z=-1.393 p=0.164	U=1020.50 z=-1.484 p=0.138	U=1029.0 z=-1.544 p=0.122	U=1123.0 z=-0.953 p=0.341
Methods used in patient care					
Work sharing					
Patient sharing	19.00	54.00	28.00	12.00	15.00
	16.50	42.50	24.50	10.00	12.00
	U=417.0 z=-0.279 p=0.781	U=238.0 z=-1.941 p=0.052	U=266.50 z=-1.677 p=0.094	U=344.0 z=-1.028 p=0.304	U=250.0 z=-1.888 p=0.059
Shift type					
8 hours ¹	19.00	49.00	26.00	11.00	14.00
12 hours ²	19.00	52.00	27.00	11.00	15.00
In rotation ³	19.00	57.00	31.00	12.00	15.00
	X ² /KW=0.145 p=0.930	X²/KW=11.629 p=0.003 3>1,2	X²/KW=9.179 p=0.010 3>1,2	X²/KW=19.114 p<0.001 3>1,2	X ² /KW=3.782 p=0.151
Allocating sufficient time for care					
Yes ¹	19.00	54.00	30.00	11.00	15.00
Partially ²	19.00	53.00	27.00	12.00	15.00
No ³	15.00	56.50	31.00	12.00	16.00
	X ² /KW=1.531 p=0.465	X ² /KW=2.121 p=0.346	X ² /KW=2.807 p=0.246	X ² /KW=0.681 p=0.711	X²/KW=6.603 p=0.037 3>1

Table 4. Cont.

Variables	Missed nursing care needs (Part A) Median	Reasons for missed nursing care needs (Part B) Median	Communication Median	Material resources Median	Labor resources Median
Failure to complete or delay in completing a care task for which one is responsible during one's professional career					
Yes	19.00	54.00	28.00	12.00	15.00
Partially	19.00	52.00	28.00	11.00	14.00
No	19.00	54.00	29.00	12.00	14.00
	X ² /KW=0.066 p=0.967	X ² /KW=0.397 p=0.820	X ² /KW=0.032 p=0.984	X ² /KW=0.625 p=0.732	X ² /KW=3.412 p=0.182
Psychiatric nursing certificate program participation status					
Yes	19.00	54.00	27.00	12.00	16.00
No	19.00	53.50	28.00	11.00	15.00
	U=836.0 z=-0.562 p=0.574	U=776.50 z=-0.947 p=0.344	U=868.50 z=-0.352 p=0.725	U=791.0 z=-0.917 p=0.359	U=584.50 z=-2.258 p=0.024

U: Mann-Whitney U test; X²/KW: Kruskal Wallis – H test.**Table 5. The relationship between participants' characteristics and scale and subscales**

Variables	Missed nursing care needs (Part A)	Labor resources
Mean number of patients cared for during the day shift	r*=0.176 p**=0.029	–
Mean number of patients cared for during the night shift	r=0.190 p=0.027	–
Perception of competence in the practice of psychiatric nursing care	–	r=-0.171 p=0.033

*r: spearman's rank correlation coefficient; **: p<0.05.

it was found that the mean scores of the missed nursing care needs scale varied. In studies conducted with nurses working in intensive care units^[21] and nurses working in pediatric clinics,^[22] it was determined that the missed nursing care needs scale scores were similar to those in this study.

In addition, in the study conducted by Abd El Rehem et al.^[23] with 73 intensive care nurses and in the study conducted by Sönmez et al.^[24] in line with the notifications they received from 267 patients hospitalized in internal and surgical wards with the patient version of the scale, it is seen that the mean scores of the missed nursing care needs scale are low. This difference in the literature is thought to be related to the fact that the studies were conducted in different countries and clinics. The meaning attributed to the concept of patient and the content of the care expected from the nurse may differ between cultures, and this may also affect the approach to the patient.

^[25] Due to the procedure, there is no accompanying person in

the psychiatric clinics where this study was conducted. This factor may have increased the missed care needs. Another possible reason for the high mean score on the missed nursing care needs scale is that some of the care needs included in the scale are not appropriate for psychiatric clinics.

Patients at psychiatric clinics are typically capable of caring for themselves independently.^[26] Therefore, nursing care provided for dependent patients, such as oral care, is done here by the patients themselves. Additionally, psychiatric patients often lack companionship in the ward due to clinical rules and the necessity of meeting their basic needs. This leads to nurses working in acute wards being unable to communicate with patients' relatives for long periods of time, which limits their ability to provide emotional support.

Some psychiatric nurses stated that medications were not administered 30 minutes before or after the scheduled time. The medication administration process in psychiatric clinics differs

from that in internal and surgical clinics due to patients' lack of insight and non-adherence to treatment.^[27] A nurse supervises the administration of medication and assesses whether the patient swallows it properly. Therefore, special attention is paid to ensuring that medication is administered in a timely manner. In the study, participants mostly responded "not appropriate" to care needs such as responding to call signals within five minutes, regularly positioning patients, monitoring patient output, mobilizing patients, monitoring blood glucose, and providing oral care. This situation led to a high mean total score on the scale and reveals that some scale items are not suitable for measuring care needs in psychiatric clinics. A new scale is needed to identify missed nursing care needs in these clinics.

Similar to studies conducted in other clinics, this study found that the following reasons were important for not providing nursing care in psychiatric clinics: "unavailability of materials/devices when needed," "materials/devices not working properly when needed," "emergency patient situation," "insufficient number of staff," and "unexpected increase in the number of patients or overcrowding in the unit." Similar to these findings, the following reasons for not providing missed nursing care were identified in various studies: "unavailability of materials/devices when needed,"^[4,8,18,28] "inappropriate functioning of materials/devices when needed,"^[18,29-31] "insufficient number of personnel,"^[4,8,31,32,34] "emergency patient situation,"^[32-34] and "unexpected increase in the number of patients or density in the work unit."^[4,8,31,32,34] The similarity of the reasons for not providing nursing care related to labor and material resources across many studies suggests that this situation is not institution or unit-specific, but rather related to the general health system.

Additionally, in the "communication" subscale, nurses identified "tension or communication breakdown with doctors/medical staff" as an important reason. Many studies indicate that communication problems are one of the main reasons for missed nursing care.^[35-37] Patient management in psychiatric clinics requires interdisciplinary cooperation. Although nurses make important observations about patients, they may have difficulty communicating this information to doctors or developing mutual understanding. Additionally, factors such as busy work schedules, emotionally challenging patient profiles, and limited staffing can create tension between nurses and other healthcare professionals. Over time, lack of communication may lead to decreased cooperation within the team and disrupted care processes. Strengthening intra-team collaboration and improving communication channels contribute to more effective and holistic care processes and greatly reduce missed nursing care.^[32,38]

The study determined that the mean score of missed nursing care needs was higher for male nurses than for female nurses. A study by Chegini et al.^[39] of 215 nurses working in internal and surgical clinics in Iran revealed that male nurses

expressed higher missed nursing care needs. In psychiatric clinics, male nurses are often seen as taking on more responsibility, particularly in crisis intervention and physical safety situations. This may result in them devoting less time to other aspects of care or perceiving these tasks as neglected. Additionally, the study found that female nurses had higher mean scores for reasons for missed nursing care services. In psychiatric clinics, female nurses may take on more responsibility in areas such as emotional support, patient relations, and therapeutic communication. This situation may cause them to feel and express their shortcomings more.

The study found that the mean score for reasons for missed nursing care services was higher for nurses working rotating shifts than for those working fixed shifts. However, a review of the literature shows that there is no difference between shift types and missed nursing care needs.^[5,6]

To provide nursing care, nurses need various resources, such as time, materials, and manpower.^[4,18,21] This study determined that nurses who said they could not devote enough time to nursing care cited more reasons related to the labor resources needed for care. This expected result shows that nurses who experience difficulties with labor resources cannot devote sufficient time to care. Similarly, nurses who participated in the "Psychiatric Nursing Certification Program" expressed reasons related to labor resources, such as an excessive number of inexperienced staff, insufficient support from team members, and an insufficient number of auxiliary and technical staff, more frequently than nurses who did not participate. The "Psychiatric Nursing Certification Program" aims to improve the quality of care provided to psychiatric patients by enhancing nurses' competence in their field.^[40] This program raises nurses' awareness of the resources to be used in the care process for psychiatric patients. It is expected that nurses participating in the "Psychiatric Nursing Certification Program" will identify their shortcomings in care planning and management and find solutions to these problems. Additionally, this study found that as psychiatric nurses' perceptions of competence increased, they cited fewer labor resource-related reasons. Therefore, nurses working in psychiatric clinics need in-service training to improve their care practices.

In this study, a positive and low-level relationship was found between the mean number of patients receiving night and day care and missed nursing care needs. This result, which is consistent with many studies in the literature, shows that as the mean number of patients increases, missed nursing care needs also increase, regardless of the unit or clinic.^[5,18,21,41-43]

An increase in the number of patients has been identified as a contributing factor to missed nursing care due to an increased workload for nurses.^[38] Providing care to more patients can increase a nurse's workload and reduce the time allotted for individual patient care. This can result in some care services not being fully provided. Although patient interaction and clini-

cal procedures tend to be more intense during the day shift, there are generally fewer nurses on the night shift. A high patient-to-nurse ratio can make it difficult to meet care needs, especially during the night shift when fewer staff members are on duty. Regulating staff numbers, balancing workloads, and optimizing care processes will contribute to the effective delivery of care services in psychiatric nursing.

Conclusion

As a result, it was determined that nurses working in psychiatric clinics are not meeting certain nursing care needs for various reasons. These findings demonstrate that psychiatric nurses encounter difficulties throughout the care process, which may impact the care provided to patients. Additionally, the evaluation tool was found to include items that participants indicated were not appropriate for psychiatric clinics, such as repositioning patients every two hours. In this regard, it is recommended that the study be repeated using a scale developed or adapted to include items specific to psychiatric clinic care practices, such as observation, mental state diagnosis, therapeutic communication, and monitoring of side effects after administering psychiatric medications.

Additionally, the following recommendations are made: reduce the number of patients per nurse, make work schedules for nurses in shift systems less tiring, encourage participation in the Psychiatric Nursing Certification Program to increase nurses' competence in providing care, implement in-service training programs on team communication and evaluate their impact on patient care, address shortages of necessary materials and equipment in clinics, standardize nursing care in psychiatric clinics through systematic procedures, and develop programs to support nurses' psychological well-being to enhance motivation.

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References

- Kalisch BJ, Landstrom GL, Hinshaw AS. Missed nursing care: A concept analysis. *J Adv Nurs* 2009;65:1509–17.
- Kalisch BJ, Williams RA. Development and psychometric testing of a tool to measure missed nursing care. *J Nurs Adm* 2009;39:211–9.
- Kalisch BJ. Missed nursing care: A qualitative study. *J Nurs Care Qual* 2006;21:306–15.
- Ball JE, Griffiths P, Rafferty AM, Lindqvist R, Murrells T, Tishelman C. A cross-sectional study of 'care left undone' on nursing shifts in hospitals. *J Adv Nurs* 2016;72:2086–97.
- Bragadóttir H, Kalisch BJ, Tryggvadóttir GB. Correlates and predictors of missed nursing care in hospitals. *J Clin Nurs* 2017;26:1524–34.
- Eskin Bacaksiz F, Alan H, Taskiran Eskici G, Gumus E. A cross-sectional study of the determinants of missed nursing care in the private sector: Hospital/unit/staff characteristics, professional quality of life and work alienation. *J Nurs Manag* 2020;28:1975–85.
- Nantsupawat A, Poghosyan L, Wichaikhum OA, Kunaviktikul W, Fang Y, Kueakomoldej S, et al. Nurse staffing, missed care, quality of care and adverse events: A cross-sectional study. *J Nurs Manag* 2022;30:447–54.
- Kartal H, Çamlıca T, Özkan A. An analysis of missed nursing care in intensive care units and influencing factors. *J Health Nurs Manag* 2022;9:322–33. [Article in Turkish]
- King BM, Linette D, Donohue-Smith M, Wolf ZR. Relationship between perceived nurse caring and patient satisfaction in patients in a psychiatric acute care setting. *J Psychosoc Nurs Ment Health Serv* 2019;57:29–38.
- Firth J, Siddiqi N, Koyanagi A, Siskind D, Rosenbaum S, Galletly C, et al. The Lancet Psychiatry Commission: A blueprint for protecting physical health in people with mental illness. *Lancet Psychiatry* 2019;6:675–712.
- Joseph B, Plummer V, Cross W. Mental health nurses perceptions of missed nursing care in acute inpatient units: A multi-method approach. *Int J Ment Health Nurs* 2022;31:697–707.
- Verrall C, Abery E, Harvey C, Henderson J, Willis E, Hamilton P, et al. Nurses and midwives perceptions of missed nursing care--A South Australian study. *Collegian* 2015;22:413–20.
- Kayar Erginer D, Partlak Günüşen N. Kronik psikiyatri hastalarının fiziksel sağlık durumu: İhmal edilen bir alan. *Dokuz Eylül Üniv Hemşirelik Fakült Elektron Derg* 2013;6:159–64. [Article in Turkish]
- Dickens GL, Ion R, Waters C, Atlantis E, Everett B. Mental health nurses' attitudes, experience, and knowledge regarding routine physical healthcare: Systematic, integrative review of studies involving 7,549 nurses working in mental health settings. *BMC Nurs* 2019;18:16.
- Happell B, Ewart SB, Platania-Phung C, Bocking J, Scholz B, Stanton R. What physical health means to me: Perspectives of people with mental illness. *Issues Ment Health Nurs* 2016;37:934–41.
- Roberts R, Johnson C, Hopwood M, Firth J, Jackson K, Sara G, et al. The potential impact of a public health approach to im-

- proving the physical health of people living with mental illness. *Int J Environ Res Public Health* 2022;19:11746.
17. Kohanová D, Zrubcová D, Bartoničková D, Solgajová A. Unmet care needs in psychiatric healthcare context: A systematized literature review. *J Psychiatr Ment Health Nurs* 2025;32:43–56.
 18. İlaslan N, Yıldırım Şişman N. Evaluation of nurses in a university hospital for the amount and reasons of unmet nursing need. *Cukurova Med J* 2019;44:1226–36.
 19. Kalisch BJ, Terzioglu F, Duygulu S. The MISSCARE Survey-Turkish: Psychometric properties and findings. *Nurs Econ* 2012;30:29–37.
 20. Shao AT. Marketing research: An aid to decision making. Cincinnati, USA: South-Western/Thomson Learning; 2002.
 21. Orique SB, Patty CM, Woods E. Missed nursing care and unit-level nurse workload in the acute and post-acute settings. *J Nurs Care Qual* 2016;31:84–9.
 22. Lake ET, de Cordova PB, Barton S, Singh S, Agosto PD, Ely B, et al. Missed nursing care in Pediatrics. *Hosp Pediatr* 2017;7:378–84.
 23. Abd El Rehem EB, Ahmed M. Missed nursing care: Observation versus perception in selected medical intensive care units, Egypt. *Int J Health Wellness Soc* 2017;7:31–47.
 24. Sönmez B, İspir Ö, Türkmen B, Duygulu S, Yıldırım A. The reliability and validity of the Turkish version of the MISSCARE survey-patient. *J Nurs Manag* 2020;28:2072–80.
 25. Korkmaz T, Balaban B, Onder H, Saricil F. The effect of patient qualifications and number of patient accompanist on patient's satisfaction. *Turk J Emerg Med* 2016;16:93–7.
 26. Çiftçi B, Yıldırım N, Şahin Altun Ö, Avşar G. What level of self-care agency in mental illness? The factors affecting self-care agency and self-care agency in patients with mental illness. *Arch Psychiatr Nurs* 2015;29:372–6.
 27. Okobi OE, Agazie O, Ayisire OE, Babalola F, Dick AI, Akinsola Z, et al. Approaches to medication administration in patients with lack of insight. *Cureus* 2022;14:e27143.
 28. Dutra CKDR, Salles BG, Guirardello EB. Situations and reasons for missed nursing care in medical and surgical clinic units. *Rev Esc Enferm USP* 2019;53:e03470. [Article in Portuguese, English]
 29. Henderson J, Willis E, Xiao LD, Blackman IR. Missed care in residential aged care in Australia: An exploratory study. *Collegian* 2017;24:411–6.
 30. Papastavrou E, Charalambous A, Vryonides S, Eleftheriou C, Merkouris A. To what extent are patients' needs met on oncology units? The phenomenon of care rationing. *Eur J Oncol Nurs* 2016;21:48–56.
 31. Lima JC, Silva AEBC, Caliri MHL. Omission of nursing care in hospitalization units. *Rev Lat Am Enfermagem* 2020;28:e3233. [Article in English, Portuguese, Spanish]
 32. Kalisch BJ, Gosselin K, Choi SH. A comparison of patient care units with high versus low levels of missed nursing care. *Health Care Manage Rev* 2012;37:320–8.
 33. Palese A, Ambrosi E, Prosperi L, Guarnieri A, Barelli P, Zambiasi P, et al. Missed nursing care and predicting factors in the Italian medical care setting. *Intern Emerg Med* 2015;10:693–702.
 34. Winsett RP, Rottet K, Schmitt A, Wathen E, Wilson D; Missed Nursing Care Collaborative Group. Medical surgical nurses describe missed nursing care tasks-Evaluating our work environment. *Appl Nurs Res* 2016;32:128–33.
 35. Blackman I, Henderson J, Willis E, Hamilton P, Toffoli L, Verrall C, et al. Factors influencing why nursing care is missed. *J Clin Nurs* 2015;24:47–56.
 36. Hernández-Cruz R, Moreno-Monsiváis MG, Cheverría-Rivera S, Díaz-Oviedo A. Factors influencing the missed nursing care in patients from a private hospital. *Rev Lat Am Enfermagem* 2017;25:e2877.
 37. Albsoul R, FitzGerald G, Finucane J, Borkoles E. Factors influencing missed nursing care in public hospitals in Australia: An exploratory mixed methods study. *Int J Health Plann Manage* 2019;34:e1820–32.
 38. Amrolahi-Mishavan F, Emami-Sigaroudi A, Jafaraghaee F, Shahsavari H, Maroufizadeh S. Factors affecting missed nursing care in hospitals: A scoping review. *Heal Sci Rev* 2022;4:100053.
 39. Chegini Z, Jafari-Koshki T, Kheiri M, Behforoz A, Aliyari S, Mitra U, et al. Missed nursing care and related factors in Iranian hospitals: A cross-sectional survey. *J Nurs Manag* 2020;28:2205–15.
 40. Sağlık Bakanlığı. Psikiyatri birimlerinde hemşirelik hizmetleri. Sağlık alanı sertifikalı eğitim standartları. 2017. Available at: <https://www.phderneti.org/wp-content/uploads/2018/01/psikiyatri-birimlerinde-hemşirelik-hizmetleri-standartlari.pdf>. Accessed Jun 24, 2025. [In Turkish]
 41. Aiken LH, Sloane DM, Ball J, Bruyneel L, Rafferty AM, Griffiths P. Patient satisfaction with hospital care and nurses in England: An observational study. *BMJ Open* 2018;8:e019189.
 42. Villamin C, Anderson J, Fellman B, Urbauer D, Brassil K. Perceptions of missed care across oncology nursing specialty units. *J Nurs Care Qual* 2019;34:47–53.
 43. Tubbs-Cooley HL, Mara CA, Carle AC, Mark BA, Pickler RH. Association of nurse workload with missed nursing care in the neonatal intensive care unit. *JAMA Pediatr* 2019;173:44–51.