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Nursing Workload and Missed Nursing Care: Evidence from Hospitals in Saudi Arabia

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Abstract

Background

This study highlights the problem and influence of understaffing on patient care by examining the relationship between workloads and missed nursing care.

Approach

The study employs a descriptive cross-sectional design and selects nurses from three local hospitals using a simple random sample process. Using the Personal Workload View Scale (IWPS) and the Missed Nursing Care (Miscare Survey), the primary goal was to assess each individual's perspective on their workload.

Results or impacts

With an R-value of 0.21 and a P-value of 0.001, it was determined that there was a significant correlation between MNC and nursing workloads. The results indicate that the likelihood of receiving nursing care increases with the nursing charge.

In conclusion

Conclusions highlight the importance of solving issues of assistive work conditions for nurses and improving the quality of patient care. To improve the patient and nurse results, more research is required to provide evidence-based intervention.

Introduction

In contrast to other health professions, nursing is defined by providing care. Nurses make up the majority of healthcare professionals and are essential. Nurses must provide patients with comprehensive care. If duties are postponed or skipped, patients suffer. However, nurses inadvertently neglect some responsibilities due to the complexity and demands of nursing practice. Missed nursing care is defined by Kalisch et al. (2009) as care for patients that is neglected or delayed while nursing tasks are being performed. It addresses dental hygiene, documentation, patient education, treatment plan development, and patient communication, among other topics (Ball et al., 2013). Missed nursing care, or MNC, is common and has gained attention lately (Imam et al., 2023). According to Almuharraq et al. (2022) and Hessels et al. (2015), MNC has been linked to high patient acuity, hospital and unit type, insufficient nurse staffing, high patient load, heavy admission and discharge, and inadequate help. Additional factors include a lack of equipment and supplies, a poor nurse-patient assignment (Andersson et al., 2022), issues with teamwork (Soliman & Eldeep, 2020), time constraints, an inefficient assignment of

responsibilities, inadequate management support, inadequate handover, and miscommunication between nurses and doctors (Rahmah et al., 2022). Nursing workload is a strong predictor of missed care in inpatient wards (Soliman & Eldeep, 2020; Dewi et al., 2022; Tubbs-Cooley, 2019). According to Janatolmakan and Khatony (2022) and Hawkins et al. (2020), MNCs can lower adverse events, therapy discontinuation, and patient quality, satisfaction, safety, and mortality in both adults and infants. Despite the importance of MNC on patients and the numerous research conducted worldwide, Saudi Arabia has only conducted one study in Jazan that focuses on inpatient nurses (Almuharraq et al., 2022). It's possible that this study does not accurately reflect the layout, practices, and patients of Saudi Arabian hospitals. The fact that this study was conducted in 2021 during the COVID-19 epidemic, which caused changes in hospitals and nurses, have had an effect on the findings (Griffiths et al., 2020). The workload of adult care units in hospitals in Al Ahsa, Saudi Arabia, is examined in this study along with MNC. Any nursing care industry could have MNCs, putting patient safety and quality at risk. In acute hospitals, MNC affects patient mortality, medication administration errors, and hospital-acquired infections (Imam & Obiesie, 2023). The regularity of MNCs is confirmed by global research that found 86% of nurses missed at least one task during their most recent shift (Ball et al., 2012). According to Bruyneel et al. (2024), 76% of nurses working in intensive care units were missing at least one task.

Sometimes, nine essential nursing care rudiments to be ignored include walking, shifting asana, eating, patient tuition, discharge planning, emotional support, hygiene, input, and fair attention. No figures were available for Saudi Arabia. Amrolahi-Mishwan et al. (2022). In the scoping assessment of 37 studies, he found several organizational and personality factors associated with multinational corporations (MNC). Listed individual characteristics are the age, clinical experience, and education of nurses. Job's properties and organizational ideas can have an impact on MNC. These include shift schedules, human resources (physicians, nurses, and auxiliary nurses), and material resources (computers, supplies, pharmaceuticals, and equipment). Nurses can affect all MNCs (Amrolahi-Mishavan et al., 2022) in stress, job dissatisfaction, burnout, intention, professional communication, teamwork, management support and performance, and change. Workload affects nursing care and contributes to MNC (Hessels et al., 2015). The charge is the amount of time and a nurse can dedicate to patients, their work, and their professional development (Alaghmdi, 2016). Despite its ability to control, the nurse subjective charge is rarely evaluated (Kole et al., 2018). Workload is remembered or recalled nursing evaluation, personal requirements, basic needs, and planning (vryonides et al., 2018). Workload is the overall amount of work that nurses should do in a specific length (Marane et al., 2012; Ball, 2014). Griffiths et al. (2020) Calculated nursing workload using nurse-to-patient ratio, day nursing hours per patient, and nursing duties. According to international assessment, better nurse staffing leads to lower care

Methods

Using an easy method of random sampling in a descriptive cross-sectional design, a sample of nurses from three hospitals in the Al Ahsa region was chosen. The National Guard Health Affairs examined at King Abdulaziz Hospital, Prince Saud Bin Jalawy Hospital, and Almoosa Specialist Hospital. All Saudi and non-Saudi nurses who have worked in the cardiac, medical, surgical, intensive care, step-down, and

intensive care units at the present hospital for at least six months and who speak Arabic or English were included in the study. Data were collected using two standardized and previously validated instruments: the Individual Workload Perception Scale (IWPS) and the MISSCARE Survey. The IWPS was developed to measure nurses' perceptions of workload and the work environment, including managerial support, peer support, unit support, work environment, and intent to stay (Cox et al., 2007). The MISSCARE Survey was developed by Kalisch and Williams (2009) to assess the frequency and reasons for missed nursing care in hospital settings. Both instruments used in this study—the Individual Workload Perception Scale (IWPS) and the MISSCARE Survey—are previously published and validated tools.

Results

The purpose of the current study was to assess the connection between missed nursing care and the perceived workload of nurses at hospitals in the Alahsa region of Saudi Arabia. The responses came from 123 nurses across the three hospitals.

1. Participants' characteristics:

According to Table 1, the following characteristics set the sample apart: Approximately half of those surveyed were between the ages of 20 and 30. The sample's average age was 33.48 + 8.14 years. The majority of the sample, 81.3%, was female. 77.2% of those surveyed had at least a bachelor's degree. 50.4% of those polled were married. Twenty-six percent of the department's operations are done in the hospital's medical units. Over 10 years of experience was possessed by 33.3% of hospital staff.

Table 1
Distribution of the study sample by demographic characteristic (N = 123)

Category	Subgroup	N (%)
Age	20–30 yrs	54 (43.9%)
	31–40 yrs	47 (38.2%)
	41–50 yrs	16 (13.0%)
	> 50 yrs	6 (4.9%)
	Mean ± SD:	*33.48 ± 8.14*
Gender	Male	23 (18.7%)
	Female	100 (81.3%)
Education	Diploma	16 (13.0%)
	Bachelor+	107 (87.0%)
Marital Status	Single	52 (42.3%)
	Married/Widow	71 (57.7%)
Hospital Type	Govt/National Guard	106 (86.2%)
	Private	17 (13.8%)
Experience	< 6 years	45 (36.6%)
	≥ 6 years	78 (63.4%)
	Mean ± SD:	*8.80 ± 6.87*
Patients/Shift	*Mean ± SD*:	*9.40 ± 32.20*

2. Participants' level of nursing workload

The breakdown of the study sample according to the level of nursing workload is shown in Table 2. The findings showed that 58.5% of respondents agreed, with 13% strongly agreeing, that nurse supervisors assist patients and families who are unhappy with their care. However, the argument that "The unit should contact the nurse manager when there are issues with staffing difficulties if he or she is off duty" received the lowest score, with 35.8% agreeing and 12.2% strongly agreeing.

Table 2
Distribution of the study sample toward the level of Nursing workload (N = 123)

Variables	Strongly disagree(1)		Disagree (2)		Neutral (3)		Agree(4)		Strongly agree (5)	
	N	(%)	N	%	N	(%)	N	%	N	(%)
Manger Support										
" 1- When staffing issues arise, the unit is encouraged to get in touch with the nurse manager, even if they are not on duty.	11	8.9	23	18.7	30	24.4	44	35.8	15	12.2
2- The nurse manager will be understanding if I voice my concerns about my workplace to them.	7	5.7	9	7.3	39	31.7	55	44.7	13	10.6
3- My nurse manager's assistance has allowed me to remain in my current role.	5	4.1	18	14.6	36	29.3	50	40.7	14	11.4
4- When a patient or family is dissatisfied with their care, the nurse manager helps them.	3	2.4	9	7.3	23	18.7	72	58.5	16	13
5- The nurse manager makes a concerted effort to quickly fill any available positions on the unit.	3	2.4	10	8.1	35	28.5	56	45.5	19	15.4
6- The nurse manager actively participates in ensuring that each shift has the necessary number of employees.	4	3.3	5	4.1	25	20.3	70	56.9	19	15.4
7- My manager is capable of giving the unit's patients basic care.	4	3.3	4	3.3	22	17.9	67	54.5	26	21.1
8- When necessary, the nurse manager on my floor assists with patient care.	3	2.4	9	7.3	22	17.9	67	54.5	22	17.9
Mean Score	25.58 ± 4.96									
Peer Support										
1- Considering the resources available, individual assignments are dispersed equitably within the unit.	4	3.3	8	6.5	31	25.2	69	56.1	11	8.9

Variables	Strongly disagree(1)		Disagree (2)		Neutral (3)		Agree(4)		Strongly agree (5)	
	N	(%)	N	%	N	(%)	N	%	N	(%)
2-I have professional respect for the nurses I work with.	1	0.8	2	1.6	22	17.9	74	60.2	24	19.5
3- I can rely on other nurses to support me when I'm feeling overburdened.	5	4.1	5	4.1	30	24.4	71	57.7	12	9.8
4- The nurse who assigned me to the previous shift has left with the majority of the tasks finished or caught up.	2	1.6	9	7.3	37	30.1	65	52.8	10	8.1
5- My unit's nurses work as a team.	5	4.1	0	0.0	29	23.6	70	56.9	19	15.5
6- The nurses I work with are capable of providing care for the majority of our patients.	1	0.8	4	3.3	28	22.8	78	63.4	12	9.8
7- Having staff members on my unit take care of one of my family members would make me feel at ease.	6	4.9	5	4.1	35	28.5	62	50.4	15	12.2
8- One of the main reasons I continue at my current position is the nurses I work with.	7	5.7	7	5.7	42	34.1	48	39	19	15.4
Mean Score	26.43 ± 4.36									
Unit Support										
1- Clerical employees are on hand to take phone calls.	15	12.2	20	16.3	43	35	41	33.3	4	3.3
2. I have access to patient care whenever I need it.	2	1.6	6	4.9	25	20.3	71	57.7	19	15.4
3- The patients I look after have access to social workers when they need them.	3	2.4	8	6.5	29	23.6	67	54.5	16	14
4- A chaplain is ready to assist a patient and/or their family in the event of a serious crisis (code blue, new life-threatening diagnosis) or death.	10	8.1	18	14.6	36	29.3	45	36.6	14	11.4
5- I have access to patient care materials (IV supplies,	4	3.3	6	4.9	30	24.4	62	50.4	21	17.1

Variables	Strongly disagree(1)		Disagree (2)		Neutral (3)		Agree(4)		Strongly agree (5)	
	N	(%)	N	%	N	(%)	N	%	N	(%)
catheters, dressings, syringes, and linens) when I need them.										
6- Pharmacy services offer sufficient assistance with the medication procedure.	4	3.3	5	4.1	29	23.6	70	56.9	15	12.2
Mean Score	18.12 ± 3.35									
Work Environment										
1- I can take a food break during my shift that lasts at least thirty minutes.	9	7.3	9	7.3	26	21.1	65	52.8	14	11.4
2- I consider my workplace to be reasonable most of the time.	7	5.7	12	9.8	43	35	52	42.3	9	7.3
3- I'll have to hunt for a new job because of my existing workplace.	4	3.3	13	10.6	53	43.1	36	29.3	17	13.8
4- Because of the scale of my workplace, I have occasionally missed a significant shift in a patient's condition, which has had a detrimental effect.	5	4.1	32	26	42	34.1	34	27.6	10	8.1
5- I have complained to the charge nurse or nurse manager that my workplace is excessively demanding.	5	4.1	7	5.7	43	35	54	43.9	14	11.4
6- I can offer my patients sufficient psychological and emotional assistance.	1	0.8	6	4.9	26	21.1	72	58.5	18	14.6
Mean Score of work environment	20.73 ± 3.07									
Intent to stay										
1- I don't intend to remain in my current role for the upcoming year.	5	4.1	23	18.7	51	41.5	27	22	17	13.8
2- For at least the next 12 months, I intend to remain in my current role.	10	8.1	10	8.1	47	38.2	46	37.4	10	8.1

Variables	Strongly disagree(1)		Disagree (2)		Neutral (3)		Agree(4)		Strongly agree (5)	
	N	(%)	N	%	N	(%)	N	%	N	(%)
3- Within the following 12 months, I plan to hunt for a new job in a different department or organization.	8	6.5	23	18.7	42	34.1	33	26.8	17	13.8
Mean Score of intent to stay	9.74± 1.69									
Total mean score Workload	100.62 ± 13.24									
Categorization of Workload	Freq		%							
High level of nurses perceived workload > 60%	96		78							
Low level of nurses perceived workload < 60%	27		22							

Figure (1): Distribution of the study sample toward Nurses' perceived level of Workload (N = 123)

Figure 1 shows how nurses perceived the level of workload. Seventy-eight percent of the participants have high perception levels.

Part (1): Missed Nursing Care

Table 3
Distribution of the study sample toward Missed Nursing Care (N = 123)

Missed Nursing Care	Never (1)		Seldom (2)		Occasionally (3)		Usually (4)		Always(5)	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
1- Missing attending interdisciplinary care conferences whenever held	34	27.6	35	28.5	43	35	7	5.7	4	3.3
2- Missing facilitating ambulation three times per day or as ordered	43	35	37	30.1	35	28.5	7	5.7	1	0.8
3- Missing turning and positioning every 2 hours	38	30.9	40	32.5	24	19.5	13	10.6	8	6.5
4-Missing feeding the patients when the food is still warm	42	34.1	39	31.7	29	23.6	11	8.9	2	1.6
5- Missing teaching the patients about illness, tests, and diagnostic studies	52	42.3	31	25.2	30	24.4	9	7.3	1	0.8
6- Missing providing mouth care	57	46.3	32	26	22	17.9	8	6.5	4	3.3
7- Missing offering emotional support to patients and/or family	51	41.5	36	29.3	27	22	8	6.5	1	0.8
8- Missing assisting with toileting needs within 5 minutes of request	60	48.8	28	22.8	26	21.1	7	5.7	2	1.6
9- Missing bathing or providing skin care	69	56.1	28	22.8	17	13.8	8	6.5	1	0.8
10- Missing responding to call light within 5 minutes	61	56.1	37	30.1	16	13	7	5.7	2	1.6
11- Missing setting up meals for patients who feed themselves	67	54.5	32	26	16	13	5	4.1	3	2.4
12- Missing discharge planning and teaching	65	52.8	34	27.6	19	15.4	3	2.4	2	1.6
13- Missing: Fully documenting all necessary data	56	45.5	43	35	15	12.2	5	4.1	4	3.3
14- Missing responding to PRN medication requests within 15 minutes	56	45.5	38	30.9	21	17.1	6	4.9	2	1.6

Missed Nursing Care	Never (1)		Seldom (2)		Occasionally (3)		Usually (4)		Always(5)	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
15- Missing conducting focused reassessments according to patient's condition	59	48	37	30.1	23	18.7	3	2.4	1	0.8
16- Missing providing skin/wound care	64	52	38	30.9	13	10.6	7	5.7	1	0.8
17- Missing monitoring intake/output	69	56.1	32	26	15	12.2	5	4.1	2	1.6
18- Missing administering medications within 30 minutes before or after the scheduled time	55	44.7	33	26.8	24	19.5	11	8.9	0	0.0
19- Missing assessing the effectiveness of medications	61	49.6	37	301.1	20	16.3	5	4.1	0	0.0
20- Missing performing patient assessments each shift	82	66.7	25	20.3	14	11.4	2	1.6	0	0.0
21- Missing Handwashing	85	69.1	25	20.3	8	6.5	3	2.4	2	1.6
22- Missing assessing vital signs as ordered	91	74	17	13.8	10	8.1	4	3.3	1	0.8
23- Missing bedside glucose monitoring as ordered	78	63.4	30	24.4	12	9.8	2	1.6	1	0.8
Total Missed Car Mean Score	**40.57± 15.95 (out of 115)**									
High level of Missed nursing care > 60% **Low level of Missed Nursing care < 60%**	**8 (6.5%)** **115 (93.5)**									

Figure (2): Distribution of the study sample toward Missed Nursing Care (N = 123)

As shown in Fig. 2, the distribution of missed nursing care indicates that the distribution of missing nursing care for the research sample is shown in Table 3. Rotation and placement every two hours have been found to fail 10.6% of the time and 6.5% of the time, respectively, indicating that missing chores is prevalent. The failure to complete assessments on patients during each shift resulted in the lowest score, which ranged from 0% to 1%. 93.50% is a low level of delayed nursing care, meaning that a significant portion of nursing tasks were either done improperly or not at all. Despite being categorized

as "low," the percentage is actually quite high, indicating a serious deficiency in the performance of nursing tasks. This could have an effect on patient outcomes and the overall standard of care (Gathara et al., 2020). On the other hand, a high incidence of missing nursing care (6.50%) indicates that very few tasks related to nursing care were neglected. This suggests that the majority of nursing care was provided according to schedule, which is beneficial for patient care. The allocation of the study sample based on the reason for nursing care absences is displayed in Table 4. 56.1% of participants attributed their missing patient care to an unexpected increase in patient volume and/or intensity on the unit, whereas 58.5% of participants attributed their absence to high admission and discharge activity. The lowest rating was given to tension or a lack of communication with other ancillary/support staff.

Table 4
Distribution of the study sample toward Reasons of Missed Nursing Care (N = 123)

Reason for Missed Nursing Care	Not reason (1)		Minor (2)		Moderate (3)		Significant (4)	
	N	(%)	N	(%)	N	(%)	N	(%)
1- Insufficient personnel	9	7.3	20	16.3	25	20.3	69	56.1
2-Insufficient numbers of clerical and/or assistive staff (unit secretaries, technicians, and nursing assistants)	15	12.2	19	15.4	30	24.4	59	48
3- Unexpected increase in the unit's patient volume and/or acuity	6	4.9	22	17.9	26	21.1	69	56.1
4- High volume of admissions and discharges	9	7.3	18	14.6	24	19.5	72	58.5
5- Equipment and supplies not operating as intended when needed	14	11.4	32	26	24	19.5	53	43.1
6- Inequitable patient allocation	13	10.6	25	20.3	23	18.7	62	50.4
7-Critical circumstances involving patients (e.g., a worsening condition)	8	6.5	30	24.4	30	24.4	55	44.7
8- Lack of equipment or supplies when needed	15	12.2	35	28.5	22	17.9	51	41.5
9- Insufficient backup assistance from teammates	14	11.4	32	26	29	23.6	48	39
10- The necessary care was not given by other departments (physical therapy, for example, did not ambulate).	18	14.6	42	34.1	21	17.1	42	34.1
11- Conflict or poor communication with other support or auxiliary departments	15	12.2	40	32.5	26	21.1	42	34.1
12- Conflict or a breakdown in communication with the medical personnel	17	13.8	31	25.2	22	17.9	53	43.1
13-When needed, medications were unavailable.	17	13.8	27	22	29	23.6	50	40.7
14- Disagreements or a breakdown in communication among the nursing staff	20	16.3	26	21.1	27	22	50	40.7
15- Unavailable or off-unit carer	20	16.3	28	22.8	26	21.1	49	39.8
16- Poor handoff from the sending unit or preceding shift	17	13.8	36	29.3	21	17.1	49	39.8
17- The nursing assistant failed to disclose that care was not given.	21	17.1	36	29.3	24	19.5	42	34.1

Reason for Missed Nursing Care	Not reason (1)		Minor (2)		Moderate (3)		Significant (4)	
	N	(%)	N	(%)	N	(%)	N	(%)
Mean score of reason of missed care	50.34 ± 14.14							
Significant reason	90 (73.2%)							
Not significant reason	33 (26.8%;)							

According to Table 5, the overall subscale scored the highest at 13.24%, while the subscale measuring the workload reported in the work environment scored the lowest at 3.07%.

Table 5
Distribution of the Study Sample toward Summary of Mean Score of Subscale of Work Loader, Missed Nursing Care, And Reason of Missed Care (N = 123)

Instrument	Subscale	Mean	SD
Work Load	Overall	100.62	13.24
	Manger Support	25.58	4.96
	Peer Support	26.43	4.36
	Unit support	18.12	3.35
	Work environment	20.73	3.07
	Intent to stay	11.67	7.59
Missed Nursing Care	Overall	40.57	15.95

Part (2): Relationship between Missed Nursing Care and Nursing Workload

The correlation between nurse workload and missing nursing care is shown in Table 6. With a P-value of 0.001, there was a significant correlation between workload and missing nursing care.

Table (6): Relationship between missed nursing care and nursing workload (N = 123)

Items	Staff nurses' Work Load	
	r	p
Missed Nursing Care	-0.21	0.01*

* Statistical Significant Differences.

Table (7): Correlation between demographic characteristics and perceived workload, Missed nursing care. (N = 123)

Demographic characteristics	Perceived Staff Nurses' Work Load	
	r	p
Age	0.03	0.72
Gender	X = 10.79	0.001**
Marital status	F = 1.54	0.24
Educational level	F = 1.39	0.30
Year of experience	0.009	0.92
Number of patients/shift	-0.01	0.88

Highly Statistically Significant Differences.

The association between demographic traits, perceived workloads, and missing nursing care is seen in Table (7). All demographic characteristics were not important predictors of delayed nursing care when gender was absent (X = 10.79, p-value = 0.001).

Discussion

The purpose of this study was to see any possible connections with nurse workload and MNC in target hospitals. It saw the opinion of nurses at work and the amount of MNC to identify any important linkage or link between these factors. Part IV investigated the relationship between missed nursing care and nurse workload. According to the findings of the study, there is a direct connection between a large nursing workload and nursing care being ignored (Dewi, Putra and Wardhani, 2022). The survey found that most nurses had a positive attitude toward their workload. As a result, there is a positive relationship between the charge and missing nursing care. While work and teamwork share a highly important beneficial relationship, there is a highly important negative correlation with both the charge of teamwork and lack of care. (Soliman, S., and Eldeep, N. 2020). The findings of the study contribute to the growing body of knowledge about neglected nursing care and nurse workload. They emphasize how important it is to address a decrease in employees and workload supervisors in healthcare settings to ensure delivery of safe and high-quality nursing care. There is a strong relationship between low nurse staffing levels and hospital missed care reports. Griffiths, P. et al. (2018). This discovery supports previous research, indicating that heavy charge can make it impossible to complete all the necessary tasks for nurses, leading to neglect of care. This work management highlights the need for management strategies and requires enough employees to reduce the possibility that nursing care can be ignored (Bruyneel et al., 2024). An adequate connection to missed nursing care and nursing workload is (P-Value = 0.001), indicating a strong relationship between the two factors.

According to this study, the likelihood of skipping nursing care increases as nursing effort increases. This is a significant study because it demonstrates how nurses' workload affects the standard of patient care they deliver. These findings greatly contribute to the corpus of knowledge within the nursing field by offering empirical evidence on the connection between workload and missed nursing care. In order to implement effective nursing workload management and optimization strategies, healthcare organizations must comprehend this connection. This can reduce the amount of missed care instances, which can eventually improve patient outcomes. Effective practice settings, such as sufficient staffing levels, sufficient resources, positive nurse-physician conversations, and feasible workloads in hospital operations, can greatly reduce neglected nursing duties in critical-care hospital units (Park, S., Hanchett, M., & Ma, C., 2018). A South Korean study found that the incidence of missed nursing care is influenced by several factors, including staffing levels, sufficient resources, the skill of nurse managers, effective leadership and support, opportunities for professional development, and an overall safety culture (Tubbs-Cooley et al., 2015). Due to time constraints, nurses in English hospitals occasionally ignore care tasks, which can result in subpar patient outcomes and insufficient nurse staffing levels (Ball, J., 2013). The study found that healthcare facilities need to prioritize nursing task management to deliver high-quality patient care. In practical situations, having a solid understanding of the connection between workload and missing care aids in guiding initiatives for workflow optimization and staff selection. By identifying and resolving factors like staffing levels, task distribution, and workflow efficiency that contribute to a high nursing workload, healthcare organizations can better support their nursing staff and ensure that patients receive the care they need (Blackman et al., 2015). This study emphasizes how important it is to consider workload management as a critical element of nursing care delivery and initiatives aimed at improving patient safety and quality.

Conclusion

The current study's findings, in summary, emphasized the relationship with nursing care and workload that is missing in Saudi Arabian hospitals located in the Al AHSA region. The study provides valuable information about nursing workload levels, nursing care missed, and factors that contribute to missed care. These findings offer significant recommendations for researchers creating focused strategies and measures to enhance nursing care quality, policy effects, and healthcare operators; they also address issues related to workload and develop focused interventions as well as strategies to foster a positive work atmosphere for nurses. To obtain a more thorough grasp of these problems and to implement evidence-based solutions that support the best outcomes for nurses and patients, additional research has been conducted.

Limitations:

The current study has a lot of limitations. Its cross-sectional correlation methodology does not provide evidence for the relationship between workload and missing nursing care. It's critical to recognize some of the study's limitations. Research was first carried out in a specific region of Saudi Arabia, which limit generalization. The self-reliant perspective on nursing workload and missing care is used in this study,

which is cognisant of the bias and diversity of people's beliefs and interpretations of these variables. Nursing workloads and missing care trends can be more accurately assessed by using objective metrics like inspections in person or work indicators. Notwithstanding these limitations, the current study highlights the need for additional studies and initiatives in this area by illuminating the relationship between nursing workload and absence from nursing care.

Contextual factors specific to the study area or healthcare setting is confounding variables. The workload for nurses and the possibility of care gaps are impacted by the particular rules, staffing trends, and resources of any hospital or healthcare system. Ignoring these contextual elements limit the findings' capacity to be used in different contexts and be generalized. By including these characteristics, researchers can increase the legitimacy and robustness about their findings and gain a more accurate understanding of the relationship between workload in nursing and missed care. Researchers can guarantee a more thorough analysis of the study results by recognizing these possibilities.

Implications for nursing practice:

When developing a nursing practice guide, policymakers should take workload management into account in order to enhance patient outcomes and care quality. To improve efficiency, healthcare administrators can, for instance, modify the nurse-to-patient ratio, offer more assistance during times of heavy demand, and simplify work procedures. Researchers that wish to look into how workload factors impact missed care rates and develop solutions to address nursing workloads find these findings to be quite helpful. Meaningful conversations on this subject can be promoted by highlighting the significance of a comprehensive approach to nursing care that includes workload management (Garcia and Ribero, 2020).

Recommendations:

Numerous suggestions for further research are made in light of our study's findings in order to improve our comprehension and address the relationship between hospital nursing workload and missing nursing care. First, automated medications, including dispensing devices and other technical support, electronic health records, and auto tomography can investigate how technology can improve treatment delivery and remove the need for nurses to assist nurses (Winset et al., 2016). Second, by considering the impact of nursing chores missed and the quality of care received on the procedure and redo-recovery achievement, patients include a patient-focused perspective (Black et al., 2015). Third, the study of nurse burnout improves our comprehension of the phenomena by examining the psychological and social elements that lead to the neglect of the safety culture in teamwork and healthcare facilities. Will Produce Vincent et al. (2016) and Tubs-Kool et al. (2019). Last but not least, considering the long-term effects on the patient's health, recuperation, and contentment, the long-term effects of the nursing care, the nurses' career path, and the influence of the purported workload on their level of job fulfilment and turnover, will offer broad insights. In light of the welfare of medical personnel, these study avenues are probably going

to present a successful plan for addressing the lack of nursing care and enhancing patient outcomes. (Blackman et al., 2015; Tubs-Kuli et al., 2019).

Abbreviations

• IWPS
Individual Workload Perception Scale
• MNC
Missed Nursing Care
• KAIMRC
King Abdullah International Medical Research Center
• MNGHA
Ministry of National Guard Health Affairs

Declarations

Ethics Approval:

This study was conducted in accordance with the Declaration of Helsinki and was approved by the **Institutional Review Board of the King Abdullah International Medical Research Center (KAIMRC), Ministry of National Guard Health Affairs (MNGHA), Riyadh, Saudi Arabia**. Written informed consent was obtained from all participants prior to data collection.

Consent for publication

Not applicable. No identifying images or personal data of participants are included in this manuscript.

Ethics approval and consent to participate

This study was conducted in accordance with the Declaration of Helsinki and was approved by the Institutional Review Board of the King Abdullah International Medical Research Center (KAIMRC), Ministry of National Guard Health Affairs (MNGHA), Riyadh, Saudi Arabia. Written informed consent was obtained from all participants prior to data collection.

Competing interests

The authors declare that they have no competing interests.

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Author Contribution

Z.A.A. conceived the study, collected data, and drafted the manuscript. All authors reviewed and approved the final version of the manuscript.

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Data Availability

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

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Figures

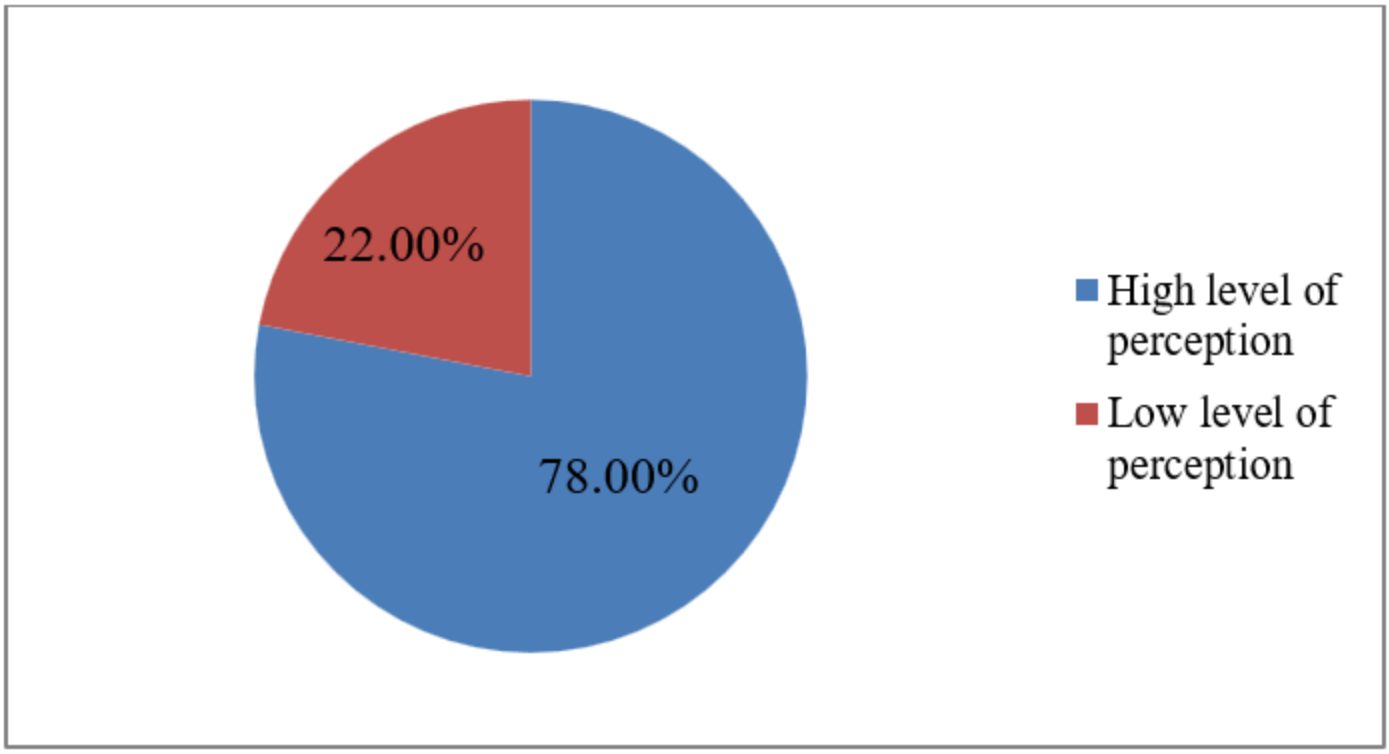


Figure 1

Distribution of the study sample toward Nurses' perceived level of Workload (N=123)

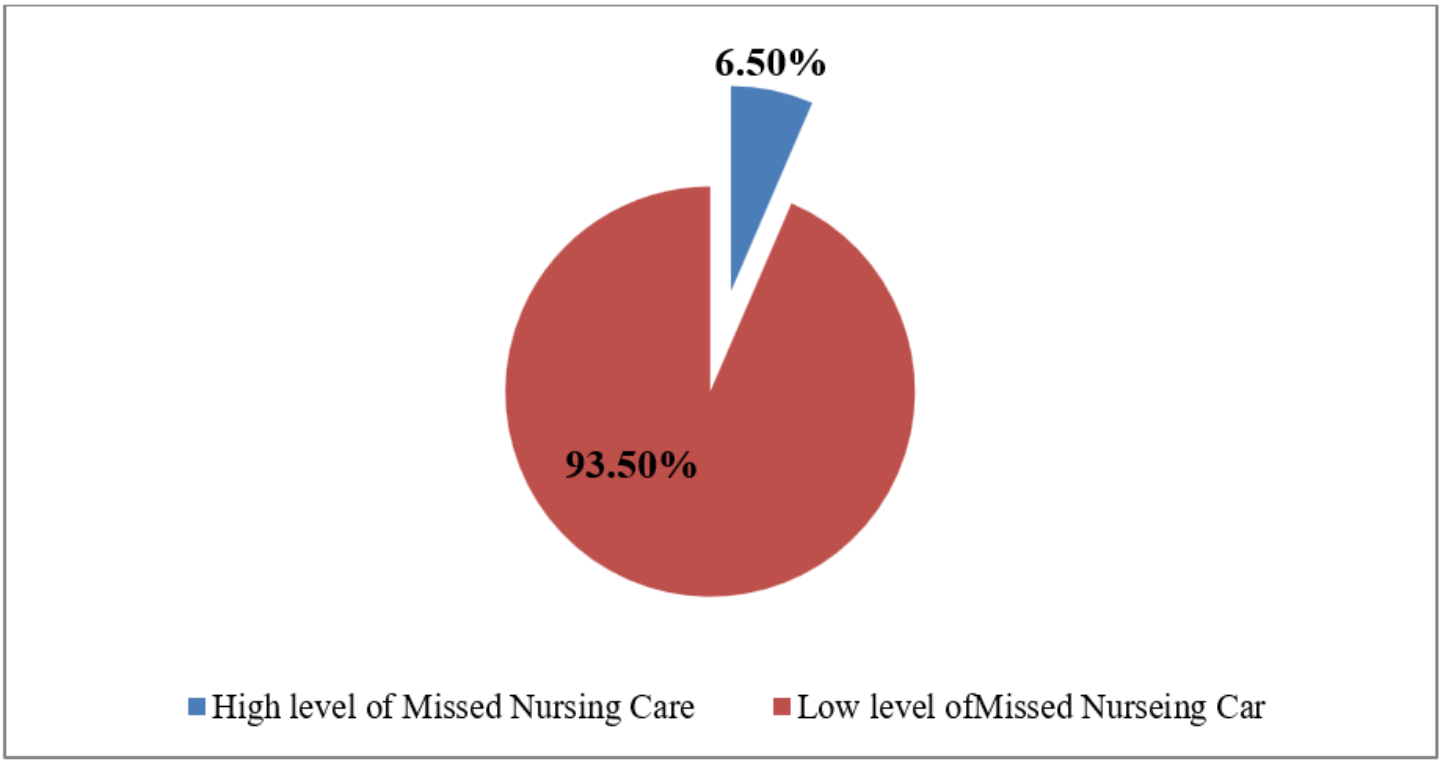


Figure 2

Distribution of the study sample toward Missed Nursing Care (N=123)