

MISSED NURSING CARE IN THE COVID-19 PANDEMIC: A SERIOUS CHALLENGE IN IRAN'S HEALTHCARE SYSTEM

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TO THE EDITOR,

The declaration of a public health emergency of international concern by the World Health Organization (WHO) following the outbreak of Coronavirus Disease 2019 (COVID-19) has led to a global effort to defuse and handle the crisis [1, 2]. Meanwhile, Iran is also one of the countries considerably affected by this disease, since then, the number of cases and deaths has been increasing significantly. At the time of writing this article (March 6, 2022), the number of infected people and deaths in Iran was reported to be 7 084 306, and 137 747 respectively. The increasing demand for hospitalization services for COVID-19 has exerted pressure on healthcare professionals, especially nurses [1, 2] so the results of a study indicated that nurses' working hours have increased to 1.5–2 times more than before during the COVID-19 pandemic. Nurses are at the forefront of caring for COVID-19 patients and their concerted efforts are effective in fighting against the COVID-19 pandemic and defusing the current crisis. The International Council of Nurses (ICN) also has recognized the key role of nurses in the management of COVID-19 patients. A survey of statistics in Iran showed that there are 19.7 nurses per 10,000 people and 1.30 nurses per Intensive Care Unit (ICU) bed. This has led to coming up with ineffective solutions to address these deficiencies through a widespread call for retired nurses and voluntary senior nursing students wishing to attend

clinical settings during the COVID-19 pandemic. In this situation, nurses are not only facing a heavier workload but also the need to replace new unpredictable treatment methods and the existence of complex and ambiguous care needs in these patients has caused nurses to be confused in providing patient care [3, 4]. These unstable conditions can affect the quality of nursing care such as vital signs measurement, oral care, emotional support, patient education, physical assessments, and discharge planning. Moreover, this issue can inevitably cause nurses' failure in performing nursing care based on existing standards as well as delaying, eliminating, and prioritizing care activities. All of the above ultimately lead to missed nursing care [4–6].

Missed nursing care refers to those aspects of patient care that are omitted, delayed, unfulfilled, and not completed [7]. Missed nursing care can reduce patient satisfaction, nosocomial infections, pressure sores, medication errors, critical accidents, quality of nursing care, and patient readmission as well [8, 9]. The rate of missed nursing care in Iranian medical centers has been reported to be above its average global rate [9]. This rate is expected to be doubled in the current crisis due to organizational policies to limit nurses' exposure to the virus and stop the spread of the virus by nurses, time constraints, service complexity, and heavy workload. This issue could ultimately lead to an increase in nursing errors and mortality rates, low-quality health care, and pa-

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tient dissatisfaction. Nurses' work environment largely determines the rate of missed nursing care [8], so based on the results of a study conducted in hospitals affiliated with Mazandaran University of Medical Sciences (northern Iran), the existence of limitations such as the lack of enough vacation, fringe benefits, and social and professional support can isolate nurses and create a negative attitude towards caring for COVID-19 patients. On the other hand, the United States' strict sanctions against Iran in various areas, especially in the area of drug and medical supplies, have posed serious challenges in the provision of patient care in the current difficult conditions caused by the COVID-19 pandemic. Considering the impact of missed care on both the patients' recovery process and the quality of nursing care, it seems necessary to strengthen the culture of teamwork, increase the quality of nursing care and decrease the rate of missed care by adopting appropriate organizational strategies for increasing the flexibility of nursing work plans, examining nurses' attitudes toward missed nursing care, and getting feedback on their performance, employing sufficient numbers of nurses, and applying both experienced nurses along with the inexperienced nursing staff. Furthermore, this study emphasizes the need for more international cooperation between different countries and lifting all sanctions against countries that affect the management of the current crisis. A review of studies in this area showed that despite the importance of the effect of missed nursing care on the quality of patient care, this issue has been unfortunately neglected during the current pandemic. Therefore, it is recommended to conduct quantitative and qualitative research projects in order to reveal the various dimensions of missed nursing care and the factors affecting its formation during the COVID-19 crisis.

Conflict of interest

All authors declare no conflict of interest.

Authors' contributions

All authors contributed equally. All authors read and approved the final manuscript.

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