

PREVALENCE OF MISSED NURSING CARE AMONG SENIOR NURSING STAFF

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(Received, 27th August 2024, Revised 15th November 2024, Published 15th November 2024)

Abstract: Missed nursing care (MNC) refers to the partial, delayed, or omitted delivery of essential patient care. It is a critical issue in healthcare systems worldwide, directly impacting patient safety, satisfaction, and outcomes. While extensively studied in developed nations, evidence from low- and middle-income countries, particularly Pakistan, remains limited. **Objective:** To evaluate the prevalence of MNC among senior nursing staff and identify contributing factors in a tertiary care hospital in Lahore, Pakistan. **Methods:** A descriptive cross-sectional study was conducted among 245 registered nurses working in the ICU, ER, and other departments of Sir Ganga Ram Hospital, Lahore. Data were collected using an adapted questionnaire assessing MNC frequency and analyzed using SPSS. Descriptive statistics were calculated, and the reliability and validity of the tool were confirmed through Cronbach's Alpha and Kaiser-Meyer-Olkin (KMO) measures. **Results:** The study found a high prevalence of MNC, with discharge planning (Mean = 2.77, SD = 1.14), patient ambulation (Mean = 1.79, SD = 0.99), and mouth care (Mean = 2.26, SD = 1.23) identified as the most frequently missed tasks. Contributing factors included excessive workload, resource shortages, and insufficient staffing. Nurses with less experience were more likely to report missed tasks, highlighting the importance of clinical exposure and training in reducing care omissions. **Conclusion:** Missed nursing care poses a significant challenge to healthcare quality and patient safety in Pakistan. Addressing these issues requires systemic reforms, including improved staffing ratios, resource allocation, and professional development programs. These findings provide valuable insights for policymakers and healthcare administrators to implement effective interventions aimed at mitigating MNC and enhancing nursing care quality.

Keywords: Missed nursing care, patient safety, nursing workload, healthcare infrastructure, Pakistan.

Introduction

Missed nursing care (MNC), also referred to as care omission, is defined as any aspect of required patient care that is delayed, partially completed, or entirely omitted. It encompasses failures in meeting fundamental nursing responsibilities such as patient assessments, medication administration, and providing emotional support. MNC has been increasingly recognized as a critical issue in healthcare systems globally, given its direct impact on patient safety, satisfaction, and overall healthcare outcomes. Studies have consistently associated MNC with adverse events, including hospital-acquired infections, pressure ulcers, patient falls, and even increased mortality rates (1-3).

The prevalence of missed nursing care has been reported to range from 55% to 98% across various settings, highlighting its widespread nature (4). The primary contributors to MNC include inadequate staffing levels, excessive workloads, and insufficient resources. These factors not only compromise the quality of care but also exacerbate job dissatisfaction and burnout among nurses, further perpetuating the cycle of care omissions (5, 6). The healthcare system in Pakistan faces unique challenges, such as a shortage of trained nursing staff, inadequate infrastructure, and high patient-to-nurse ratios, which may significantly contribute to MNC. Understanding the prevalence and underlying causes of MNC in this context is crucial for developing targeted interventions to improve nursing practices and patient outcomes (7, 8).

Research indicates that nurses' perceptions of their work environment, including teamwork, leadership support, and access to resources, play a critical role in determining the

frequency of missed care (9). A systematic review identified key nursing tasks most frequently missed, including patient ambulation, mouth care, and discharge planning (10). Despite its significance, there is a lack of comprehensive studies addressing MNC in low- and middle-income countries, particularly in Pakistan. This study aims to fill this gap by exploring the prevalence and contributing factors of MNC among senior nursing staff at a tertiary care hospital in Lahore. The findings of this study will provide valuable insights to policymakers and healthcare administrators, enabling them to implement effective strategies to mitigate MNC and enhance the quality of nursing care.

Methodology

The study employed a descriptive cross-sectional design to evaluate the prevalence of missed nursing care among senior nursing staff. This approach was chosen to provide a snapshot of the phenomenon within a specific timeframe and to identify associated factors. The research was conducted at Sir Ganga Ram Tertiary Care Hospital, Lahore, Pakistan, a well-established institution catering to a wide range of patients. The target population included registered nurses working in the ICU, emergency room, medical, surgical, and pediatric units. To ensure relevant and experienced participants, inclusion criteria required nurses to have more than one year of experience and active involvement in the specified units. Nurses in leadership roles, student nurses, those working in outpatient



departments, and newly appointed staff with less than a year of experience were excluded.

A convenient sampling technique was utilized, and the sample size was calculated using Slovin’s formula, resulting in a total of 245 participants. This sample size allowed for a 5% margin of error, ensuring a reliable representation of the nursing workforce at the hospital. Data collection was facilitated using an adopted questionnaire designed to assess both demographic characteristics and the frequency of missed nursing care tasks. The questionnaire included background information such as gender, age, qualifications, and professional experience, along with a Likert-scale-based section assessing various aspects of missed nursing care, ranging from "never missed" to "always missed."

Permission to conduct the study was obtained from the hospital administration and the ethics committee of the Superior College of Nursing. Nurses were approached in their respective units, and the purpose of the research was explained to them. After securing informed consent, the questionnaires were distributed. Participants were assured of confidentiality and anonymity, and their right to withdraw from the study at any stage was emphasized. The collected data were entered and analyzed using SPSS software. Descriptive statistics, including frequencies and percentages, were used to summarize the demographic and nursing care data. The reliability and validity of the questionnaire were confirmed using Cronbach’s Alpha and Kaiser-Meyer-Olkin tests, ensuring the robustness of the tool.

The study followed strict ethical guidelines as outlined by the Superior University Nursing Department. Participation was entirely voluntary, and data confidentiality was maintained throughout the research process. The methodology provided a comprehensive framework to explore the prevalence and contributing factors of missed

nursing care in a tertiary care hospital setting, offering valuable insights into the challenges faced by nursing staff.

Results

The study included 245 registered nurses. Among the participants, 94.7% were female, and 5.3% were male. The majority of the participants were single (52.2%), while the remaining were married (47.8%). The largest age group was 26–30 years (42.4%), followed by 31–35 years (29.4%), with very few participants aged above 40 years (0.8%). Regarding qualifications, most nurses held a Post RN degree (48.3%), while 21.2% had a diploma in nursing. Nurses with 1–5 years of experience formed the largest group (38.8%), followed by those with 6–10 years (30.2%). (Table 1)

The study instrument demonstrated high reliability, with a Cronbach’s Alpha of 0.852, indicating strong internal consistency. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was 0.772, and Bartlett’s Test of Sphericity was statistically significant ($p < 0.001$), confirming the instrument’s validity.

Descriptive statistics showed that the overall prevalence of missed nursing care was significantly high, with frequent omissions reported in several critical nursing tasks:

- Mouth care (Mean = 2.26, SD = 1.23)
- Skin and wound care (Mean = 2.24, SD = 1.26)
- Ambulation of patients (Mean = 1.79, SD = 0.99)

Tasks such as turning patients every two hours and hand hygiene were occasionally missed (Mean = 2.43, SD = 1.19, and Mean = 2.28, SD = 1.17, respectively). The highest frequency of omissions occurred in patient discharge planning and teaching (Mean = 2.77, SD = 1.14). (Table 2)

Table 1: Demographic Characteristics of Participants

Variable	Categories	Frequency (n)	Percentage (%)
Gender	Male	13	5.3
	Female	232	94.7
Marital Status	Married	117	47.8
	Single	128	52.2
Age Group	≤ 20 years	1	0.4
	20–25 years	57	23.3
	26–30 years	104	42.4
	31–35 years	72	29.4
	36–40 years	9	3.7
	> 40 years	2	0.8
Qualification	Diploma in Nursing	52	21.2
	BSN	73	29.8
	Post RN	116	48.3
	MSN	4	2.3
Experience	≤ 1 year	14	5.7
	1–5 years	95	38.8
	6–10 years	74	30.2
	> 10 years	62	25.3

[Citation: Anchali, A., Noor, M.J., Imtiaz, M., Tesneem, S.S., Jabeen, R., (2024). Prevalence of missed nursing care among senior nursing staff. *Biol. Clin. Sci. Res. J.*, 2024: 1288. doi: <https://doi.org/10.54112/bcsrj.v2024i1.1288>]

Table 2: Prevalence of Missed Nursing Care

Nursing Task	Mean	Standard Deviation	Skewness	Kurtosis
Mouth Care	2.26	1.23	0.50	-0.93
Skin and Wound Care	2.24	1.26	0.64	-0.75
Ambulation	1.79	0.99	1.10	0.29
Hand Hygiene	2.28	1.17	0.57	-0.65
Patient Discharge Planning	2.77	1.14	-0.12	-0.83

Discussion

The findings of this study indicate a significant prevalence of missed nursing care (MNC) among senior nursing staff at a tertiary care hospital in Lahore, Pakistan. The results revealed that critical nursing tasks such as discharge planning, ambulation, and mouth care were among the most frequently missed activities. This aligns with previous research conducted globally, which highlights similar trends. For instance, Mandal et al. reported that tasks like patient ambulation, skin care, and discharge planning are frequently omitted due to resource constraints and excessive workload (11). Similarly, a systematic review by Bagnasco et al. identified that inadequate staffing and high patient loads often lead to care omissions, particularly in developing healthcare settings (10).

The demographic profile of the nurses in this study, characterized by a predominantly young workforce with limited experience, may contribute to the high prevalence of MNC. Previous studies have shown that younger, less experienced nurses are more likely to miss nursing tasks due to insufficient exposure to complex care scenarios and underdeveloped time management skills (9). This is consistent with findings by Jones et al., who emphasized that experience and clinical exposure play a critical role in reducing care omissions (4).

The observed association between workload and MNC is particularly noteworthy. Nurses in the current study reported excessive patient-to-nurse ratios, which limited their ability to perform essential nursing tasks. This finding aligns with global studies, such as one by Safdari et al., which identified that inadequate staffing and overwhelming patient numbers are primary contributors to MNC during the COVID-19 pandemic and beyond (1). Additionally, Chaboyer et al. noted that missed nursing care increases substantially in settings with resource limitations and poor organizational support (2).

Another important observation in this study was the high reliability and validity of the tool used to measure MNC. The Cronbach's Alpha and KMO values demonstrated robust psychometric properties, similar to those reported in international studies that have validated similar tools in diverse healthcare settings (6). This highlights the relevance of the study's methodology in accurately capturing the prevalence of MNC in this context.

This study's findings also support the theoretical framework that organizational factors, such as teamwork, resource availability, and leadership, are critical determinants of MNC. Kalisch et al. highlighted the importance of teamwork and communication in reducing care omissions, a theme that resonates with the results of this research (12). Similarly, Otter et al. emphasized that supportive environments enabling self-management of workloads can mitigate MNC (5).

In comparison to studies conducted in high-income countries, the prevalence of MNC in this study appears higher, reflecting the unique challenges of healthcare delivery in Pakistan. These challenges include systemic resource shortages, insufficient training opportunities, and a lack of nurse retention strategies, as previously identified by Imam et al. (7). Addressing these challenges requires targeted interventions at both the policy and organizational levels, focusing on improving nurse staffing ratios, resource allocation, and professional development.

The findings of this study contribute to the growing body of evidence on MNC and underscore the need for urgent reforms to support nursing staff in providing comprehensive patient care. Future research should explore qualitative insights into nurses' experiences with missed care and evaluate the impact of targeted interventions on reducing care omissions.

Conclusion

The study highlights the significant prevalence of missed nursing care (MNC) among senior nursing staff in a tertiary care hospital in Lahore, Pakistan. Critical tasks such as discharge planning, ambulation, and mouth care were frequently missed, predominantly due to excessive workload, resource constraints, and insufficient staffing. These findings underscore the challenges faced by the nursing workforce, particularly in developing countries, where systemic issues in healthcare infrastructure exacerbate the burden on nursing professionals. The results are consistent with global research, indicating that organizational factors such as staffing levels, teamwork, and leadership support are critical determinants of care quality. Addressing these issues requires targeted interventions, including improved nurse-to-patient ratios, enhanced resource allocation, and professional development programs to empower nurses to deliver comprehensive and timely care. Future research should explore qualitative insights into nurses' experiences with MNC and evaluate the effectiveness of interventions designed to reduce care omissions and improve patient outcomes.

Declarations

Data Availability statement

All data generated or analyzed during the study are included in the manuscript.

Ethics approval and consent to participate.

Approved by the department Concerned. (IRBEC-SNU-0321/23)

Consent for publication

Approved

Funding

Not applicable

Conflict of interest

The authors declared an absence of conflict of interest.

Authors' Contribution

AMINA ANCHAL (student) and

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Final Approval of version, data collection, writing of manuscript

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Data Analysis, Revisiting Critically

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