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Association between nursing workload and missed nursing care among nurses working in medical and surgical wards of DHQ Teaching Hospital, Kohat

Saqib Rehman

Nursing, Department of Nursing, Kohat University of Science & Technology, Kohat, KP, Pakistan

Salman Quraish

Nursing, Department of Nursing, Kohat University of Science & Technology, Kohat, KP, Pakistan

Wajid Ullah

Nursing, Department of Nursing, Kohat University of Science & Technology, Kohat, KP, Pakistan

Farman Ullah

Nursing, Department of Nursing, Kohat University of Science & Technology, Kohat, KP, Pakistan

Ghani Afridi

Nursing, Department of Nursing, Kohat University of Science & Technology, Kohat, KP, Pakistan

Yar Saeed Afridi

Nursing, Department of Nursing, Kohat University of Science & Technology, Kohat, KP, Pakistan

Muhammad Kashif

Nursing, Department of Nursing, Kohat University of Science & Technology, Kohat, KP, Pakistan

Muhammad Amir

Nursing, Department of Nursing, Kohat University of Science & Technology,
Kohat, KP, Pakistan

Muhammad Ilyas

Lecturer, Department of Nursing, Kohat University of Science & Technology,
Kohat, KP, Pakistan

Abstract---Background: Any necessary nursing care that is neglected, postponed, or left unfinished is referred to as missed nursing care (MNC). High nurse workloads are one of the main causes of missing nursing care, which can have a negative impact on clinical results, patient safety, and care quality. There is very little information on this connection in Khyber Pakhtunkhwa, Pakistan. **Objective:** To ascertain whether nursing workload and missing nursing care are related among nurses employed in DHQ Teaching Hospital. **Methodology:** From May to July 2026, a quantitative cross-sectional descriptive-correlational study was carried out among registered nurses employed by a DHQ Teaching Hospital, Kohat. The study involved 97 nurses. A demographic survey, the NASA Task Load Index (NASA-TLX) to gauge nursing workload, and the MISSCARE Survey to evaluate missing nursing care were used to gather data. SPSS version 21 was used to analyze the data. The data were summarized using descriptive statistics (frequencies, percentages, averages, and standard deviations), and the relationship between workload and missing nursing care was investigated using simple linear regression. **Results:** Missed nursing care actions were occasionally overlooked, as indicated by the mean score of 3.60 ± 0.78 . A moderate level of perceived workload among nurses was indicated by the overall mean workload score of 1.91 ± 0.42 . Higher workload was linked to more missed nursing care, according to regression analysis, which showed a statistically significant positive correlation between workload and missed nursing care ($R^2 = 0.112$, $F = 11.925$, $\beta = 0.334$, $B = 0.618$, $P = 0.001$). Among nurses in DHQ Teaching Hospital Kohat, missed nursing care was substantially correlated with nursing workload. **Conclusion:** In addition to improve the quality and safety of patient care, strategies targeted at minimizing excessive workload through sufficient staffing, efficient workload distribution, and supportive management may assist in reducing missing nursing care.

Keywords---nursing workload, missed nursing care, nurses, patient safety, quality of care.

Introduction

Nurses are an integral part of the health care system and can be vital in the design, organization, provision and evaluation of patient care. Health care systems are constantly transforming due to fast-paced medical and technological

improvements, requiring nurses to handle growing committee and complexity efforts, ensure the patient is safe, and to maintain high standards of qualities of care (Hendy et al., 2024; Al-Faouri et al., 2021; Gong et al., 2025). But with the escalating needs of the clients, increasing administration, environmental issues, and increasing limitations of resources, nurses find it difficult to perform all the necessary nursing interventions. This has led to the increasing issue of missed nursing care (MNC) as a vital nursing care quality and patient safety metric (Gong et al., 2025; Sarpong et al., 2025).

Missed nursing care is defined as a nursing care which is not performed (though it is necessary) and/or performed late and / or partially in-patient management. Missed nursing care is not an indicator of poor care or poor performance on the part of nurses, but rather is a result of poor communication between HCP, insufficient resources, and inadequate staffing, and excessive workload (Hendy et al., 2024; Gong et al., 2025; Hammad et al., 2021; Haile et al., 2025). The level of missed nursing care has been reported across varying healthcare settings and found to be as low as 7% up to as high as 98% for nursing units in hospitals, showing that it is a global challenge with influences based on staffing levels, patient acuity, organizational resources, and healthcare environments (Gong et al., 2025; Imam et al., 2023).

Unrelated behaviors can be care for safe usage of incontinence equipment, patient education, emotional support, discharge planning, patient monitoring, documentation, and communication (Du et al., 2020), which are all important patient care responsibilities associated with nurses. There are significant consequences for patients, nurses, healthcare organizations and healthcare systems when nursing care is missed. Studies have consistently demonstrated that there is a correlation between the occurrence of nurse-sensitive adverse events and nursing care omission, such as medication omissions, the incidence of preventable hospital infections, incidence of pressure injuries, patient falls, increased length of stay, increased healthcare costs, nursing care dissatisfaction and patient mortality (Gong et al., 2025; Sarpong et al., 2025; Janatolmakan & Khatony, 2022).

Moreover, working in such occupational healthcare environments negatively impacts nurses as evidenced by increased occupational stress, emotional exhaustion, burnout and job dissatisfaction, and reduces overall quality of healthcare services (Cimen & Aslan, 2021; Jannatulmakan & Khatony, 2022). Thus, missed nursing care has been recognized as a sensitive measure of healthcare organizations' nursing quality and patient safety. In a study of multiple factors associated with missed nursing care, nursing workload is one of the most reliable predictors. Workload for a nurse does not only mean taking care of patients, but it also refers to documentation, communication with other multidisciplinary teams, care coordination, administrative duties, and professional duties conducted during every shift (Compagna et al., 2021).

However, the current Registered Nurse (RN) shortage worldwide can increase workload demands, making it challenging for Nurses to provide all nursing interventions required to maintain patients' safety (World Health Organization, 2023). With growing numbers of patients clustered with frequently complex

conditions and not enough staff to do the job, nurses are having to put in more effort to complete the most pressing clinical tasks, but delay or even skip other important nursing tasks (Griffiths et al., 2020). This disparity between patient care required and nursing resources available directly leads to missed nursing care. Missed nursing care is another important factor related to patient safety competency. It refers to knowledge, attitude and clinical skills necessary to identify, prevent and manage the risk that jeopardizes patient safety (Huh & Shin, 2021).

Higher patient safety competency among nurses is associated with increased clinical judgement, communication, prioritization, and following evidence-based nursing practice and consequently with lower levels of missed nursing care (Chang & Manojlovich, 2023). Competency in patient safety also helps to foster better patient-healthcare provider interactions, effective infection avoidance and prevention, proper pressure injury prevention and safer nursing practice (Arad et al., 2022). Organizational factors are also suggested in the literature to have significant impact on workload and the missed nursing care. Poor staffing levels, high patient-to-nurse ratios, lack of equipment and supplies, poor communication, and limited management support results in high workload and a doctor's inability to adequately care for patients (Chiappinotto et al., 2022).

Workload management is more crucial to ensure patient safety and healthcare quality, especially since the COVID-19 pandemic and the surge in occupational stress, emotional strains, and ethical issues faced by nursing professionals, as reported by Saravanan et al., (2023). Research in other healthcare environments, such as hospitals, community healthcare, and home-care, have shown that better organizational support, staffing, and communication can significantly decrease occurrences of missed nursing care and better healthcare outcomes (Bagnasco et al., 2024; Dante et al., 2025).

Missed nursing care has a number of categories of nursing care. Basic nursing care involves ambulation, repositioning, assisting with feeding and skin care. Patient monitoring and patient assessment are constant processes that include patient observation, patient vitals check, patient evaluation, and nursing records. Medication and treatment related care involves proper and prompt drug administration and wound care, intravenous therapy, as well as follow up on the treatment processes. Care planning and communication: this involves patient education, discharge planning, counselling, emotional support, communication with family members and coordination between individuals within the healthcare system. Timeliness of care includes responding quickly to call bells, conducting procedures on time and documentation completion. When these key actions are not completed in time or they are not performed during the total lack of these elements, patient safety is at risk and nursing services are not carried out to the best extent of the nurse's skills. There are many factors that lead to missed nursing care. Nurses moving to other roles, increasingly high patient-to-nurse ratios, insufficient medical resources and supplies and a lack of communication leave important, although not as urgent, nursing care behind, leaving the work unfinished (Kalisch & Xie, 2014).

Lack of resources in the organization also has an impact on the nurses and it makes it difficult for them to offer patients a holistic approach to health. Thus, omissions in nursing care are a multi-faceted issue that needs to be addressed through organizational, managerial and policy level solutions. There is also a literature component, which categorizes the workload of the nurse into physical, mental and emotional workload. Physical workload, such as lifting patients, standing for extended periods, walking and repetitive clinical tasks. Workload is mental and includes assessing patients, clinical work, prioritization, checking and engaging with multifaceted information about patients. Emotional workload is the work brought about by caring for critically ill patients, talking to patients' families, dealing with suffering by helping to cope with death. Ongoing experiences with overload in these dimensions can result in fatigue, burnout, compassion fatigue, decreased concentration, medication errors and diminished quality of nursing care (Fishbein et al., 2020).

The workload of the nurse could be categorized as low, moderate or high. Low workload allows nurses to deliver required nursing interventions to provide patient-centered care that is of good quality. Overall, moderate workload is generally adequate for meeting nursing care needs, although there is an increase in acuity at times. High workload involves patient volumes, documented complexity, increased patient responsibilities, lesser nursing resources and which leads to increased missed nursing care, medication errors, burnout, job dissatisfaction and poor patient outcomes (Griffiths et al., 2018).

The top reasons for higher workload for nurses are staffing deficiencies, high patient acuity, increasing patient-to-nurse ratios, and suboptimal work environments that are lack of effective communication, few managers and limited team spirit. These factors mean that nurses have fewer opportunities to deliver all the nursing interventions that should be completed, which ultimately may lead to missed nursing care, patient safety incidents, and decreased healthcare quality. Over workload also plays a role in the reported higher rate of patient deaths as nurses are less able to monitor and observe patients and make timely interventions and detect early signs of patient deterioration.

Two important theoretical pieces of literature about the association between nursing workload and omissions of nursing care are identified. The Missed Nursing Care Model, created by Kalisch, states that "Missed Nursing Care" is the result of inadequate nursing labor resources, material resources, communication problems and a need for a nurse to prioritize competing patient care needs. Likewise, Donabedian's Structure-Process-Outcome (SPO) Model suggests that structural elements of an institution such as staffing, institutional resources, equipment, and institutional policies dictate the nursing processes, including patient assessment, giving medications, making records, communication, and patient education. If the structural resources are also inadequate, it may lead to postponing or skipping of essential nursing activities which can adversely affect the patient's survival, falls, infections, pressures injuries, medication error, patient satisfaction and other factors.

Although there is good international evidence to link nursing workload with missed nursing care, there is limited research done in Pakistan especially Khyber

Pakhtunkhwa region. Existing literature primarily targets either the notions of nurse burnout, staffing deficit, job satisfaction or the overall quality of care, and none specifically addresses the link between nursing workload and unmet nursing care. Because of this it is not possible to develop evidence-based policies for staffing and workforce planning at the local level. So, finding the association among nurses in medical and surgical wards of DHQ Teaching Hospital Kohat will provide evidence for the administrators, nurse managers and policymakers in better decision-making regarding staffing, patient safety, nursing practice and quality of health services for their hospital.

Methodology

The study is descriptive correlational cross sectional with self-administered questionnaires which was conducted from 10th May to 15th July 2026 in DHQ Teaching Hospital Kohat. The study participants were registered nurses who had at least one year of clinical experience and were directly involved in patient care in various departments in the hospital; number of 97 registered nurses. Since qualified nurses were so few, the researchers opted for a census sampling and all qualified nurses who responded were included in the study. Students' nurses, nursing interns and nursing personnel who were on leave during data collection period were not included in the study. Demographic information was gathered daily on a structured information sheet, the "Missed Nursing Care (MISSCARE) Survey (Kalisch et al, 2009); and the "NASA Task Load Index (NASA-TLX)" questionnaire.

The demographic form elicited demographic details like age, gender, marital status, years of working experience and designation. A 24 item MISSCARE Survey was filled out measuring missed nursing care in four different categories: planning, basic care interventions, individual needs interventions, and assessment, on a 5-point Likert scale from "always missed" to "never missed". This instrument showed acceptable internal consistency in this study as seen from Cronbach's Alpha 0.78. Nurses' workload was assessed using NASA-TLX which measures the six scales – mental demand, physical demand, temporal demand, performance, effort and frustration – on a 0- to 100-point scale with scores scaled upward being indicative of greater workload.

This study also demonstrated good reliability for the NASA-TLX with a Cronbach's alpha of 0.84. Having obtained a list of qualified nurses, the researcher explained the aims and method of the study and after having obtained informed consent, the questionnaires were distributed. Questionnaires were handed in after four days and participants were assured that their responses would be kept confidential and anonymous to ensure that they had the motivation to participate and reduce response bias (Babaii et al., 2025).

Data were analyzed using Statistical Package for the Social Sciences (SPSS) version 21. Participants' characteristics and study variables were summarized using descriptive statistics (frequency, percentage, mean, and standard deviation), and multivariate regression analysis was conducted to determine relationships between nursing workload and missed nursing care.

Results

A total of 97 out of 129 distributed questionnaires were completed and returned, resulting in a 75% response rate. A majority of the respondents were females (69.1%) and 30.9% were males. The largest proportion of nurses (50.5%) were aged 31–40 years, followed by 31.9% aged 41–50 years, 10.4% aged over 50 years, and 7.2% aged 21–30 years. By years of work experience, most (59.8%) had 11–20 years of experience, 26.8% had 1–10 and 13.4% had >20 years of experience. The majority of the respondents were married (90.7%), 85.6% were staff nurses while 14.4 % were head nurses. Slightly more than half (52.6%) were qualified as General Nurses, while 47.4% had a Generic BSN qualification, demonstrating that the qualified nurses in this study comprised a group of experienced direct patient care nurses.

Table 4.1: Demographic Variables of Participants (n=97)

Variables	Category	Frequency	Percentage	Mean	Standard Deviation
Age	21-30	7	7.21%	2.45	0.778
	31-40	49	50.51%		
	41-50	31	31.95%		
	>50	10	10.36%		
Gender	Male	30	30.92%	1.69	0.465
	Female	67	69.07%		
Working Experience	1-10	26	26.80%	1.87	0.623
	11-20	58	59.79%		
	>20	13	13.40%		
Marital Status	Married	88	90.72%	1.09	0.292
	Unmarried	9	9.27%		
Designation	Head Nurse	14	14.43%	1.47	0.502
	Staff nurse	83	85.56%		
	General Nursing	51	52.57	1.86	0.353
Qualification	Generic BSN	46	47.42		

The mean of the total missed nursing care score was 3.60 ± 0.78 , indicating that rarely missing essential nursing care activities was the general score for the nurses. Some nursing interventions however were missed more often than others. The activity with the lowest mean score (2.85 ± 1.52) was participation in interdisciplinary patient care conferences, and this activity was the most frequently missed by the participants.

Other tasks with relatively high non-compliance were accompanying patients to the bathroom, walking patients around, in-depth evaluations of patients, answering call bells promptly and tracking water intake and output. Activities with higher compliance, on the other hand, were hand washing before patient care (4.02 ± 1.25), complete documentation of essential patient information (3.91

± 1.34), medication administration (3.90 ± 1.23), discharge education (3.86 ± 1.27), patient education (3.85 ± 1.26), assessment of medication effectiveness (3.81 ± 1.24) – indicating that these nurse responsibilities occurred less frequently.

Total mean score for assessment of the nurses' workload performed with the NASA Task Load Index (NASA-TLX) was 1.91 ± 0.42 which indicated a total workload moderate workload. A large proportion of the participants indicated moderate mental demand (45.4%), moderate physical demands (49.5%), moderate time pressure (47.4%) and moderate frustration level (48.5%) in their regular professional activities. In addition, 38.1% of nurses agreed that there was a lot of effort in finishing their tasks, whilst nearly half described making overall outputs of their tasks as being very successful or satisfactory. Descriptive analysis demonstrated that for missed nursing care the mean score was 3.60 ± 0.78 while for the nursing workload the mean score is 1.91 ± 0.42 which means workload was mostly moderate (several activities occur) but some key nursing activities were still not completed or delayed.

Table 4.2: Average nursing care activity missed scores (n = 97)

Items	AM f (%)	FM f (%)	OM f (%)	RM f (%)	NM f (%)	M	SD
1. Participation in interdisciplinary patient care conferences	27(27.8)	18(18.6)	15(15.5)	17(17.5)	20(20.6)	2.85	1.516
2. Supervising meal preparation for patients able to feed themselves	12(12.4)	16(16.5)	26(26.8)	23(23.7)	20(20.6)	3.24	1.297
3. Assisting the patient to the toilet within 15 minutes of the request	11(11.3)	17(17.5)	24(24.7)	25(25.7)	20(20.6)	3.27	1.287
4. Monitoring patient meals before they become cold	21(21.6)	9(9.3)	17(17.5)	29(29.9)	21(21.6)	3.21	1.450
5. Providing oral care	12(12.4)	11(11.3)	18(18.6)	19(19.6)	37(38.1)	3.60	1.412
6. Bathing the patient and providing skin care	14(14.4)	14(14.4)	17(17.5)	21(21.6)	31(32.0)	3.42	1.435
7. Repositioning patients every 2 hours	10(10.3)	15(15.5)	24(24.7)	15(15.5)	33(34.0)	3.47	1.370
8. Providing emotional support to patients and families	9(9.3)	13(13.4)	17(17.5)	20(20.6)	38(39.2)	3.67	1.360
9. Assessing medication effectiveness	4(4.1)	14(14.4)	18(18.6)	21(21.6)	40(41.2)	3.81	1.236
10. Educating patients about illness, tests, and procedures	7(7.2)	8(8.2)	19(19.6)	22(22.7)	41(42.3)	3.85	1.261
11. Reassessing patients according to their condition	6(6.2)	15(15.5)	13(13.4)	28(28.9)	35(36.1)	3.73	1.271
12. Hand washing before care	6(6.2)	8(8.2)	14(14.4)	19(19.6)	50(51.5)	4.02	1.250
13. Ambulating patients three times daily or as prescribed	14(14.4)	11(11.3)	22(22.7)	25(25.8)	25(25.8)	3.37	1.364
14. Skin wound care	7(7.2)	14(14.4)	13(13.4)	27(27.8)	36(37.1)	3.73	1.295
15. Discharge education	7(7.2)	10(10.3)	13(13.4)	27(27.8)	40(41.2)	3.86	1.266
16. Responding to call bells within 5 minutes	10(10.3)	13(13.4)	18(18.6)	28(28.8)	28(28.9)	3.53	1.316
17. Administering PRN medications within 15 minutes of the request	9(9.3)	4(4.1)	23(23.7)	29(29.9)	32(33.0)	3.73	1.229
18. Comprehensive patient assessment each shift	17(17.5)	7(7.2)	13(13.4)	29(29.9)	31(32.0)	3.52	1.451
19. Care of peripheral and central	10(10.3)	13(13.4)	22(22.7)	15(15.5)	37(38.1)	3.58	1.383

Items	AM f (%)	FM f (%)	OM f (%)	RM f (%)	NM f (%)	M	SD
intravenous lines							
20. Administering medication within 30 minutes of the scheduled time	5(5.2)	10(10.3)	18(18.6)	21(21.6)	43(44.3)	3.90	1.229
21. Monitoring fluid intake and output	11(11.3)	12(12.4)	19(19.6)	13(13.4)	42(43.3)	3.65	1.429
22. Measuring vital signs as prescribed	10(10.3)	9(9.3)	11(11.3)	31(32.0)	36(37.1)	3.76	1.321
23. Complete documentation of essential patient information	8(8.2)	10(10.3)	13(13.4)	18(18.6)	48(49.5)	3.91	1.339
24. Blood glucose monitoring using a glucometer	8(8.2)	11(11.3)	23(23.7)	18(18.6)	37(38.1)	3.67	1.313

Missed nursing care was positively associated with nursing workload and the association was statistically significant. The variance in missed nursing care accounted for by the regression model was 11.2% ($R^2 = 0.112$) and the model was statistically significant ($F = 11.925$ and $p = 0.001$).

Table 4.3: Assessing Nurse's Workload

Items	Low f (%)	Medium f (%)	High f (%)	Perfect f (%)	Satisfactory f (%)	Failure f (%)	Mean	Std. D
1. How challenging was the task?	28(28.9)	44(45.4)	25(25.8)				1.97	0.742
2. How physically strenuous was the activity?	24(24.7)	48(49.5)	25(25.8)				2.01	0.714
3. How hurried or rushed was the pace of the task?	29(29.9)	46(47.4)	22(22.7)				1.93	0.725
4. To what extent were you successful in achieving the task?				46(47.4)	41(42.3)	10(10.3)	1.63	0.666
5. How hard did you have to work to accomplish your level of performance?	21(21.6)	39(40.2)	37(38.1)				2.16	0.759
6. How insecure, discouraged, irritated, stressed, and annoyed were you?	36(37.1)	47(48.5)	14(14.4)				1.77	0.685

Workload turned out to be a positive and significant predictor of missed nursing care, ($B = 0.618$, $\beta = 0.334$, $t = 3.453$, $p = 0.001$) suggesting that nurses who perceived higher workloads were also more likely to report higher rates of missed nursing care. These results indicate that overall, nurses' adherence to critical nursing interventions was favorable but also workload was an ongoing issue in influencing omissions of care provision in the study area.

Discussion

The goal of the current study was to evaluate the relationship between nurses' missing nursing care and their nursing workload. The results showed that female personnel members constituted the majority of the respondents, were married, aged between 31 and 40 years, and had a working experience varying from 11 to 20 years; for 40% of the staff nurses, this was less than 10 years. The demographics were much like previous studies conducted in hospital environments, where the bulk of nurses were members of the middle-aged range of women with a high level of clinical experience (Kalisch *et al.*; Ball *et al.*).

The results indicated a moderate reduction of care in the care that was provided by the nurses; that is, a mean score of (3.59 ± 0.77) was obtained in relation to the missed nursing care. Keeping an eye on the meals prior to them getting cold was the nurse activity that was most frequently overlooked, followed by attending interdisciplinary conferences on patient care. This finding aligns with a study revealed by (Kalisch *et al.*, 2009) that showed that if staffing is low and time is also limited, then nurses tend to neglect basic nursing care and communication-related activities.

Likewise, (Ausserhofer *et al.*, 2014) found that supportive care activities, such as ambulation for the patient, food assistance, and monitoring of patients, were among the most frequently neglected interventions by nurses, due to high workloads and demands in the nursing home that are not adequately met by staff. Conversely, patient education, thorough documentation, discharge education, hand cleaning before care, and administration of medications at the proper time are the least neglected of all of the nursing tasks in the present study. This may be because of nurses' "safety first" approach to prioritizing actions related to patient safety, legal issues and professional responsibilities. On the other hand, medication-related tasks and paperwork are likely to be ticked off even in poor working environments; Jones *et al.* 2015 find this to be true because they are key to avoiding poor patient outcomes.

Mean scores for nursing workload were overall (1.91 ± 0.42), meaning that the nursing workload of the participants was at a moderate level. A large proportion of nurses said they had to exert considerable effort to do their jobs, whereas most said that the requirements were moderate both mentally and physically. This is supported by (Aiken *et al.*, 2011)'s findings that the more patients that are assigned to the nurses, the more time it takes the nurse to spend on patient care, while also decreasing their time on paperwork. Similarly, Carayon *et al.* 2008) implicate excess workload as a causal factor in increased fatigue, anxiety, decreased productivity, and difficulty performing all required nursing tasks.

The main aim of this study was to determine if the workload had a relationship to missing nursing care. A statistically significant positive correlation between workload and missed nursing care was shown by regression analysis ($\beta = 0.334$, $p = 0.001$). Workload has also been shown to be a predictor of nurses' care omission, with the regression model accounting for 11% of the variance in care omission ($R^2 = 0.112$). This predicting positive regression coefficient, or B value,

is 0.618, which increases with the workload as the demand for missing nursing care.

The findings are consistent with the findings of Kalisch *et al* (2006) and their missed nursing care model, where they propose that insufficient staffing and the high workload of nurses lead them to prioritise certain cares and leave other cares unperformed or delayed. This has been documented elsewhere in the world. Griffiths *et al.* 2018 found that increased nursing workloads were strongly associated with increased unmet needs for care and increased negative outcomes. Likewise, Ball *et al.* 2014 showed that those nurses who had a high workload were at higher risk of neglecting their important aspects of nursing on their shift. The findings are also similar to those of (Aiken *et al.*, 2011), who concluded that higher ratios are associated with increased care omission as well as decreased nursing care quality.

The conclusion of this study, therefore, indicates that workload is a significant factor in the extent of nursing care that is missed. As workload increases, so does the risk of neglecting or delaying important nursing care items, particularly routine care, assistance with meeting patients' needs, and communication. In order to decrease missed nursing care and enhance the standard and safety of patient care, these results emphasize the significance of sufficient staffing levels, efficient task management, and encourage work environment. In this study, the authors provided valuable information regarding the association between the workload of nurses and forgetting nursing care in the DHQ Teaching Hospital Kohat.

Focuses on a major problem with an impact on the safety of the patient, nursing practice, and the quality of care in the community. A wide age and experience cross-section of nurses was selected, introducing variety to the samples and an expansive understanding of the problem. From the main outcome, it could be concluded that workload (situational stress) indirectly affects the nursing care delivery overall. As the workload increases, especially for attention to routine care, supporting the patient, and communication, nurses tend to neglect or delay important nursing activities.

The findings highlight the importance of adequate staffing, effective task management, and fostering a healthy work environment to reduce missed nurse care and improve healthcare quality and safety. Standardized questionnaires were used to assess workload and/or lack of nursing care, which increased the consistency and reliability of the data collected. The study also contributes to the limited literature on missed nursing care in Khyber Pakhtunkhwa and can be utilized as a reference point for future studies, adding to workforce planning and informing the formulation of nursing policies in this area.

Due to the descriptive cross sectional as a research design, a causal relationship between missing nursing care and workload cannot be provided. The findings are not necessarily representative of other districts, provinces, and/or healthcare facilities in Pakistan, as some nurses were selected from DHQ Teaching Hospital Kohat. Use of self-reported questionnaires may have resulted in recall bias and social desirability bias, as the participants may recall or demonstrate behaviors

that are socially desired or self-reported inaccurately. Moreover, information was collected in one-shot, which did not allow us to assess changes over time in workload or missing nursing care. This study's findings could have been influenced by other factors that relate to the lack of nursing care, such as staffing levels, organizational support, job satisfaction, leadership style, resources, and hospital policy.

Conclusion

One of the study results is that one of the major contributing factors for nurses not being able to provide nursing care is their workload. Nurses often face the challenge of completing all required activities and reactions of nursing practice when they have too much to do; things such as relationship factors, low staffing, high patient-to-nurse ratio, acuity of patients, time constraints, administrative duties, and lack of health care resources all affect this. Essential Nursing Interventions, including aspects concerning basic patient care and communicating with the patient, patient education, provision of emotional support and routine monitoring, may then be delayed in part, performed in part, or even omitted. This research confirms previous data indicating that increased workload is related to omission of nursing care and potential effects on patient safety, patient satisfaction, care quality, and overall health care outcomes. So there has to be a connection between not being in front of the patient in the act of nursing and that is an important indicator of nursing performance and quality of health care. Healthcare organizations need to tackle underlying problems of work overload to minimize unscheduled care provision from nurses. Appropriate patient-to-nurse ratio, nurse staffing, nurse workforce planning, provision of resources and equipment, effective communication, teamwork and supportive work environments can be achieved. Strengthening these organizational elements will serve to improve nurse-patient outcomes, job satisfaction, and also help the nurse deliver safe, timely, complete patient care. Nursing workload management is of critical importance for preventing LACs and improving the quality and safety of care provided in hospitals, according to the overall findings of this study.

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