The Research of Medical Science Review
ISSN: 3007-1208 & 3007-1216 Volume 3, Issue 10, 2025

PREVALENCE AND CONTRIBUTING FACTORS OF MISSED NURSING CARE AMONG SENIOR NURSING STAFF IN HOSPITAL SETTINGS

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DOI: https://doi.org/10.5281/zenodo.17300734

Keywords
Missed nursing care, nurse workload, patient safety, healthcare quality, staffing, Pakistan

Article History
Received: 17 July 2025
Accepted: 27 September 2025
Published: 09 October 2025

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Abstract

Background

Missed nursing care, defined as any aspect of required patient care that is delayed, partially completed, or omitted, is a global concern affecting patient safety and healthcare quality. It serves as a crucial indicator of the effectiveness of healthcare systems and the adequacy of nursing resources. Understanding the prevalence and contributing factors of missed nursing care is essential to improving nursing performance and patient outcomes.

Aim

The study aimed to assess the prevalence of missed nursing care among registered nurses and identify the underlying factors contributing to care omissions at Sir Ganga Ram Tertiary Care Hospital, Lahore, Pakistan.

Methods

A descriptive cross-sectional study design was employed, involving 245 registered nurses selected through a convenience sampling technique. Data were collected using an adopted, structured questionnaire assessing demographic characteristics, frequency, and reasons for missed nursing care. Descriptive statistics, including frequency and percentage distributions, were analyzed using SPSS software version 25.

Results

Findings revealed that 49.8% of nurses sometimes missed nursing care, while 27.8% often did so. Documentation, emotional support, and patient education were the most frequently missed aspects, whereas medication administration was rarely omitted. The primary reasons reported were inadequate staffing (84.1%), work overload (83.3%), and lack of equipment (77.1%).

Conclusion

Missed nursing care is prevalent and primarily influenced by systemic factors rather than individual negligence. Enhancing staffing levels, resource availability, and communication practices can significantly reduce care omissions and improve patient safety.

INTRODUCTION

Missed nursing care is defined as any aspect of required patient care that is omitted either in part or in whole or delayed. It is also known as omission or incomplete care. It refers to neglecting or postponing essential care needs that patients require during a shift. Al-Kandari and Thomas defined it as the inability to fully implement the required nursing actions in one shift. Patient care outcomes, including adherence to treatment and acceptance of disease, are recognized as essential indicators of healthcare quality worldwide (Imam et al., 2023).

The prevalence of missed nursing care is reported to be alarmingly high in multiple studies. It is estimated that between 58% and 98% of nurses leave at least one essential nursing task undone during a typical shift (Atchade-Adelomou, 2022). Studies across different healthcare systems have reported missed nursing care rates ranging from 82% to 94% (Otter et al., 2022). The lowest missed care rates were observed in tracheostomy care (2.4%), drug administration (9%), and pain management (10%) (Bagnasco et al., 2020). These findings highlight that missed nursing care is a global concern affecting both patient safety and overall healthcare quality.

Missed nursing care was first introduced by Aiken et al. (2006), who described it as "nursing care undone." The concept gained significance as researchers began linking it with adverse outcomes in patient safety and satisfaction. The phenomenon reflects a critical gap between nursing intentions and actual performance. When nursing care tasks remain incomplete or delayed, it results in compromised patient outcomes, loss of trust in healthcare systems, and moral distress among nurses.

Studies have shown that missed nursing care negatively influences patient outcomes, leading to higher rates of complications, errors, and mortality. Safdari et al. (2023) emphasized the direct relationship between missed care and reduced quality of care. Bagnasco et al. (2018) identified commonly missed areas, including communication, patient education, discharge planning, and emotional or spiritual support (Chaboyer et al., 2021). These missed areas not only affect recovery but also diminish patients' perception of holistic care.

Research has identified several contributing factors to missed nursing care, including inadequate staffing, insufficient resources, and heavy workloads. Jones et al. (2021) found that absenteeism, job dissatisfaction, and negative professional attitudes significantly contribute to the frequency of missed care. Inadequate medical equipment and high patient-to-nurse ratios further exacerbate the issue, creating an environment where nurses struggle to complete all required care tasks effectively.

The link between missed nursing care and workforce factors has also been established. Studies indicate that inadequate labor resources, both in quantity and quality, play a central role in increasing missed care. Kalisch et al. (2019) found a negative correlation between nursing job satisfaction and missed nursing care, whereas a positive correlation was noted with turnover. This means that as job satisfaction decreases, the likelihood of missed care increases, resulting in staff burnout and attrition.

Efforts to reduce missed nursing care are crucial for ensuring safe and effective patient care. A competent nursing workforce with adequate support, manageable workloads, and access to necessary resources is vital. Sarpong et al. (2023) highlighted that targeted interventions, staff empowerment, and improved communication can minimize omissions in care. Understanding and addressing missed nursing care are essential to maintaining patient safety, improving satisfaction, and ensuring that healthcare delivery remains holistic and patient-centered.

Methodology

A descriptive cross-sectional study design was adopted to determine the prevalence of missed nursing care among registered nurses. This design was suitable as it allowed the researcher to capture data at a single point in time to describe current practices and identify factors contributing to omitted care. The study was conducted at Sir Ganga Ram Tertiary Care Hospital, Lahore,

Pakistan—a major healthcare institution that provides both medical and surgical services. The hospital setting offered a diverse nursing population working across intensive care, emergency, medical, surgical, and pediatric units, providing a comprehensive view of missed care practices within various departments.

The target population included all registered nurses working in Sir Ganga Ram Tertiary Care Hospital. A convenience sampling technique was employed to collect responses from available and willing participants. The sample size of 245 nurses was calculated using Slovin's formula ($n = N / 1 + Ne^2$) with a 5% margin of error. Inclusion criteria comprised registered nurses with at least one year of professional experience in the hospital's clinical units, including ICU, ER, medical, surgical, and pediatric wards. Excluded were head nurses, student nurses, newly appointed staff, and those in outpatient departments.

Data Collection

Data were collected using an adopted, validated questionnaire designed to assess the prevalence and factors associated with missed nursing care. Prior permission was obtained from institutional authorities, and informed consent was secured from all participants.

Data Analysis

Data were analyzed using SPSS software. Descriptive statistics, including frequencies and percentages, were applied to summarize demographic and categorical variables. Data normality and tool reliability were assessed before analysis. Results were presented using tables, bar charts, and histograms. Ethical approval was granted by the Nursing Department Ethics Committee of Superior University. Participants were informed about study objectives, confidentiality, and voluntary participation. No physical or psychological harm was anticipated, and all data were handled with strict confidentiality to ensure privacy.

Results and Analysis

Demographic analysis

Table 1 presents the demographic characteristics of the study participants. Out of 245 respondents, the majority (37.6%) were aged between 26–30 years, while only 12.2% were above 35 years. Most of the participants were female nurses (72.2%), reflecting the gender distribution typically observed in nursing practice. In terms of educational qualification, 44.5% of the nurses held a Bachelor of Science in Nursing (BSN), followed by 41.6% with a diploma in nursing, and 13.9% with a Master of Science in Nursing (MSN). Regarding professional experience, 29.8% of the respondents had 3–4 years of experience, while 20% had more than 6 years. These findings indicate that the majority of nurses were mid-career professionals, actively engaged in clinical care roles across various departments.

Table 1. Demographic Characteristics of Participants (n = 245)

Variables	Categories	Frequency (n)	Percentage (%)
Age (years)	20–25	68	27.8
	26–30	92	37.6
	31–35	55	22.4
	Above 35	30	12.2
Gender	Male	68	27.8
	Female	177	72.2
Qualification	Diploma in Nursing	102	41.6
	BSN	109	44.5
	MSN	34	13.9
Experience (years)	1–2	61	24.9

	3–4	73	29.8
	5–6	62	25.3
	More than 6	49	20.0

Figure 1 demonstrates the frequency of missed nursing care as reported by nurses. The findings reveal that 49.8% of nurses sometimes missed certain aspects of care, while 27.8% reported missing care often. Only 7.8% indicated that care was always missed during their shifts. In contrast, 14.6% claimed they never missed any nursing care activity. These results highlight that missed nursing care is a frequent occurrence, though the degree varies among nurses, reflecting differences in workload, staffing, and departmental conditions.

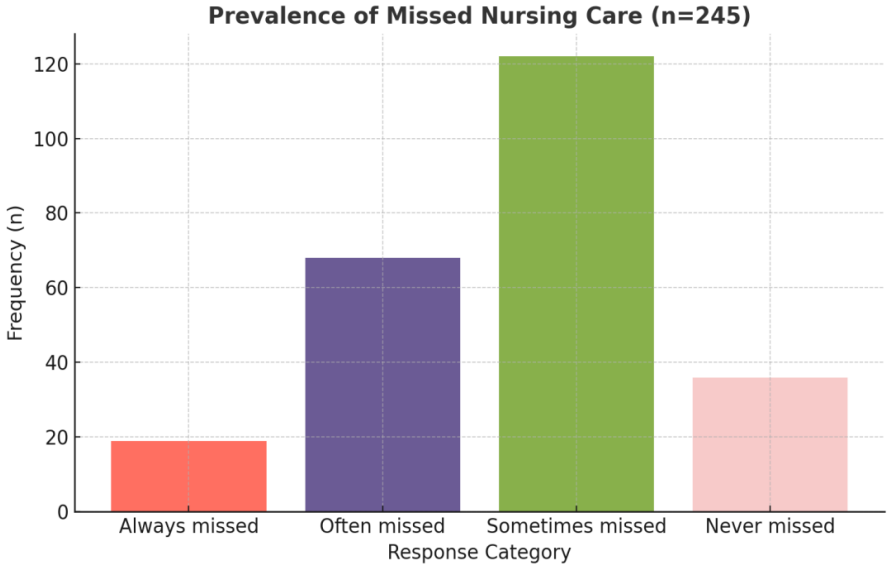


Figure 1. Prevalence of Missed Nursing Care (n = 245)

Table 2 shows the distribution of missed nursing care types. Documentation (51.9%) and emotional support (42.9%) were among the most frequently missed aspects of care, followed closely by patient education (36.3%) and hygiene assistance (33.9%). Medication administration had the lowest rate of omission, with 66.1% of respondents reporting that it was only sometimes missed. The findings suggest that while critical and technical tasks such as medication administration are prioritized, aspects related to patient comfort, education, and emotional well-being are often overlooked, potentially affecting the holistic quality of care delivered.

Table 2. Types of Missed Nursing Care (n = 245)

Type of Care Missed	Always	Often	Sometimes	Never
Patient education	18 (7.3%)	71 (29.0%)	120 (49.0%)	36 (14.7%)
Emotional support	22 (9.0%)	83 (33.9%)	108 (44.1%)	32 (13.0%)
Documentation	31 (12.7%)	96 (39.2%)	92 (37.6%)	26 (10.5%)
Patient hygiene	15 (6.1%)	68 (27.8%)	130 (53.1%)	32 (13.0%)
Medication administration	8 (3.3%)	38 (15.5%)	162 (66.1%)	37 (15.1%)

Table 3 outlines the major perceived reasons for missed nursing care. The most cited factors included work overload (83.3%), inadequate staffing (84.1%), and lack of equipment (77.1%), as reported by participants who strongly agreed or agreed with these statements. Poor communication (75.9%) and lack of supervision (72.6%) were also identified as significant contributors. These findings indicate that missed nursing care is largely influenced by systemic and organizational challenges rather than individual negligence. Insufficient human and material resources increase the likelihood of care omissions, compromising patient safety and care quality.

Table 3. Perceived Reasons for Missed Nursing Care (n = 245)

Reason	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Inadequate staffing	120 (49.0%)	86 (35.1%)	22 (9.0%)	12 (4.9%)	5 (2.0%)
Lack of equipment	98 (40.0%)	91 (37.1%)	31 (12.7%)	17 (6.9%)	8 (3.3%)
Work overload	132 (53.9%)	72 (29.4%)	21 (8.6%)	14 (5.7%)	6 (2.4%)
Poor communication	89 (36.3%)	97 (39.6%)	32 (13.1%)	17 (6.9%)	10 (4.1%)
Lack of supervision	76 (31.0%)	102 (41.6%)	40 (16.3%)	18 (7.3%)	9 (3.8%)

Discussion

The current study assessed the prevalence of missed nursing care among registered nurses at Sir Ganga Ram Tertiary Care Hospital, Lahore, Pakistan. The findings revealed that missed nursing care is a frequent occurrence, with nearly half of the nurses reporting that they sometimes omitted or delayed essential nursing tasks. This finding aligns with Imam et al. (2023), who identified missed care as a widespread issue in low- and middle-income countries, primarily driven by systemic and workforce challenges. The persistence of missed care in clinical settings reinforces the notion that this phenomenon is an indicator of overall healthcare quality and resource adequacy, as reflected in global health policy discussions.

The prevalence observed in this study corresponds with international trends, where similar rates of missed nursing care have been reported. Otter et al. (2022) found that between 82% and 94% of nurses omit at least one care activity during their shifts, echoing the results of the present study. Bagnasco et al. (2020) also reported that unmet nursing care needs remain prevalent in both medical and surgical wards, reflecting widespread structural deficiencies. The comparable rates across different healthcare systems highlight that missed nursing care is a global issue transcending geographical and economic boundaries.

This study further revealed that documentation, emotional support, and patient education were the most frequently missed aspects of care, while technical interventions such as medication administration were less commonly omitted. These results are consistent with Chaboyer et al. (2021), who noted that psychosocial and communicative dimensions of nursing care are often deprioritized compared to clinical or procedural tasks. Mandal, Seethalakshmi, and Rajendrababu (2020) also emphasized that rationing of care undermines holistic nursing, affecting the emotional and psychological support patients receive. Such findings suggest that nurses, when constrained by time and workload, tend to prioritize immediate physiological needs over relational aspects of patient care.

The relationship between workload, job satisfaction, and missed nursing care identified in this study aligns with the findings of Jones et al. (2021), who reported that excessive workloads and inadequate staffing significantly predict care omissions. Similarly, Imam et al. (2023) found that nurses in resource-limited settings often experience care delays due to understaffing and poor working conditions. The

results of this study therefore confirm that missed care is not merely a behavioral issue but a symptom of broader organizational inefficiencies. Improved staffing ratios and management support could substantially mitigate these omissions.

In contrast, the present study found that medication administration was rarely missed, differing from Bagnasco et al. (2020), who noted that certain technical interventions, such as tracheostomy and drug administration, were occasionally neglected. This discrepancy could be attributed to differences in institutional safety protocols and the emphasis placed on medication management training at Sir Ganga Ram Hospital. The prioritization of medication safety likely contributes to the lower omission rate in this domain.

Moreover, similar to the insights by Mandal et al. (2020) and Mitchell et al. (2020), the study highlights the importance of structured care systems and communication in preventing omissions. Poor communication among healthcare professionals, identified in this research as a key barrier, mirrors the challenges described by Otter et al. (2022), who emphasized that effective verbal communication enhances patient self-management and continuity of care. Ensuring clear communication channels between nurses and other healthcare providers could therefore reduce missed care events and improve patient satisfaction.

Overall, the findings of this study contribute to the growing evidence that missed nursing care is a multifactorial problem rooted in staffing shortages, workload burden, and organizational limitations. The results support the arguments of Imam et al. (2023) and Jones et al. (2021), who advocate for systemic reforms to strengthen nursing infrastructure and improve care quality. Addressing these underlying factors through policy interventions, continuous professional education, and supportive work environments could reduce the frequency of missed nursing care and promote holistic, patient-centered care across healthcare systems.

Conclusion

The present study concluded that missed nursing care is a prevalent issue among registered nurses working at Sir Ganga Ram Tertiary Care Hospital, Lahore. The findings revealed that a considerable proportion of nurses occasionally or frequently omitted essential aspects of care such as patient education, documentation, and emotional support. In contrast, critical interventions like medication administration were less often neglected. The study further identified that inadequate staffing, heavy workloads, insufficient equipment, and poor communication were the primary factors contributing to missed care. These findings align with previous studies (Imam et al., 2023; Jones et al., 2021; Bagnasco et al., 2020) which emphasize that missed nursing care is primarily a reflection of systemic and organizational shortcomings rather than individual negligence. The results underscore the urgent need to strengthen nursing systems through adequate human and material resources to enhance patient safety and care quality.

Recommendations

1. **Strengthen Staffing Levels:** Hospital management should ensure optimal nurse-to-patient ratios to reduce workload and prevent care omissions. Adequate staffing allows nurses to perform all essential care tasks effectively and safely.
2. **Continuous Professional Education:** Regular in-service training and refresher sessions on nursing care standards, prioritization, and communication should be organized to enhance professional competence.
3. **Improve Resource Availability:** Hospitals should ensure the provision of sufficient medical supplies and functional equipment to minimize delays and incomplete care.
4. **Enhance Communication Systems:** Structured communication tools such as handover checklists and interdepartmental coordination

protocols should be implemented to improve information flow and accountability.

5. **Promote Supportive Work Environments:** Nurse leaders should foster teamwork, recognition, and psychological support to enhance job satisfaction and retention.
6. **Policy-Level Reforms:** Health policymakers should integrate missed nursing care indicators into quality assurance frameworks to monitor and improve care delivery in hospitals.
7. **Further Research:** Future studies should explore intervention-based approaches to assess the effectiveness of staffing adjustments, education programs, and leadership practices in reducing missed nursing care across various healthcare settings.

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