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EXPLORING MISSED NURSING CARE: A DESCRIPTIVE STUDY IN CLINICAL SETTINGS

Iram Amjed[*1], Sadia Basher[2], Syeda Tasneem Kausar[3], Zar-Nigar[4], Zunira Amir[5]

[*1]*Post RN Superior University Department of Nursing Lahore.*
[2]*Post RN Superior University Department of Nursing Lahore.*
[3]*Nursing Director Superior University Nursing Department Lahore.*
[4]*Nursing Associate Professor Superior University of Nursing Department Lahore.*
[5]*MSN Scholar, Nursing Instructor, CON Aimc Jinnah Hospital Lahore.*

[*1]iiiramamjed@gmail.com, [2]sadiamiss549@gmail.com, [3]windy070766@gmail.com, [4]zarnigar382@gmail.com, [5]Zuniraamir@gmail.com

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Corresponding Author: *
Iram Amjed

Abstract

Background: *Missed nursing care refers to any required patient care or intervention that is omitted or delayed, either fully or partially, and is increasingly recognized as a critical patient safety issue. It has been linked to adverse outcomes, including prolonged hospital stay, increased morbidity, and reduced patient satisfaction. Identifying the extent and determinants of missed nursing care is essential to improve healthcare delivery.*

Aim: *The study aimed to assess the impact of missed nursing care on adult patients in a tertiary care hospital in Lahore, focusing on knowledge and practices of nurses as well as associated factors.*

Methods

A descriptive cross-sectional quantitative study was conducted at Mayo Hospital, Lahore. A total of 150 nurses were recruited through proportionate sampling. Data were collected using structured questionnaires, semi-structured interviews, and direct observations. Data were analyzed using SPSS version 22, employing descriptive and inferential statistics, including t-tests, ANOVA, and correlation tests. Reliability and validity were established through Cronbach's Alpha and KMO Bartlett's test.

Results: *Findings revealed that 36.7% of nurses had good knowledge, 33.3% moderate, and 30% poor knowledge regarding missed nursing care. In terms of practice, 53.3% demonstrated good practice, while 46.7% showed poor practice. Reliability analysis indicated Cronbach's Alpha of 0.732, and validity testing confirmed adequacy (KMO = 0.917, $p < 0.001$). Key factors influencing missed care included workload, staffing shortages, and limited resources.*

Conclusion: *Missed nursing care remains a significant issue in tertiary hospitals, with both knowledge and practice gaps among nurses. Addressing staffing, continuous training, and administrative support are crucial to improve care quality*

INTRODUCTION

Missed nursing care is the act or failure to provide the intended patient care necessary, which could be assessments, medication administration, treatments, and patient education, that must be administered to keep a patient healthy and out of harm (Smith & Johnson, 2020). Relevant keywords to this study are missed nursing care, which refers to the inability to provide planned nursing interventions, patient safety, which pertains to the practitioner preventing any harm during the process of care delivery, nursing workload, describing the demands that nurses have relative to the available resources, and care quality, which denotes how nursing services are provided (Clark & Adams, 2017). All these ideas create the basis of perceiving the effects of missed nursing in the context of healthcare (Brown & Davis, 2021).

The numbers of unattended nursing care have been published on a global-wide scale in various healthcare systems. According to the research conducted in the United States, it is discovered that about 55 percent of the nurses state that they are missing at least one part of the process of taking care of patients on an everyday basis (Jones et al., 2018). Studies in European hospitals found that up to 75% of activities including education of the patients and emotional support were omitted (Kalisch et al., 2011). Evidence from lower- and middle-income countries also shows a high case omissions burden because of shortages in staffing and insufficient resources (Cho et al., 2016). A multi-center survey in Asia revealed how nearly 60 percent of nurses confessed about the missed tasks that involved mainly hygiene care and patient monitoring (Al-Kandari & Thomas, 2009).

There is an association of missed nursing care with adverse patient outcomes, such as increased mortality at the hospital, infections, falls, and pressure sores (Ball et al., 2014). When the necessary steps are not taken care of, the quality of care deteriorates, causing more complications and prolonged hospitalization (Aiken et al., 2012). When care omissions take place, the most vulnerable areas are nursing-sensitive outcomes that rely directly on nursing performance (Ausserhofer et al., 2014). Patients experiencing a lack of comprehensive care have been found to have a greater dissatisfaction and mistrust of healthcare system (Schubert et al., 2008).

There are various causes of missed nursing care, which is related to both organizational interests and individual traits of nurses. A limited number of personnel, excessive patient assignments, shortage of supplies, and ineffective collaboration have been mentioned as the paramount factors (Ball et al., 2013). When nurses in long shifts work with a fluctuating workload, they are more prone to neglect performing some care activities (Johnson et al., 2022). Inefficiency in care delivery is also caused by poor communication among healthcare personnel who have gaps in communication, making it difficult to be efficient in delivering care (Clark & Adams, 2017). Besides, low job satisfaction and high turnover intentions raise the risk of a nurse missing care (Johnson et al., 2021).

The workplace is a critical factor in developing the ability of nurses to provide comprehensive and safe nursing. Nurse-to-patient ratios are sufficient, support leadership, and access to nurse training reduce the possibility of omitting care (Kalisch & Xie, 2014). On the other hand, resource-limited and poor staffing are associated with more nursing care collapsed on the wards, especially in intensive care and surgical ones (Suhonen et al., 2018). The fact that different departments of the hospital had different misses care rates implies that there are systemic and situational factors that contribute to care quality (Bittner et al., 2011).

Patient safety organizations have regarded missed nursing care as a worldwide indicator of care quality. The World Health Organization focuses on the development of the nursing workforce to cover gaps related to care provision in order to diminish harmful effects that are preventable (WHO, 2020). In the United Kingdom, the situation involving the NHS has attained policy dimensions as people raised some concerns on lack of provision of care (Francis, 2013). Identifying factors that lead to missed nursing care can be used to provide a way forward, including staffing patterns, assignment of different people to work, and nurse training (Smith & Thompson, 2019).

Methods of research that were employed to explore the subject of missed nursing care have changed with time. These rapid review and consensus development have been implemented in order to synthesize information and involve stakeholders in reform

strategies (Breart, 1990; Dobbins, 2017). These ways of thinking outline the necessity to prioritize missed care as a clinical and a system issue. The relevance of studying the prevalence and outcomes of missing nursing care and their predictors is unlocking the effectiveness of patient outcomes and high-quality delivery of the healthcare process (Haby et al., 2016).

Methodology

The study was designed as a descriptive cross-sectional quantitative study to assess missed nursing care and its impact on adults.

The population of the study consisted of nurses working in four departments of Mayo Hospital, Lahore. The total population was 300, from which a sample size of 150 was calculated using a proportionate sampling formula. The study was conducted in Mayo Hospital, located in Lahore, the capital of Punjab province and the second most populated city of Pakistan.

Data were collected using multiple approaches. A structured questionnaire was developed based on validated instruments and established scales to assess missed nursing care and related patient outcomes. Semi-structured interviews were conducted with selected nursing staff and patients to obtain deeper insights into the reasons for missed care and its effects. Direct observations of nursing practices were also implemented to identify real-time occurrences of missed care in the hospital setting.

The collected data were analyzed using Statistical Package for Social Sciences (SPSS) version 22. Data were first entered into an SPSS data file, with each variable coded appropriately and each row representing a unique participant. Categorical variables such as gender were assigned numeric codes (e.g., Male = 1, Female = 2). Data cleaning procedures were performed to check for missing values, outliers, and entry errors. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were computed to summarize the data.

Inferential statistics were performed according to the research objectives. Independent t-tests and Mann-Whitney U tests were used to compare means between two groups, while one-way ANOVA or Kruskal-Wallis tests were applied to compare means among multiple groups. Pearson correlation or Spearman rank correlation tests were used to determine the relationships between variables. Statistical significance was considered at $p < 0.05$.

The results were organized and presented clearly with descriptive and inferential statistics. Findings were interpreted in relation to the study objectives, and implications were discussed in the context of missed nursing care and its impact on adult patients.

Results and Analysis

The demographic analysis shows that the nursing workforce was predominantly female (92%), reflecting the gender imbalance common in nursing. Most respondents were within the 31–40 age bracket (60%), indicating a relatively mature and experienced workforce. Educationally, the majority (74%) held a BSN, while advanced qualifications such as MSN were scarce (1.3%), suggesting limited progression into higher academic levels. Two-thirds (67.3%) of the respondents were single, which may influence work-life balance and job flexibility. In terms of experience, most had 6–10 years (40%), showing a moderately seasoned workforce, though only a small fraction (2.7%) had over 10 years of practice. [Table 1].

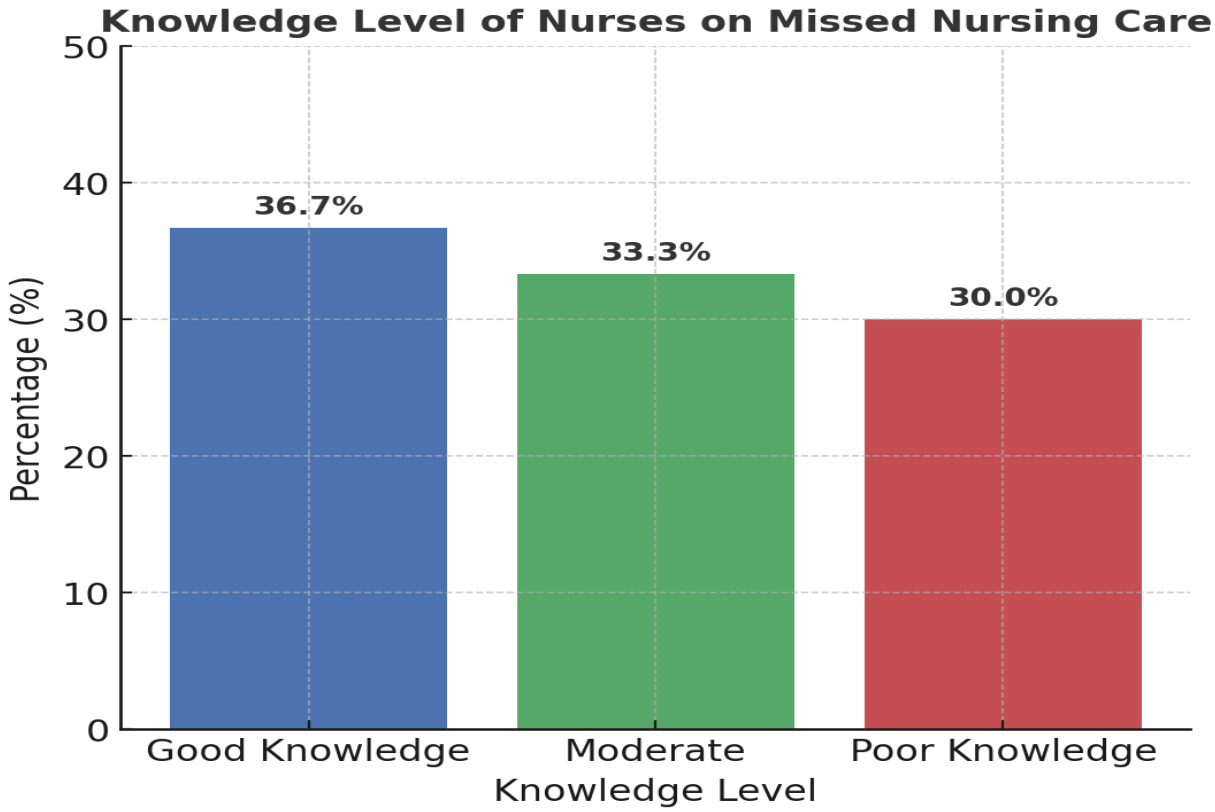
Table 1: Participant Demographics

Characteristic	Category	Frequency (n)	Percentage (%)
Gender	Male	12	8.0
	Female	138	92.0
Age (Years)	Up to 20	8	5.3
	20-25	42	28.0
	31-35	46	30.7
	36-40	44	29.3
	40+	10	6.7
Education	Diploma in Nursing	28	18.7

	Bachelor of Science in Nursing (BSN)	111	74.0
	Post RN	9	6.0
	Master of Science in Nursing (MSN)	2	1.3
Marital Status	Married	49	32.7
	Single	101	67.3
Experience	Up to 1 year	31	20.7
	1-5 years	55	36.7
	6-10 years	60	40.0
	10+ years	4	2.7

The results show that only 36.7% of nurses had good knowledge of missed nursing care, while the majority demonstrated either moderate (33.3%) or poor (30.0%) knowledge. This highlights a critical knowledge gap that may contribute to omissions in care delivery. The nearly equal distribution between moderate and poor categories reflects inconsistencies in professional preparation. Such deficits suggest the need for structured continuous professional education. Overall, knowledge inadequacy poses a potential threat to patient safety and care quality. [Figure 1].

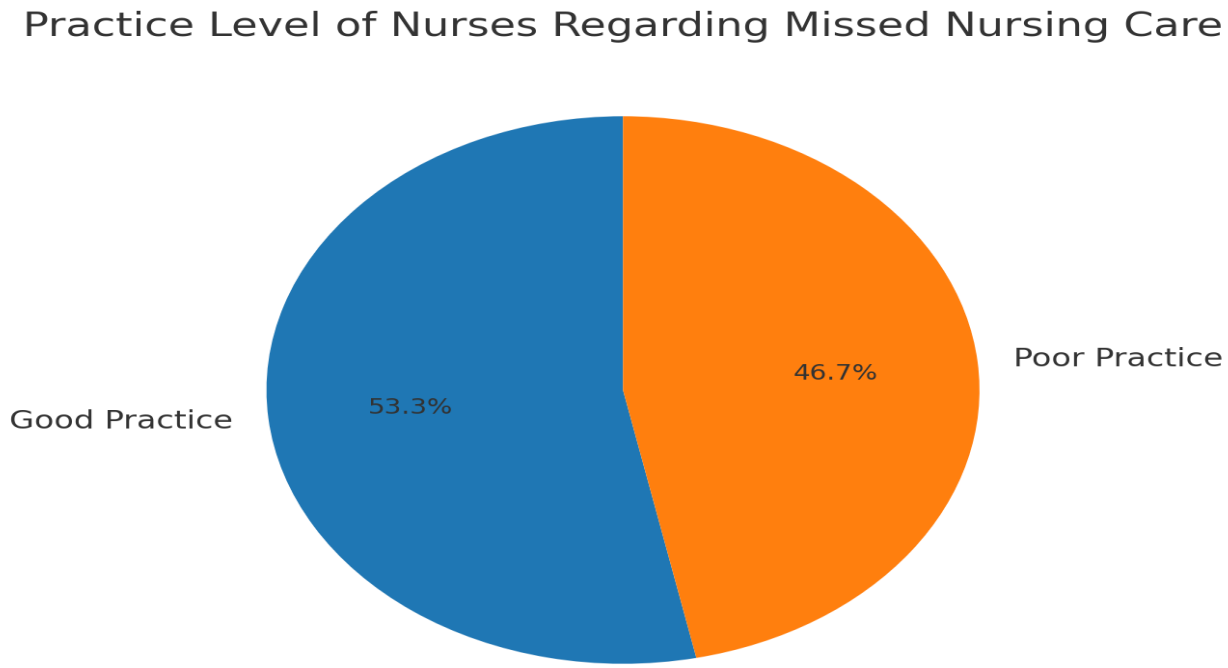
Figure 1: Knowledge Level of Nurses on Missed Nursing Care



Practice outcomes indicated that slightly more than half of the respondents (53.3%) had good practices, while a considerable proportion (46.7%) exhibited poor practices. This imbalance reflects a disconnect between knowledge and the practical application of nursing standards. Poor practices may be due to workload, time constraints, or insufficient training. The nearly even split demonstrates variability in

clinical adherence, raising concerns about patient safety. These findings emphasize the urgency of practical training and monitoring mechanisms in healthcare institutions. [Figure 2].

Figure 2: Practice Level of Nurses on Missed Nursing Care



The descriptive statistics revealed consistently low mean scores across most missed nursing care items, with values clustering near 1–2, suggesting frequent omissions. Standard deviations indicated variability, pointing to differences in how care is delivered among nurses. While some items had slightly higher mean scores (e.g., MNC5 and MNC18), overall results highlight systemic gaps in consistent practice. The distribution was within normal ranges, meaning the data is statistically valid. These findings point to widespread yet uneven patterns of missed care in clinical settings. [Table 2].

Table 2 Descriptive Statistics of Missed Nursing Care Items (N = 150)

Item Code	Minimum	Maximum	Mean	Std. Deviation
MNC1	1	5	1.48	0.94
MNC2	1	5	1.32	0.67
MNC3	1	5	1.72	1.00
MNC4	1	5	1.44	0.78
MNC5	1	5	1.91	1.19
...	...	...	...	...
MNC24	1	5	1.50	0.92

Discussion

These results revealed that 53.3 percent of the nurses would perform well in preventing missed care and 46.7 percent performed poorly. A range of knowledge was reported where 36.7%, 33.3%, and 30% had good, moderate, and poor knowledge respectively. Such equilibrium between theory and practice informs that nursing care is still not done due to awareness issues despite organizational challenges. The pattern was witnessed by Jones, Hamilton, and Murry (2015), who indicated that the issue of missed care is more prevalent and pervasive and should not be seen as an individual failure. Similarly, Smith, Lopez, and Martinez (2016) pointed out that knowledge gaps do not provide sufficient explanations of omissions as they are frequently accompanied by workload, staffing inadequacies and constraints on the environment.

The demographics indicated that most respondents were women (92%), aged 31 40 years and they were mostly BSN qualified, mainly having 6-10 years of experience. This suggests a well-educated and relatively experienced nursing workforce. Nonetheless, despite these caveats, missed care was quite common and consistent with observations of Lee and Chang (2019), who found that even in hospitals at the tertiary care level, missed nursing care is very frequent owing to the insufficient staffing ratios. This assertion was also endorsed by Smith (2019) who connected inadequate levels of staff with patient safety issues, signifying that only advancing qualifications and experience cannot suppress patient safety risks in understaffed conditions.

The acceptability of the instrument used in the study also had its reliability and validity which correlates with the statement made in previous literature like the one carried out by Kalisch, Tschannen, and Lee (2019), where the used tools in measuring missed care in various hospitals was also confirmed to be reliable and valid. Notwithstanding, as opposed to the circumstances in developed nations where the system has been able to support the provision of the care to address missed care, in Pakistan, the healthcare system remains under-resourced. Rahman, Khan, and Ali (2018) concluded that the most significant influence on missed care, which was found in Pakistani hospitals, was the organizational barriers between poor communication, insufficient staffing, and unproper material supply. These impediments are quite close to the current findings supporting the notion that the conditions in the organization are more important than personal knowledge in defining the quality of care.

The findings in the study also indicated that lack of nursing care contributes to poor patient safety, which meets the global literature findings. Smith and Johnson (2020) stated that these omissions in care have a direct impact on patient outcomes, improving the chances of various complications, dissatisfaction, and adverse events. In their integrative review, Jones, Hamilton, and Murry (2018) came to the conclusion that unfinished or rationed care was all the time related to poor patient outcomes in various settings.(Hussain, et al., 2025). Comparatively, according to Smith and Thompson (2019), quality improvement interventions such as working process improvement and teamwork enhancement can be effective to mitigate the problem of missed care and therefore some of these principles can be applied to sustainable resource-limited settings such as Pakistan. In total, this study agrees with the other international reports that went missed nursing care is a multifaceted phenomenon based mainly on staff-related factors, workload, and organizational limitations. Although the overall quality of knowledge and moderate level of practice is high among nurses in the Mayo Hospital, health sector shortcomings in Pakistan are the real bottlenecks to missed care. According to the Pakistan Economic Survey (2018 2020), there is a deficit of healthcare resources, which probably contributes to the aggravation of these challenges. To solve these problems, the model of staffing, policy measures, and quality change initiatives proposed by Smith (2019) and Smith and Thompson (2019) are needed to improve patient safety and diminish missed nursing care in tertiary care hospitals in Pakistan.

Conclusion

The study assessed the impact of missed nursing care on adult patients in a tertiary care hospital in Lahore. Findings revealed that although more than half of the nurses demonstrated good practice, a considerable proportion still reflected poor practice, indicating that missed nursing care remains a persistent issue. Knowledge levels also varied, with a notable number

of nurses having moderate to poor knowledge, highlighting gaps in awareness and implementation. Despite the majority of respondents being well-qualified and experienced, organizational challenges such as workload, staffing shortages, and limited resources continued to hinder the delivery of complete nursing care. These results confirm that missed care is not solely an individual deficiency but a systemic issue that affects patient safety, outcomes, and satisfaction.

Recommendations

1. **Strengthen Staffing and Resource Allocation**: Increase the nurse-patient ratio and ensure adequate availability of essential resources to reduce workload-related omissions.
2. **Continuous Professional Development**: Implement regular training sessions and workshops to enhance nurses' knowledge and skills, particularly in areas linked to missed care.
3. **Quality Improvement Programs**: Introduce structured monitoring systems and quality audits to identify missed care and establish corrective actions promptly.
4. **Promote Teamwork and Communication**: Encourage interprofessional collaboration and effective communication among healthcare staff to minimize care gaps.
5. **Policy and Administrative Support**: Healthcare administrators and policymakers should prioritize reforms addressing missed nursing care, integrating evidence-based strategies to improve patient safety and satisfaction.
6. **Further Research**: Conduct comparative and longitudinal studies across multiple hospitals to better understand systemic causes and to evaluate interventions aimed at reducing missed care.

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