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Behind closed doors: Freelance nurses and the reality of unmet care needs in Italian home care setting. Insight from a phenomenological descriptive study

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Abstract

Background. *The term 'Missed Nursing Care' (MNC) refers to any aspect of nursing care that is not delivered, partially delivered, or delayed. MNC has significant negative consequences, including adverse patient outcomes, safety risks, and decreased job satisfaction. While extensively studied in hospitals, MNC in community healthcare settings, remains under-researched, especially in Italy. This study aims to explore the phenomenon of MNC in Italian home care settings by documenting and analyzing the lived experiences of freelance nurses, focusing on the characteristics, influencing factors, and consequences of MNC as perceived by these healthcare professionals.*

Study Design. *This is a descriptive phenomenological study.*

Methods. *Using snowball sampling, 12 Italian freelance nurses were recruited and interviewed from November 2022 to February 2023. Data collection was based on in-depth interviews, that have been transcribed and analyzed using Giorgi's phenomenological framework. The study report adhered to the COREQ-32 checklist for qualitative research.*

Results. *Thematic analysis revealed four main themes: dimensions of MNC, organizational challenges, consequences of MNC, and family-nurse collaboration. Freelance nurses frequently addressed unmet fundamental and complex nursing needs, highlighting significant clinical, psychological, and economic impacts on patients and families. Organizational issues, such as rigid public service schedules and inadequate staffing, were identified as primary contributors to MNC. Families played a crucial role in managing care and collaborating with freelance nurses to ensure continuity.*

Conclusions. *This study provides novel insights into MNC in Italian home care settings, emphasizing the critical role of freelance nurses in filling care gaps. The findings suggest the need for systemic changes to improve flexibility, staffing, and integration of public and private nursing services. Further research, particularly quantitative studies, is essential to validate these findings and explore broader implications for patient care and health outcomes.*

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Introduction

The term 'Missed Nursing Care' (MNC) describes any aspect of nursing care that is not delivered, partially delivered, or delayed for various reasons (1). MNC has negative consequences, including inefficient resource utilization, adverse patient outcomes, safety risks, and decreased job satisfaction (1-4). While MNC has been extensively studied in hospitals, research in community healthcare settings, either in Italy or elsewhere, remains limited (5). Understanding the phenomenon and its causes in community healthcare settings is essential for developing effective strategies to address this issue and improve outcomes for patients, staff, and organizations.

Over the last two decades, the global healthcare scenario has undergone significant transformations due to epidemiological changes, advancements in pharmaceuticals and technology, financial constraints, and a global shortage of healthcare professionals. The epidemiological changes and scientific advancements have led to a rising prevalence of chronic diseases, increased life expectancy, often accompanied by growing rates of disability and frailty, and shorter hospital stays (6-8). However, financial constraints and the global shortage of healthcare professionals are making it increasingly difficult for countries to effectively address these challenges (9). In response, national health authorities are increasingly supporting the transition of care from hospitals to community healthcare settings (10,11). In Italy, this transition was significantly accelerated by the COVID-19 pandemic, and community healthcare provision is continuously informed by the National Outcomes Plan, a permanent observatory that provides decision-makers and healthcare professionals with detailed and reliable data on the outcomes of community-based interventions (12). In this context, nurses, as the largest workforce, play a crucial role in the organization and delivery of care. Evaluating their contribution and viewpoints is essential to fully understand the effectiveness of community care (13). For this reason, considering quality indicators of nursing care is important to achieve high-quality care and meet populations' needs. In this regard, one of the internationally recognized proxies of nursing care quality in the community setting is MNC, due to its potential impact on patient safety, rehospitalizations, and overall care quality (5,14). Research conducted in hospital settings has explored the relationship between MNC and patient outcomes and safety, highlighting the role of various organizational and individual factors (14-18) such as staffing levels, organizational issues, working climate, educational level, and competency level. Similarly, evidence from community care settings indicates that MNC is most likely to occur in contexts where human resources and time are limited, although research in this area remains poor (5,19). The complexity and heterogeneity of community care services, characterized by multiprofessional collaborations within a framework of integrated care, pose challenges to the systematic investigation of MNC phenomena (13). Existing findings are limited regarding the role of environmental and organizational factors, as well as the impact of 'out-of-pocket services' on MNC. In Italy, the home care services encompass a comprehensive and personalized range of health care interventions provided by multidisciplinary teams to patients in their own homes (13). Nursing care provided in this context is guaranteed by the public sector. However, patients and their families can supplement nursing care by utilizing services from freelance nurses, social cooperatives, or private companies. This adds a further element of complexity to the investigation of MNC, as not all MNC remains unaddressed if private nurses are called in to fill the gaps left by the public sector. MNC, detected by the public system, may not be perceived as such by the patient when the private sector intervenes. This hidden phenomenon warrants investigation because, on one hand, it introduces a potential bias in the study of MNC within home care services, such as considering missed care that is not actually missed, and on the other hand, it could reveal issues of unequal access to care for patients who lack sufficient financial resources.

In this framework, the primary aim of this study was to describe the lived experiences of freelance nurses involved in instances of MNC within Italian home care services. Through the exploration of their experiences, we sought to uncover characteristics, factors influencing MNC, and its subsequent consequences, as perceived by these healthcare professionals.

Method

Study design

A descriptive phenomenological study was conducted following Husserl's methodology (20, 21) and Giorgi's phenomenological framework for data analysis (22). To integrate these two approaches, Husserl's principles of epoché and phenomenological reduction were employed during the data collection

Table 1 - Interview Guiding Questions

Can you describe any situations where you had to address a patient's care need due to a lack of nursing intervention by other services (e.g. the public one)?
What factors do you believe influenced these situations?
How did these situations impact the patient and their family?
What role did the family or other caregivers have in these situations?
What care interventions did you provide in these situations?

phase to ensure that the participants' experiences were captured in their purest form, free from preconceived notions (23). Subsequently, Giorgi's step-by-step analytical process was applied to these data, providing a systematic means of identifying and describing the essential structures of the experiences. This combination allowed for a rigorous exploration of the phenomena, grounded in Husserl's foundational concepts and enhanced by Giorgi's practical guidance for data analysis.

The report of this study was checked against the COREQ-32 checklist for presenting results in qualitative studies (24).

Participants, and setting

A snowball sample of Italian freelance nurses, providing care mainly at home, were preliminarily contacted by phone to assess their interest in participating in the study. During the call, the nurses were verbally briefed on the concept of MNC and informed about the study's aims and confidentiality (25). Nurses were enrolled if they have been working as freelance nurses for at least two years (26). After having obtained the consent to participate, a female researcher, working as freelance registered nurse conducted the face-to-face audio-recorded interviews through Google Meet from November 2022 to February 2023. In accordance with the phenomenological study design, sample size was not established a priori. Enrolment was ended when data saturation was ascertained, i.e., when no additional data were obtained from the interviews (25).

Procedure and data collection

Nurses who decided to participate were required to fill a semi-structured online questionnaire via Microsoft Forms, covering socio-demographic and professional details (such as gender, age, education level, years of work experience (overall and as freelance nurse), and daily working hours. Subsequently, for each participant, a formal appointment has been arranged with a suitably qualified researcher to conduct qualitative interviews. The interviews were based on five guiding questions (Table 1) developed after a focus group among the researchers and a literature review. Participants received these questions via email before their interviews to allow for self-reflection. The interview was sent with a short cover letter that explained again the study's goals and the concept of MNC. The guiding questions were employed flexibly to broadly elicit nurses' experiences of MNC in the home care setting. Questions were adapted or omitted as needed to encourage participants to share their stories in depth. The interviewer ensured consistency in data collection across participants while allowing for individual variations. Interviews began with a brief socialization period to establish rapport before initiating audio recording. After ensuring participants understood the concept of MNC, they were asked to describe their experiences providing home care, focusing on factors contributing to MNC and its impact on patients and families. To maintain consistency, all interviews were conducted by the same researcher without additional personnel present. Field notes were taken to capture potential insights into participants' experiences as freelance nurses. Following each interview, a debriefing session with other researchers was held to refine the interview process based on emerging findings and study objectives.

Data analysis and trustworthiness

Interviews were transcribed verbatim following Giorgi's phenomenological data analysis framework, comprising bracketing, intuition, analysis, and description (21, 22). Researchers initially bracketed their preconceptions to mitigate bias (27). Subsequently, through immersion in transcripts and field notes, researchers developed an intuitive understanding of participants' experiences. Significant statements were then extracted, clarified, and categorized into emergent themes. Finally, themes were richly described using illustrative quotations with interview references, adhering to phenomenological principles. To enhance rigor, two researchers independently conducted

thematic analysis and triangulated findings (28). No software was used for data management.

To establish trustworthiness as outlined by Guba (29), multiple strategies were employed. The research process was meticulously documented and transparently reported. A single researcher conducted audio-recorded interviews using a snowball sampling technique with nurses. Field notes were collected and used in debriefing sessions to inform subsequent interviews. Rigorous bracketing and triangulation were applied during analysis to maintain objectivity and focus on participants' lived experiences within a phenomenological framework. Results were presented through a detailed thematic analysis, with themes summarized in a table for clarity.

Ethical Issues

The study, approved by the Internal Review Board of the Master of Science in Nursing Program in adherence to local standards, was undertaken as part of a program-related project. All participants provided the informed consent to participate. In accordance with Italian and European laws, participants' anonymity and confidentiality were guaranteed throughout the study.

Results

Participants

Data saturation was reached after interviewing 12 freelance nurses. Table 2 presents participant characteristics in detail. The majority of them were male (n = 9, 75%), with a mean age of 37.7 years (SD = 8.5). Seven participants (58.3%) held a Bachelor of Science in Nursing, while only four (33.3%) achieved a Postgraduate Degree. The average nursing work experience was 14.6 years (SD = 8.0), with an average freelance nursing experience of 7.8 years (SD = 4.9). Participants typically worked approximately 7.4 hours per day (SD = 1.9).

The lived experiences of freelance nurses regarding MNCs in home care settings

The thematic analysis of the interviews' content revealed four themes and ten descriptive categories and were reported in a coding tree (Figure 1). The average duration of the face-to-face interviews was 25 minutes (range 18-45).

Dimensions of Missed Nursing Care

Freelance nurses frequently find themselves addressing gaps in patient care, as they are often contacted by patients and their families to meet needs that have not been adequately addressed by other nurses, particularly those working in public services. This perspective offers a unique insight into the challenges faced by patients and their caregivers and highlights the importance of continuity of care.

Missed nursing care typically manifests in two primary areas: fundamental and complex nursing care. In terms of fundamental nursing care, unmet needs commonly involve patient care related to elimination, medication management, nutrition, and wound care.

Table 2 - Characteristics of participants

ID	Sex	Educational Level	Years of work experience	Years of work experience as FLN	Daily working hours
1	Male	Postgraduate Course	15	10	7
2	Male	Postgraduate Course	18	11	8
3	Male	BSN	24	18	7
4	Female	Postgraduate Course	17	5	6
5	Male	BSN	14	10	7
6	Male	BSN	10	6	9
7	Male	BSN	4	3	7
8	Male	BSN	6	6	5
9	Male	Postgraduate Course	15	4	6
10	Female	Postgraduate Course	31	12	12
11	Male	BSN	1.5	1.5	6
12	Female	BSN	7	2	9

BSN = Bachelor Science in Nursing

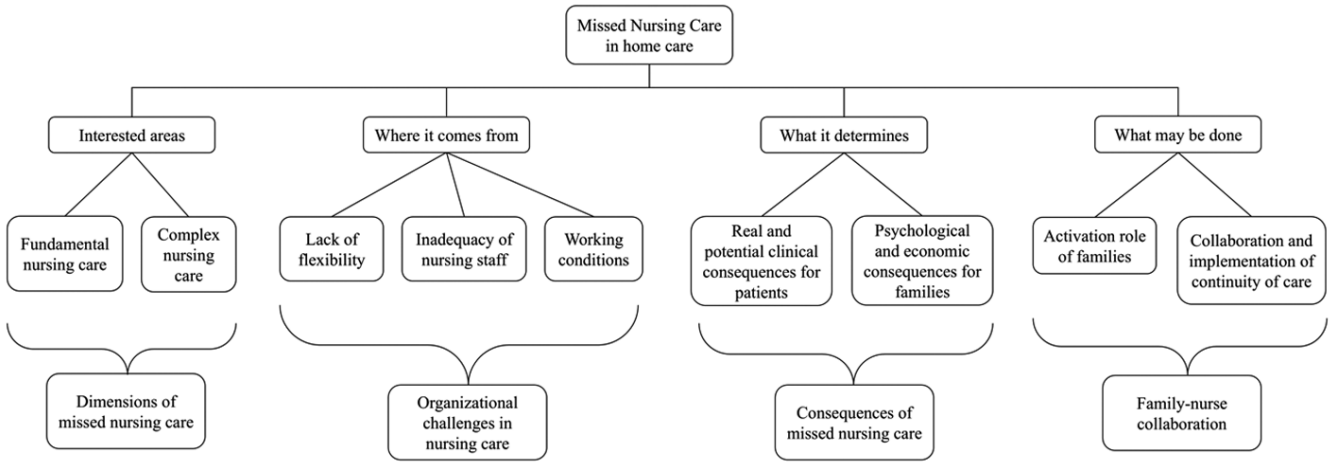

Figure 1. Coding tree for the qualitative analysis.

"I have encountered numerous situations where I was required to address unmet care needs. (…) I remember a case involving a patient enrolled in the integrated home care program. The patient had a bladder catheter placed and required periodic evacuative enemas. (…) I was contacted by the family members outside of regular nursing hours to address a dislodged catheter. (…) In another instance, I was called upon to perform an enema that had been omitted from the patient's care plan". (Interview 12)

"During my five years as a freelance nurse, I have frequently encountered situations where patients' fundamental care needs were not being met. (…) I collaborated with public home care nurses for an oncology patient because colleagues were unable to complete all necessary care interventions, including venipuncture during evening hours. (…) During my visits, I observed a significant complication with the Peripherally Inserted Central Catheter management, characterized by severe thrombophlebitis. This issue was immediately reported to both the integrated home care service and the General Practitioner. Despite the prompt notification, the catheter remained in place, unusable for some days due to delays in obtaining authorization for removal, and the patient did not receive parenteral nutrition". (Interview 1)

"I recall numerous episodes. (...) I remember a patient in the post-surgical period who did not receive adequate information (...) A minimum level of health education was lacking, as the patient and their caregiver did not know who to contact for dressing changes and suture removal. (...) So I was called to provide wound care at home. (...) There is a gap in both the care provided and the education given". (Interview 11)

The second modality through which MNC emerges is represented by complex nursing activities, such as comprehensive assessment and continuous patient management.

"I was once called to assess a patient at home, and I identified malnutrition and dehydration. As a first step, I contacted the General Practitioner to discuss the need for blood tests to identify nutritional deficiencies. (...) Subsequently, I was called to place a nasogastric tube. (...) This intervention could have been avoided by ensuring adequate attention to nutritional status from the onset". (Interview 3)

"Sometimes, patients require services that seem inaccessible to them. (...) This leads families to seek private services. (...) Patient care is not comprehensive; there is a discontinuity between hospital discharge and the initiation of community-based care. (...) Patients often leave the hospital with urinary catheters without knowing how to manage them. (...) I have had to provide not only technical care but also educate the patient and family on how to manage the catheter and the steps to take to obtain home care services". (Interview 5)

Organizational Challenges in Nursing Care

From the experiences of participants, it emerged that the main causes of MNC were generally related to organizational issues within the public home care service. Specifically, the lack of flexibility in service operating hours and the rigid standardization of

interventions led to care gaps, as it is challenging to align these service characteristics with the evolving needs of chronic patients.

"(…) Home care provided by the Public Health Service on Sundays and holidays is greatly reduced, or even absent". (Interview 1)

"(…) The hours [of the Public Health Service] often do not align with the patients' needs". (Interview 9)

"The amount of time dedicated to patients [from the Public Health Service] often isn't sufficient (...) this depends on the Local Health Authority. (...) Today, we can no longer simply reserve a certain time for a specific intervention (...) we should base it on the access itself to determine how much time is needed for each service (...) a professional needs time to perform their job effectively (...) the patient might have other needs besides those for which the professional is paid, which can distract the professional and reduce the efficiency of the service provided". (Interview 3)

Participants highlighted another organizational challenge contributing to MNC, i.e., the insufficient quantity and quality of nursing staff. They believe that the presence of newly graduated or inexperienced nurses, lacking adequate support or specific training, may lead to MNC. Additionally, the chronic shortage of nursing staff across all healthcare settings and service levels is also seen as contributing factor.

"(…) In my experience, the main cause lies in the shortage of personnel and the need to enhance resources in the territory. Unfortunately, in the healthcare sector, attention to territoriality is often overlooked in favour of the hospital". (Interview 7)

"(…) In addition to the shortage of nurses in the public service, another problem arises from the lack of adequate training (...) this shortage not only affects individual nurses but also represents a structural issue that involves cooperatives as well (...) unfortunately, nurses employed by these cooperatives are often professionals who find themselves in this position due to a lack of better opportunities, rather than by choice". (Interview 4)

According to freelance nurses, working conditions also play a significant role in influencing MNC. Currently, the organization and management of home nursing care are entrusted to cooperatives. Participants noted that the operational methods proposed by these cooperatives could contribute to the occurrence of MNC.

"(…) A challenge facing the national healthcare system is the management of public resources. Home care services are typically attributed to cooperatives. These cooperatives hire nurses at much lower salaries than hospitals, resulting in a constant turnover of younger and less experienced nurses, which can compromise the quality of care". (Interview 5)

Furthermore, the lack of professional recognition seems to play a role.

"(…) Within the public service, there is often a lack of adequate incentivization for individual operators, who receive neither proper financial recognition nor tangible support for professional growth (...) I believe it's crucial that employees are motivated and rewarded proportionally to their performance, for example through salary increases and concrete career advancement opportunities (...) it's essential to reward those who demonstrate deserving recognition for their commitment and results". (Interview 6)

Consequences of Missed Nursing Care

From the perspective of freelance nurses, MNC appears to lead to significant consequences for patients and their caregivers clinically, psychologically, and economically.

Clinically, these consequences can be actual or potential, reflecting the risks patients may encounter without intervention from freelance nurses. The timely intervention provided by freelance nurses seeks to address these concrete clinical consequences and mitigate their impact on patient health whenever possible.

"(…) I found myself in a situation where I was asked to help a patient at home. The patient urgently required a urinary catheter (…) The home care nurse responsible for the procedure was unable to arrive promptly as she was engaged in other services, so I placed the urinary catheter. (…) the patient had a distended bladder containing one and a half liters of urine". (Interview 4)

"(…) Thrombophlebitis, resulting from improper vascular access management (…) can have severe implications, including sepsis". (Interview 1)

"(…) In the mechanically ventilated pediatric case I encountered, the consequences could be severe, as a delay in evaluating potential infections in an already compromised patient is more likely to lead to negative outcomes. (…) Intervening at an advanced stage of the situation becomes increasingly difficult". (Interview 7)

Patients and their family members also faced psychological and economic consequences.

"(…) I believe the most serious problem, especially for the patient, is the lack of direct support and a point of reference (...) this leads patient to feel a sense of discomfort and abandonment (...) the presence of a private professional can become an important anchor point (...) furthermore, there are significant consequences for family members. (...) Families are increasingly burdened financially as they must turn to the private sector to receive services that are not available from public services". (Interview 7)

"The family feels lost, enveloped in a sense of abandonment during this phase of their loved one's fragility (...) I could clearly perceive the growing distrust towards the healthcare system". (Interview 1)

Family-Nurse Collaboration

Unmet care needs compel patients' families to quickly develop management skills to address this deficiency. Families play a crucial role in activating freelance nurses in response to MNC.

"Families play a pivotal role in promptly identifying and addressing health issues by taking proactive steps to find the most appropriate professionals. (...) dramatic situations often stem from families' failure to anticipate problems in advance (...) due to complex social circumstances, such as elderly individuals or family members with disabilities, difficulties may compound". (Interview 4)

"(…) In my opinion, families represent a primary and indispensable resource to face missed nursing care at home". (Interview 5)

The role of the family extends beyond just utilizing the services of freelance nurses. A strong bond, akin to a strategic alliance, is formed between nurses and families to address the patient's care needs effectively. The interviewees emphasized the 'collaboration' between families and caregivers. Freelance nurses believe that involving families in the care process and educating them to safely perform certain tasks is crucial for optimal care outcomes. With the family's active support, nurses can ensure continuity of care even in their absence.

"(...) When I enter their homes and demonstrate with competence and professionalism that I am there to help the patient, a bond of trust and respect is created that I cannot find elsewhere, not even in my personal life. These relationships become unique, formed of affection and collaboration, making me perceive working in home care as the most rewarding in the world". (Interview 11)

"The role of the family is essential (...) it is evident that I cannot be present 24 hours a day with them. However, family members can be educated and often are even more proficient than an inexperienced nurse, as they can quickly identify any problems and intervene promptly. They are accustomed to using the ventilator and alarms". (Interview 3)

Discussion and conclusion

To the authors' knowledge, this is the first exploratory study conducted in Europe providing a comprehensive exploration of MNC in home care settings from the perspective of freelance nurses. The on-the-ground experiences of these nurses provide a key new insight: in home care settings, 'not all MNC are truly missed'. The findings reveal that freelance nurses frequently fill gaps in patient care, addressing both fundamental and complex care needs unmet by public services (30). While the intervention of freelance nurses significantly benefits patient health, economic disparities often prevent some patients from accessing these private services, leading to unequal access to care and raising concerns about equity in achieving this global goal (31,32). Consequently, families without sufficient financial resources may face serious health issues. Freelance nurses reported preventing potential negative outcomes such as inappropriate emergency service use, missed medication administration, elimination issues, infections, and nutritional deficiencies. Although this study lacks data on the consequences of inaccessible private services, it is likely that some patients experience these problems, further burdening the national health system.

Another significant aspect highlighted by this study, not previously documented in the literature, is that MNC by the public health system leads families and patients to experience distrust, feelings of abandonment, and dissatisfaction. These psychological implications can interfere with care processes and compliance with therapeutic plans, potentially compromising positive health outcomes (33).

Freelance nurses perceived MNC mainly due to rigid public service schedules based on fixed appointments. Literature indicates that as home

visits increase, the time for each patient decreases, raising the likelihood of MNC (30). Conversely, a well-defined appointment system (19) or longer home visits (30) could help reduce MNC, particularly when time is allocated for both specific tasks and patient education, which freelance nurses often report as lacking in home care (19).

Consistent with the literature, freelance nurses believe unmet care needs are due to inadequate staffing and poor working conditions (5,19,30). Inexperienced nurses, often assigned to home care, may lack skills for high-level assessment and critical thinking, especially in resource-limited settings (34). This inadequacy in experience, knowledge, and skills can significantly impacts patient care. Efficiently navigating transitions in home care requires strategies to support and engage nurses through empowerment and continuous education (35). Implementing organizational strategies to improve nursing capacity with adequate nurse-to-patient ratios and a balanced skill mix is crucial. Enhancing working conditions for home care nurses, who often work for outsourced companies at lower salaries than public services, is also necessary. Lower compensation can lead to perceived poor working conditions, reduced engagement, job satisfaction, and increased intention to leave (30), ultimately affecting patient outcomes.

Finally, this study highlights the critical role of the family when MNC occurs at home. Family members are on the front lines, actively engaging freelance nurses and collaborating to ensure continuity of care, significantly contributing to the patient's well-being. This aligns with the family-centred care model (36), which recognizes the family's central role in the health care journey. Freelance nurses' experiences suggest that staffing constraints, reduced staff experience, high workloads, and time pressures hinder the implementation of this model in home care (37,38). These challenges can lead to negative outcomes such as MNC, and feelings of abandonment and distrust in the healthcare system among patients and their families.

Overall, this study provides critical insights into MNC in home care settings and emphasizes the need for systemic changes. It reveals that not all MNC are truly missed and highlights the crucial role of family involvement. Policy adjustments and further research are essential for improved home care management, nurse engagement, and patient outcomes.

The study's limitations include its qualitative nature and focus on freelance nurses in Italy, which may not be generalizable to other contexts. Although data saturation was reached, the sample size and geographic scope were limited, potentially affecting the diversity of experiences captured. Additionally, participants might not fully recall all instances of MNC. Future research should use larger samples, and mixed method approaches to validate these findings.

The study highlights significant gaps in public nursing care, often filled by freelance nurses. Improving clinical practice requires greater flexibility and continuity in home care services. Public health services should extend operating hours and increase nursing availability during evenings and weekends. Comprehensive training and support for new and less experienced nurses could reduce MNC. Strengthening collaboration between public and private services and actively involving families in patient care are essential.

This study provides a foundation for further research on MNC in home settings, especially from freelance nurses' perspectives. Investigating organizational models like family-centred care and extended home visits could reduce MNC. Additionally, quantitative research is needed to measure MNC prevalence from patients' and families' perspectives. Future studies should explore the impact of socioeconomic factors on access to care and the long-term outcomes of fragmented care.

Riassunto

Dietro le porte chiuse: gli infermieri liberi professionisti e la realtà delle cure infermieristiche perse nell'assistenza domiciliare italiana. Nuove prospettive da uno studio fenomenologico descrittivo

Background. Il termine 'Missed Nursing Care' (MNC) si riferisce a qualsiasi aspetto dell'assistenza infermieristica che non viene erogato, viene erogato parzialmente o viene ritardato. Le MNC hanno conseguenze negative significative, tra cui esiti avversi per i pazienti, rischi per la sicurezza e diminuzione della soddisfazione lavorativa. Sebbene ampiamente studiate negli ospedali, nei contesti di assistenza domiciliare le MNC rimangono poco esplorate, specialmente in Italia. Questo studio si propone di esplorare il fenomeno della MNC nei servizi di assistenza domiciliare italiani, documentando e analizzando le esperienze vissute dagli infermieri freelance, con particolare attenzione alle caratteristiche, ai fattori influenti e alle conseguenze della MNC, così come percepite da questi professionisti sanitari.

Disegno dello studio. È stato condotto uno studio fenomenologico descrittivo.

Metodi. Utilizzando il campionamento a palla di neve 12 infermieri italiani liberi professionisti sono stati reclutati e intervistati da novembre 2022 a febbraio 2023. La raccolta dei dati si è basata su interviste approfondite, trascritte e analizzate utilizzando il framework fenomenologico di Giorgi. Il report dello studio è stato redatto in

base alla checklist COREQ-32 per la ricerca qualitativa.

Risultati. L'analisi tematica ha rivelato quattro temi principali: dimensioni delle MNC, sfide organizzative, conseguenze delle MNC e collaborazione famiglia-infermiere. Gli infermieri liberi professionisti hanno frequentemente soddisfatto bisogni infermieristici di base e complessi non soddisfatti da altri servizi, evidenziando conseguenze cliniche, psicologiche ed economiche significative su pazienti e famiglie. Le criticità organizzative, come gli orari rigidi dei servizi pubblici e il personale insufficiente, sono state identificate come principali cause di MNC. Le famiglie hanno giocato un ruolo cruciale nella gestione dei bisogni insoddisfatti e nella collaborazione con gli infermieri liberi professionisti per garantire la continuità delle cure.

Conclusioni. Questo studio fornisce nuove indicazioni inerenti al fenomeno delle MNC nei contesti di assistenza domiciliare italiano, sottolineando il ruolo critico degli infermieri liberi professionisti nel colmare le lacune assistenziali. I risultati suggeriscono la necessità di cambiamenti sistemici per migliorare la flessibilità, la disponibilità di personale e l'integrazione dei servizi infermieristici pubblici e privati. Ulteriori ricerche, in particolare studi quantitativi, sono essenziali per convalidare questi risultati ed esplorare le implicazioni più ampie per la cura dei pazienti e gli esiti di salute.

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