

## RELATIONSHIP BETWEEN NURSING TEAMWORK AND MISSED NURSING CARE IN INTENSIVE CARE UNITS

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### ABSTRAK

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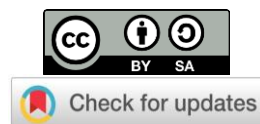
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#### Abstract:

Nurses play a vital role in providing nursing care, especially in intensive care units. Low levels of nursing teamwork can contribute to the occurrence of missed nursing care, which refers to nursing actions that are delayed or not performed. Given that patients in intensive care units require comprehensive and continuous care, optimal nursing teamwork is essential to ensure the quality of patient care. This research aimed to determine the relationship between the level of nursing teamwork and the incidence of missed nursing care in patient care in the intensive care units of dr. Soebandi General Hospital, Jember. Method: This research was non-experimental quantitative study with a correlational design and a cross-sectional approach. The study sample consisted of 72 active nurses who worked in the intensive care units of RSD dr. Soebandi Jember. Data analysis was conducted using the Spearman Rank correlation test. Results: The results of the analysis showed a moderate level of teamwork and low missed nursing care with a significant negative correlation between the level of nursing teamwork and the incidence of missed nursing care, with a p value  $<0.05$  ( $0.000 < 0.05$ ) and a correlation coefficient of  $-0.404$ . Conclusion: The bivariate analysis showed that there was a significant relationship between teamwork and missed nursing care. Hospitals need to support nurse training programs, particularly in enhancing teamwork skills.

#### Abstrak:

Perawat memegang peranan penting dalam memberikan asuhan keperawatan, terutama di unit perawatan intensif. Pelaksanaan asuhan keperawatan yang tidak optimal dapat menyebabkan terjadinya missed nursing care, yaitu tindakan keperawatan yang tertunda atau tidak dilakukan. Salah satu faktor yang berkontribusi terhadap terjadinya missed nursing care adalah rendahnya kerja sama tim keperawatan. Pasien di unit perawatan intensif membutuhkan perawatan yang komprehensif, berkesinambungan, dan melibatkan koordinasi antar perawat dalam satu tim, sehingga kerja sama tim yang efektif menjadi aspek yang sangat penting. Penelitian ini bertujuan untuk mengetahui hubungan tingkat kerja sama tim keperawatan dengan kejadian missed nursing care pada perawatan pasien di unit perawatan intensif RSD dr. Soebandi Jember. Metode: Penelitian ini merupakan kuantitatif non eksperimental dengan desain korelasional dan pendekatan cross sectional. Sampel penelitian terdiri dari 72 perawat aktif yang bekerja di unit perawatan intensif RSD dr. Soebandi Jember. Analisis data menggunakan uji korelasi Spearman Rank. Hasil: Terdapat Hubungan dengan korelasi negatif yang signifikan antara tingkat kerja tim dan kejadian missed nursing care, dengan nilai p value  $<0,05$  ( $0,000 < 0,05$ ) dan koefisien korelasi  $-0,404$ . Kesimpulan: Analisis bivariat menunjukkan bahwa terdapat hubungan yang signifikan antara kerja sama tim dengan kejadian missed nursing care. Rumah sakit perlu mendukung program pelatihan perawat, terutama dalam meningkatkan keterampilan kerja tim.



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## INTRODUCTION

Missed nursing care is a serious issue that reduces patient satisfaction, increases readmissions, and raises mortality rates in hospitals [1]. Missed nursing care is described as nursing care that is partially or completely missed, delayed, or omitted [2]. Patient care was expected to be delivered in a comprehensive manner and evaluated thoroughly [3]. However, there are still cases where care provided does not meet expectations, and in fact there is still a lack of awareness among nurses regarding missed nursing care [4].

Missed nursing care was identified as a factor contributing to poor patient outcomes and a predictor of the quality of care in hospitals [4]. Missed nursing care can have a significant impact on patients' lives. The impact of missed nursing care is associated with low patient safety [5]. Patient safety is a primary concern in the service industry to avoid negative outcomes in nursing care [4]. Negative impacts that may occur include morbidity, mortality, injury, physical disability, nosocomial infection, and a significant increase in healthcare costs [6]. Missed nursing care is one of several factors that significantly predict patient mortality [7],[8].

The phenomenon of missed nursing care is that most nurses (55-98%) missed one or more nursing care [9]. Missed nursing care occurs in several countries such as the United States, where the prevalence of missed nursing care is proven to be 10%–27% [10]. In the United Kingdom, 86% of nurses and in Sweden, 74% of nurses have skipped nursing care due to time constraints [7]. Missed nursing care also occurred in Iranian hospitals in the Intensive Care Unit at a rate of 20% in discharge planning and patient education [11].

The Intensive Care Unit at Mesir Hospital stated that less than ten nurses studied had moderate missed nursing care [12]. At the Swedish Hospital, critical care was also found to be lacking due to insufficient staff numbers [13]. Missed

nursing care occurred in several hospitals in Indonesia. For instance, at a hospital in Surabaya, missed care was identified in basic nursing interventions, such as repositioning patients every two hours and providing oral care [14]. A study conducted in Semarang showed that 80% of nurses' performance in several nursing care interventions was still inadequate [15].

Kalisch found that the common causes of missed nursing care were related to human resources, material resources, and communication [19],[20]. Missed nursing care occurred due to various contributing factors, including workload, job satisfaction, availability of resources, professional communication and teamwork, work environment, and management performance [17]. Teamwork influences the nursing care provided [18]. Approximately half of the studies reviewed found that professional communication and teamwork were factors associated with missed nursing care [17]. Amalia also explained that teamwork could influence missed nursing care due to inadequate team functioning [14]. Teamwork was defined as a process of interaction among team members that involved combining available resources to accomplish assigned tasks [11].

There are teamwork components that include trust, team orientation, backup, shared mental models, and team leadership that are rated relatively high in patient care [19]. Teamwork is the ability to work together toward a common goal. Teamwork is greatly influenced by the characteristics of the nursing team members in order to maximize the components of teamwork [14]. The characteristics referred to in each team member are categorized by age, education, gender, and role in the unit. The nursing team works as a team in one shift, communication between shifts is organized within the shift, and there is continuity between one shift and the next.

Teamwork is crucial in patient care in the intensive care unit, as intensive care nurses handle numerous complex tasks,

which can lead to missed nursing care in this unit. The intensive care unit is a specialized care provider, and the equipment used forms the basis for consideration in cases involving life-threatening conditions [12]. Patients in intensive care units required more comprehensive care compared to those in other departments. As members of the healthcare team, nurses played a vital role in improving the quality of patient care. Nurses providing care across various units worked collaboratively as a team, and the effectiveness of this teamwork was a crucial component in determining the quality of care delivered [11].

RSD dr. Soebandi is a type B hospital and served as a referral center in Jember Regency. The hospital had several intensive care units, which were essential components of tertiary care, providing treatment for patients in critical and life-threatening conditions, where the role of nurses was crucial. A preliminary study conducted at RSD dr. Soebandi revealed the presence of four intensive care units: the Intensive Care Unit (ICU), Intensive Coronary Care Unit (ICCU), Respiratory Intensive Care Unit (RICU), and Neonatal Intensive Care Unit-Pediatric Intensive Care Unit (NICU-PICU).

Based on interviews with the Head of the Intensive Care Unit Committee regarding the implementation of nursing care in intensive care units, the case method was applied, in which each nurse was responsible for managing one to two patients, with one head nurse assigned to each unit. Interviews with team leaders revealed delays in several nursing care activities, including patient repositioning, feeding, and oral care. In addition, interviews with three out of four nurses indicated that ambulation and patient repositioning were frequently delayed during night shifts, primarily due to limited human resources that affected teamwork performance. Nurses also reported delaying nursing interventions by approximately 30 minutes before or after the scheduled time

because of patients' unstable conditions or the need to prioritize other medical procedures. These conditions may contribute to decreased continuity of care and increased risks to patient safety in intensive care settings. Although previous studies have examined missed nursing care and teamwork separately, limited research has specifically explored the relationship between nursing teamwork and missed nursing care in intensive care units within the context of a referral hospital in Indonesia. At dr. Soebandi General Hospital, several efforts have been undertaken to improve nursing services, including workload distribution through team leadership and case-based nursing assignments; however, challenges related to teamwork effectiveness remain evident. Therefore, this research provides a distinct contribution by examining the relationship between nursing teamwork and missed nursing care in an intensive care unit setting, highlighting the need for strengthened teamwork to reduce missed nursing care and improve the quality of patient care.

These findings indicated the presence of missed nursing care associated with inadequate teamwork among nurses. Therefore, the researcher conducted an analytical study entitled "The Relationship Between Teamwork Level and the Incidence of Missed Nursing Care in Patient Care at the Intensive Care Units of RSD dr. Soebandi Jember".

## RESEARCH METHOD

This study employed a non-experimental quantitative design with a correlational analytic method to examine the relationship between two variables. A cross-sectional approach was used. The total population consisted of 72 nurses, based on a preliminary study involving all active intensive care nurses at RSD dr. Soebandi Jember. The sampling technique applied was total sampling, resulting in a sample size equal to the population, comprising 72 nurses.

The research was conducted from August 2024 to June 2025. Inclusion criteria were: nurses working in the intensive care units at RSD dr. Soebandi Jember and nurses who agreed to participate as research respondents. Exclusion criteria included nurses who were on leave and those currently pursuing further education. This study received ethical approval from the Faculty of Nursing, University of Jember, with approval number 075/UN25.1.14/KEPK/2025. The research was carried out in accordance with ethical principles, including respect for autonomy, justice, confidentiality, beneficence, and non-maleficence. The research was conducted from August 2024 to June 2025. This research applied a total sampling technique, in which all 72 active nurses working in the intensive care units of Dr. Soebandi General Hospital, Jember, were included as research respondents. All nurses met the inclusion criteria, namely actively working in the intensive care units and agreeing to participate in the research. No respondents were excluded, as none of the nurses were on leave or pursuing further education during the data collection period. This study received ethical approval from the Faculty of Nursing, University of Jember, with approval number 075/UN25.1.14/KEPK/2025, and was conducted in accordance with ethical principles, including respect for autonomy, justice, confidentiality, beneficence, and non-maleficence.

Data collection employed two questionnaires. The first instrument was the Nursing Teamwork Survey, developed and validated by Kalisch, which aimed to evaluate teamwork among nurses [20]. The survey consisted of 33 items covering five domains: trust (7 items), team orientation (9 items), backup behavior (6 items), shared mental model (7 items), and team leadership (4 items). The second instrument was the MISSCARE Survey, developed by

Kalisch in the United States [21]. This survey comprised 25 items related to missed nursing care, focusing on four domains: assessment, interventions—individual needs, interventions—basic care, and planning. Responses from both questionnaires were scored according to the respective instrument guidelines, and total scores were calculated for each variable. The data were analyzed using the Spearman rank correlation test to examine the relationship between nursing teamwork and missed nursing care.

## RESULT AND ANALYSIS

**Table 1.**  
**Respondents' Characteristics Based on Age**

Characteristics	Mean	Min- Max	Standard Deviation
Age (Years)	38.96	25-57	6.43

*Source: Researcher's primary data (2025)*

According to Table 1, the average age of respondents was 39 years. The youngest respondent was 25 years old, while the oldest was 57 years old. This finding aligned with a study by Kohanova, which reported that the average age of nurses working in intensive care units was 38.22 years [22]. Age was associated with nurses' clinical experience and professional maturity, which influenced their ability to collaborate effectively within a team and deliver consistent nursing care. More experienced nurses tended to demonstrate better coordination, decision-making, and task prioritization, which may reduce the risk of missed nursing care in intensive care settings [11], [22].

In this study, the age range of nurses fell within the productive age category. Productive age includes adults who are mature in their careers, with a mature attitude and abilities at work [24]. The researcher assumed that nurses with age maturity and work experience were capable of delivering nursing care professionally.

**Table 2.**  
**Respondent Characteristics Based on Gender and Highest Level of Education**

Characteristics	(n)	(%)
Gender		
Male	26	36.1
Female	46	63.9
Level of Education		
D3	44	61.1
Ners	28	38.9
Total	72	100

Source: Researcher's primary data (2025)

The respondents' characteristics indicated that the proportion of female nurses was higher than that of male nurses. This finding aligns with the study by Susanto which reported that most nurses were female [25]. This is consistent with the general condition of the nursing profession in Indonesia, where the majority of nurses in hospitals or other healthcare facilities are women. The study by Pardede also stated that female nurses tend to dominate the profession because they possess maternal instincts, are nurturing, and care for others patiently [26]. The results of the study indicated that most respondents held a Diploma III in Nursing (D3). This finding is in line with the study by Sugiarti & Rohayati, which reported that the most respondents (67.3%) had a D3 Nursing education [27]. This is because D3 Nursing graduates remain in high demand in healthcare institutions. The D3 Nursing program is classified as vocational education and produces novice professional nurses [28]. The minimum educational standard equips graduates with the basic competencies required to perform nursing care. These competencies enable nurses to provide professional nursing care and improve the quality of patient care [29].

**Table 3.**  
**Frequency Distribution of Nursing Team Work Levels**

Team's Work Level	(n)	(%)
Low	10	13.9
Moderate	39	54.2
High	23	31.9
Total	72	100

Source: Researcher's primary data (2025)

The results of this study indicate that the level of nursing teamwork was in the moderate category. This finding is not in line with Amalia who reported that most nurses had a high level of teamwork or with Attia who found that the majority of nurses experienced low levels of teamwork [30],[35],[36]. However, the current study is consistent with Soliman & Eldeep who reported that 43.9% of nurses had a moderate level of teamwork [32]. Similarly, Baek found that 50% of nurses had a moderate level of teamwork [33].

The frequency distribution results on the indicators of teamwork levels also showed that the majority of each indicator fell into the moderate category. The trust indicator in this study was also in the moderate category. This finding is not in line with Castner who reported that trust was the highest-scoring indicator [22],[38]. Trust is measured to assess how nurses rely on one another to communicate ideas and information, as well as to respect and provide feedback to each other [35].

The results of the study indicate that, regarding the statement "You and other nurses communicate well," there were still nurses who strongly disagreed. This finding suggests that some nurses may still lack trust in their colleagues within the same team. Previous research by Costello emphasized that effective team communication requires maintaining a high level of mutual trust among members [36].

The next indicator, team orientation, was also categorized as moderate. This finding contrasts with the study conducted by Ghezaljah in which team orientation was reported to be low. The team orientation indicator measures the cohesiveness of team members by prioritizing team success over individual needs and achievements. The present study revealed that some nurses still responded neutrally to the statement, "You/other nurses focus on group tasks rather than individual tasks" [37]. This result is supported by Baek who found that nurses

demonstrated limited collectivism in their team orientation [33].

The reserve indicator obtained moderate results. The results of this study are not in line with the research conducted by Kohanova in which nurses who worked or practiced for 30 to 40 hours per week rated the reserve indicator highly. In this indicator, nurses voluntarily helped and assisted each other when others were busy or performing other tasks. The results of this study indicate that the statement "You and other nurses know when help is needed before it is requested" still has nurses giving neutral responses. Due to the large number of patients and varying needs, nurses cannot provide care alone, so teamwork to assist one another can meet the patients' needs [38],[39]

The next indicator, shared mental model, obtained results in the moderate category. This study is not in line with Kohanova & Gurkova who found that the shared mental model indicator was the indicator with the highest results. This indicator measures nurses' understanding of their roles and responsibilities in achieving high-quality work outcomes. The study found that, regarding the statement "You understand the roles and responsibilities of others," some nurses still responded neutrally [40]. A shared mental model encompasses involvement, information sharing, strategy alignment, and participation in goal setting, all of which are essential for creating a more effective team [35].

The team leadership indicator was found to be in the high category. This finding contradicts the study by Attia which reported that team leadership was the lowest-scoring indicator [35],[36]. However, it aligns with the findings of Kohanova where team leadership was rated highly by nurses. In this indicator, the nurse in charge or manager adequately monitors, distributes, and balances the nurses' workload. Structure, direction, and support are provided by the team leader to ensure optimal team performance [35].

**Table 4.**  
**Frequency Distribution of Missed Nursing Care by Nurses**

Missed Nursing Care	Frequency (n)	Percentage (%)
Low	37	51.4
High	35	48.6
Total	72	100

*Source: Researcher's primary data (2025)*

The results of this study indicate that the incidence of missed nursing care in the Intensive Care Unit is reported to be low. This study is not in line with the findings of Soliman who reported that 45.9% of nurses experienced missed nursing care in the moderate category, and the findings of Assaye who stated that the majority of nurses reported missed nursing care in the high category [32],[41]. However, this study aligns with the findings of Amalia concluded that reported instances of missed nursing care were predominantly in the low category, and the findings of Muharni who reported that 52.2% of nurses at Hospital X in Batam City reported instances of missed nursing care in the low category [30],[42].

The findings obtained from the frequency distribution of missed nursing care indicators show that nurses provided nursing care based on assessment, intervention – individual needs, intervention – basic care, and planning. The *assessment* indicator in this study revealed that most nurses reported a low incidence of missed nursing care. However, nursing care that was occasionally missed included intravenous (IV) care and assessment in accordance with hospital policy. This is consistent with the findings of Kassie who reported that 27.2% of nurses occasionally missed similar actions and this was supported by Muharni whose study showed that more than half of nurses also frequently missed IV care and assessment in accordance with hospital policies [43],[42]. This occurs due to nurses' perception of having a high workload and the type of nursing actions that require a significant amount of time[2].

The *intervention – individual needs* indicator showed that patient care was associated with a low incidence of missed nursing care. Further analysis of nursing care items within this indicator revealed that the actions occasionally missed included providing emotional support to patients/families, responding to call lights within 5 minutes, and administering requested medications within 15 minutes. These findings are consistent with Zelenikova who reported that the most commonly missed nursing care involved timely responses to patient/family requests and emotional support [44]. Similarly, a study by Kalisch also states that the nursing elements that are often overlooked include ambulation, turning the body, feeding, discharge planning, emotional support, hygiene, documentation of intake and output, and supervision [14],[30].

The *intervention – basic needs* indicator in this study showed that more than half of the respondents reported a low level of missed nursing care. This indicates that most nurses have performed basic nursing interventions quite well. However, there are still some elements that are often overlooked, namely providing therapeutic communication and ensuring that patients have maintained personal hygiene. This aligns with the findings of Kalisch who reported that aspects of therapeutic communication, emotional support, and patient hygiene care are often overlooked in nursing care. The contributing factors include high workloads, staff shortages, and suboptimal inter-team communication [6], [41].

In the *planning* indicator, more than half of the respondents reported a low level of missed nursing care. The nursing care items that were often missed in this indicator were patient education about the disease they were suffering from. In line with the findings of Kassahun stated that similar things were often missed [47]. This study is supported by Chegini in a hospital in Iran and Gurkova in Stockholm, Sweden, who found that less than half of

the respondents frequently omitted nursing care in the form of patient education about their condition [48],[49].

**Table 5.**  
**Results of the Analysis of the Relationship Between Team Work Levels and Incidents of Missed Nursing Care**

Variables	<i>p</i> <i>value</i>	<i>r</i>	Correlatio <i>n</i>
Team's Work Level	0.000	-0.404	Negatif
Missed Nursing Care			

Source: Researcher's primary data (2025)

The results of the statistical test used Spearman's rank correlation coefficient showed that hypothesis (H1) was accepted. This meant that there was a relationship between the level of teamwork and the incidence of missed nursing care in the Intensive Care Unit of Dr. Soebandi Hospital in Jember. The results showed that the two variables were negatively correlated or opposite in direction and had a moderate correlation, which mean that the higher the overall teamwork level, the lower the incidence of missed nursing care. The level of nursing teamwork affects the nursing care provided. About half of the studies found that professional communication and teamwork were factors associated with missed nursing care [17].

**DISCUSSION**

These findings are in alignment with Nobahar who showed that teamwork has a significant negative relationship with the incidence of missed nursing care in intensive care units. The study also highlighted that aspects such as trust, team orientation, reserves, shared mental models, and team leadership contribute to teamwork effectiveness and have an impact on reducing the incidence of missed nursing care [11]. Low teamwork is one of the factors causing missed nursing care in hospitals. This showed that improving the quality of teamwork can be a preventive strategy to reduce the incidence of missed

nursing care, which directly impacts the improvement of nursing service quality and patient safety [19]. The results of the Spearman rank correlation analysis showed a moderate negative relationship between nursing teamwork and missed nursing care ( $r = -0.404$ ;  $p < 0.05$ ). This finding indicates that higher levels of nursing teamwork were associated with lower incidences of missed nursing care among nurses at Dr. Soebandi General Hospital in Jember. Improved teamwork among nurses was associated with a reduced occurrence of missed nursing care.

Missed nursing care has been widely recognized as an important indicator of nursing care quality and patient safety outcomes [4]. Recent studies have demonstrated that missed nursing care is associated with various organizational and professional factors, including staffing adequacy, workload, teamwork effectiveness, and management support, particularly in high-acuity settings such as intensive care units [17], [37]. Patients in intensive care units require continuous, coordinated, and timely nursing interventions; therefore, effective teamwork among nurses is essential to prevent delays or omissions in care delivery [35],[36].

Several recent studies have highlighted the role of nursing teamwork in reducing missed nursing care. Research has shown that inadequate teamwork contributes to delayed or omitted nursing interventions, especially under conditions of high workload and limited human resources [37]. Other studies reported that higher levels of nursing teamwork were significantly associated with lower incidence of missed nursing care, as effective teamwork facilitates task coordination, mutual support, and shared responsibility among nursing staff [30], [35]. These findings indicate that teamwork functions as a critical organizational mechanism in ensuring the completeness of nursing care.

The findings of this study revealed a moderate negative correlation between

nursing teamwork and missed nursing care, indicating that better teamwork was associated with fewer missed nursing care incidents. This result is consistent with previous studies reporting a moderate strength of association between teamwork and missed nursing care [30], [35], [36]. However, other studies reported weaker correlations, suggesting that missed nursing care is a multifactorial phenomenon influenced not only by teamwork but also by workload intensity, work environment, and organizational culture [17], [37].

According to the researcher's analysis, nursing teamwork influences missed nursing care because effective teamwork enables nurses to coordinate care activities efficiently, provide backup support during high-demand situations, and prioritize patient needs appropriately. In intensive care settings, nursing care activities are highly interdependent and time-sensitive; therefore, inadequate teamwork may increase the risk of delayed or omitted nursing interventions. Effective teamwork also enhances situational awareness and shared accountability, which are essential for preventing missed nursing care and maintaining patient safety [35], [36], [37].

Although the level of nursing teamwork in this study was categorized as moderate, nurses were still able to provide relatively optimal nursing care, resulting in a low incidence of missed nursing care. According to the researcher's analysis, nursing teamwork is related to missed nursing care because effective teamwork enables task sharing, timely assistance among nurses, and better prioritization of patient care activities, particularly in high-acuity settings such as intensive care units. This finding suggests that teamwork may act as a protective factor that helps nurses adapt to challenging work environments. Nevertheless, teamwork alone may not fully prevent missed nursing care, as other organizational factors such as workload, staffing levels, and management support also play important roles [17], [37].

Therefore, hospitals are encouraged to strengthen nursing teamwork through continuous training programs, supportive leadership, and organizational policies that promote collaborative nursing practice in intensive care units [35], [36].

## CONCLUSION

A study shows that the average age of nurses is 39 years. More than half of the respondents are women and have a Diploma III (D3) in Nursing as their highest educational qualification. Most nurses at RSD dr. Soebandi show a moderate level of teamwork and report a low level of missed nursing care. Statistical analysis indicates a negative and significant relationship between the level of teamwork and the incidence of missed nursing care, where higher teamwork is associated with fewer missed nursing care incidents. Based on these findings, hospitals are encouraged to implement structured teamwork enhancement programs in intensive care units, such as regular team briefings, shift handover standardization, and interprofessional case discussions. In addition, hospital management can support periodic teamwork training and supervision by head nurses to strengthen coordination, mutual support, and task prioritization among nursing staff.

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