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MISSED NURSING CARE AND PATIENT OUTCOMES IN ACUTE CARE SETTINGS: DETERMINANTS, CONSEQUENCES, AND STRATEGIES FOR IMPROVEMENT

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ABSTRACT-

With regard to nursing, nursing activities that are omitted, delayed or incomplete can lead to adverse health outcomes, compromise patient safety and negatively impact the experience of care. This has become an important concern in acute healthcare. This review looks at the factors that can influence the provision of missed nursing care in the acute care setting, the impact on the health and wellbeing of the patient and their family if they miss nursing care, the ways in which it is measured and the actions that can be taken to improve it. Suggested factors influencing missed care are interacting factors such as low staffing levels, high workload, patient acuity, resources, unsupportive practice environments, communication issues, and nurse-level pressures such as fatigue and burnout. Common missing activities include surveillance, mobilization, hygiene support, patient education, emotional support, documentation and care coordination. These omissions have been associated with preventable adverse events, delayed recognition of deterioration, poorer recovery, increased healthcare utilization, mortality risk, and reduced patient satisfaction. There is also variation in missed care by medical and surgical wards, EDs, ICUs and by populations with frailty, multimorbidity or high dependency. Safe staffing, skill mix, leadership support, team working, prioritization training, structured care processes, audit and feedback and a selective use of digital tools that support care processes are all strategies that can be used to reduce missed care. Need for standardized measurement, objective outcome measurement, multicenter longitudinal studies, and intervention design. Incorporating missed-care indicators into the existing quality and patient-safety surveillance may help facilitate more timely organizational actions and safer acute care.

Keywords: missed nursing care; acute care; patient safety; nurse staffing; quality of care; nursing outcomes

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1. Introduction

Owing to the importance of patient safety and healthcare quality, missed nursing care has emerged as a major concern. It is broadly an undone, postponed or partially done required nursing activity in rendering patient care. Unfinished nursing care, care left undone, and implicit rationing of nursing care are all related terms that refer to situations where needed nursing interventions are not completed due to competing demands or constraints within the care setting (Chaboyer et al., 2021; Willis & Brady, 2022). In very complex settings, it will be impossible to avoid prioritisation of nursing activities and care coordination or communication issues, but if activities that are deemed essential are frequently not performed, it may reflect a wider issue of staffing, workload, resources, communication and/or care coordination.

Acute care facilities are especially at risk of missed nursing care due to the multitude of competing clinical priorities nurses are often required to serve and the fact that patients may have rapidly changing needs. Physiological needs or emergencies may take precedence, such as patient surveillance, mobilization, hygiene assistance, emotional support, patient education, documentation and discharge preparation. The findings from various healthcare systems suggest that missed care is not limited to a specific country, specialty or type of healthcare setting, but is found throughout medical, surgical, emergency and critical care settings (Imam et al., 2023; Papathanasiou et al., 2024). There are, however, factors such as staffing resources, organizational culture, leadership, patient acuity, and healthcare infrastructure which can still impact the incidence and distribution of care omissions.

Incomplete task performance is not the only concern when it comes to the importance of missed nursing care. Nursing surveillance and prompt interventions are key components in identifying deterioration, preventing complications, sustaining functional abilities, assuring medication safety and supporting recovery. These activities can result in avoidable adverse events, decreased patient satisfaction, increased length of stay, or negative clinical outcomes if they are not completed or not done at all (Willis & Brady, 2022). Missing care can also be felt by patients when there is a delayed response to care, lack of communication, lack of help with basic care needs, or not being included in care decisions, which can impact on patients' trust in the hospital and experience of care (Gustafsson et al., 2020). For this reason, nursing care missed may be considered an important connecting link between the pressures in the nursing work environment and patient quality and safety outcomes.

There are many reasons why nursing care may not be provided. Few staff and high patient ratios, greater complexity of patients, interruptions and time pressure, inadequate materials and supplies, and lack of staff have all been cited as contributing factors. Leadership, teamwork, communication and practice environment are other components of organizational conditions that can influence nurses' capacity to deliver the required care (Chiappinotto et al., 2022). Other workplace factors can exacerbate these issues by contributing to fatigue, burnout and staff turnover; and limit the ability of clinical staff to be timely and consistent in addressing patient needs. Unfinished care became evident once again during the COVID-19 pandemic, as work overload, limited resources, heightened infection-control needs, and workforce disruption all added to the unfinished care equation (Zabaleta-Del-Olmo et al., 2023; Bayram et al., 2024).

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Correcting nursing care omissions is not simple enough to merely ask individual nurses to complete tasks. Effective responses should address issues of staffing, workload, team working, leadership, clinical priority, organizational processes and effective monitoring of care omissions. There is a need for a more complete link between existing evidence that would provide more clarity of the factors that are most associated with missed care, the impact on patients, and what interventions may be effective in lowering the incidence of missed care in acute care settings.

The objectives of this review are to:

- Examine the principal staffing, organizational, teamwork, and nurse-level determinants associated with missed nursing care in acute care settings.
- Evaluate the consequences of missed nursing care for patient safety, clinical outcomes, healthcare utilization, and patient experience.
- Synthesize current strategies for reducing missed nursing care and identify priorities for improving nursing practice, healthcare quality, and future research.

2. Understanding Missed Nursing Care in Acute Care

Missed nursing care is the failure to provide required nursing care activities, or the failure to complete or provide the care activity completely. This concept has developed, and with it the use of related concepts, namely unfinished nursing care, care left undone and implicit rationing of nursing care. While these ideas were born from slightly varying theoretical backgrounds, they all share the core principle that the required care can not be provided fully due to a lack of staffing, resources, or organizational capacities in nursing homes (Zeleníková et al., 2020; Chiappinotto et al., 2022). The failure to provide nursing care is now recognized as becoming a systems-level measure of the quality of care delivered by healthcare organizations in terms of the utilization of nursing resources to complete patient care.

The most commonly missed activities are more likely to be those that are less urgently required than medication administration, technical procedures, or reactions to an acute physiological instability. They include patient mobilization, hygiene support, emotional support, education, discharge preparation, documentation, care surveillance and care coordination (Sarpong et al., 2023). These activities are especially at risk because the short-term benefits of these activities may not be evident, but play a significant role in recovery, complication prevention, patient engagement and continuity of care. These elements of care, however, can be delayed or avoided due to competing priorities, disruptions, high workload, lack of staff and limited organizational resources (Amrolahi-Mishavan et al., 2022; Pourshaban & Hasankhani, 2025).

In acute environments, where the clinical picture can evolve quickly, a failure to provide proper care and supervision or supportive measures may have immediate consequences, particularly in the case of missed care. Omissions from a patient's point of view can be perceived as missed support, communication, basic needs or less engagement in care, which can impact on safety and trust in care (Gustafsson et al., 2020). Missed nursing care is not simply an incomplete task, it is a real measure of the quality of care, the patient's experience and the reliability of the organization.

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3. Measuring Missed Nursing Care

Missed nursing care is measured primarily through structured self-report instruments, but patient-reported, observational and administrative measures are gaining increased use in providing a more comprehensive measurement of missed care. Nurse-reported tools are the most frequently used as they are the ones used by nurses to prioritise and provide care and can identify work that was not completed or done during their shift. Instruments, however, differ in activities being assessed, response scales, clinical setting and conceptual definition used, and thus, could create issues in comparing across studies and healthcare systems (Andersson et al., 2022). In addition, there are tools that are specific for setting that enhance the sensitivity of the setting, such as those used in intensive care settings, where omissions can vary significantly from those in general wards (Yang et al., 2024).

Patient reported methods provide an important complementary perspective, as they are able to assess unmet needs that may go undetected by staff, such as delays in assistance, communication, education or responsiveness (Sarpong et al., 2025). Mixed-method and paired evaluations also demonstrate that nurse and patient perceptions of missed care may not align, reinforcing the need to consider the phenomenon as multidimensional, as relying on just one perspective can create an underestimate of the complexity (Cohen et al., 2025). Data from cross-sectional surveys are used to estimate prevalence and are used to examine relationships with the professional characteristics, such as the duration of work experience (Mainz et al., 2024).

In spite of their utility, existing measurement methods have a number of methodological shortcomings. Self-report data are vulnerable to recall bias, social desirability, and differences in individual interpretation. There is also some variation in the use of terms and instruments, which reduces the comparability across countries. However, observational and administrative data also offer objective data, but is resource-intensive and can only measure certain aspects of care. Another challenge is to draw direct connections between reported omissions and objective patient outcome, which is still crucial to enhance causal interpretation and clinical relevance.

Figure 1 illustrates the complementary approaches used to measure missed nursing care and their integration for assessing the frequency, type, and clinical significance of care omissions.

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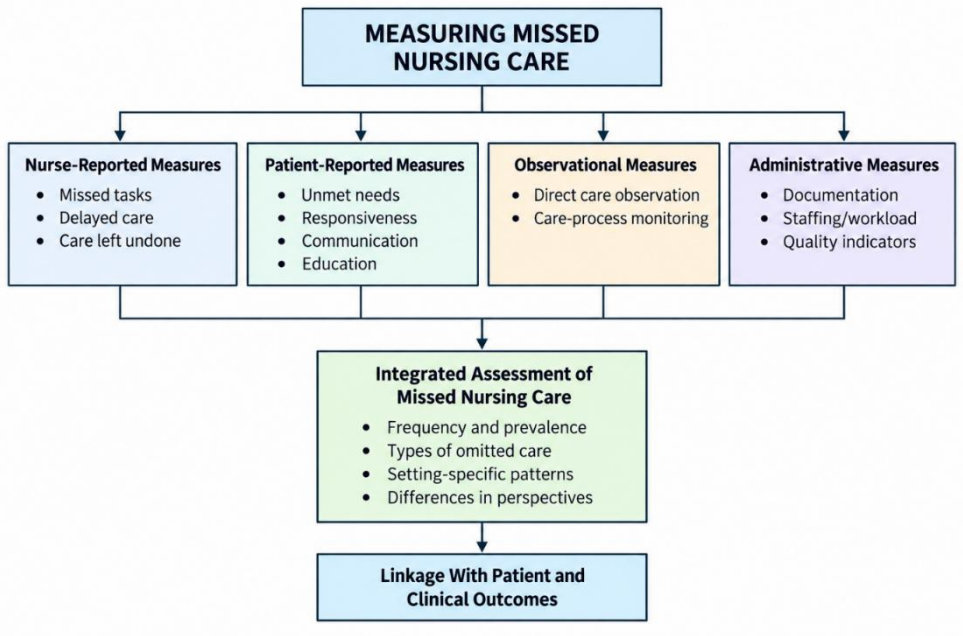


Figure 1. Multimethod Framework for Measuring Missed Nursing Care

4. Determinants of Missed Nursing Care

4.1 Staffing, Workload, and Patient Acuity

One of the most consistently documented factors to missed nursing care is staffing adequacy. If the number of nurses in attendance to the patient is not adequate to the needs of the patient, then nurses must perform activities that are necessary or time sensitive, which are the activities that must be performed first, and delay other activities that are not immediately urgent. Increased nurse to patient ratios, use of temporary staff, overtime and increased work load have all been correlated with increased care not provided (Senek et al., 2020; Hammad et al., 2021). Patient acuity also impacts workload, as those with more complex needs demand more thorough monitoring, more frequent adjustments and more coordination. The results of the systematic reviews suggest that staffing models affect nursing processes but also patient outcomes, confirming the importance of adequate staffing, not just on a fixed numerical ratio to patient needs (Twigg et al., 2021; Dall'Ora et al., 2022). The time urgency can then put nurses in a situation that they need to keep reprioritizing care, which means that supportive, preventative or relational activities may not be provided.

4.2 Work Environment and Organizational Conditions

Staffing pressures can be lessened or exacerbated by the broader context of the practice setting. Limited material resources, inefficient workflows, poor managerial support, and unfavorable organizational climates have been associated with higher levels of missed care (Babaei et al., 2024; Kassahun et al., 2024). Nurses in work places where equipment is not available, interruptions often occur, or routines are not well organized can end up spending a lot of time on operational issues, rather than direct patient care. The role of organizational culture is also significant for its impact on leadership practices that affect workload distribution, whether concerns are raised, and whether

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concerns about omissions are discussed. Collective responsibility and response to care needs are enhanced through shared leadership and supportive management (Atalla et al., 2025). In contrast, if safety culture is poor, this can become a normal way of working and can limit opportunities for early intervention in the organization.

4.3 Teamwork, Communication, and Care Coordination

Poor communication and coordination of clinical care is also a factor that affects missed nursing care. Inadequate delegation and role description, handovers and interprofessional working may lead to duplication of effort, delayed decision making or tasks being purposely missed. There is mixed-method evidence that communication and coordination issues are often part of broader organizational and staffing issues (Kebede et al., 2024). Good teamwork helps to allocate the workload, identify emerging priorities and to ensure continuity of care between shifts, while poor team working can increase the risk that important care is delayed or missed out.

4.4 Nurse-Level Factors

Missed care is influenced by the interaction between individual nurse and organisational factors. But there are other factors such as experience, clinical competence, moral sensitivity, job satisfaction, and the capacity to prioritize competing demands which may affect which activities are performed under stress. Greater satisfaction with staffings have been associated with lower levels of missed care (Hammad et al., 2021), whereas moral sensitivity could influence nurses' awareness of and response to the unmet patients needs (Ahansaz et al., 2024). This can also lead to fatigue, burnout and presenteeism, which can worsen attention and decision-making, and reduce the ability to maintain quality care during stressful days (Dirgar et al., 2024). Recent studies also demonstrate that factors contributing to missed care are not linear but multi-factorial, such as staffing conditions, professional characteristics and features of the work environment (Khajoei et al., 2025; Haile et al., 2025). Instead, missed nursing care should be seen as a result of a variety of factors related to the nurses' workforce, organizational, team, and individual pressures.

Table 1 presents the major staffing, patient-related, organizational, teamwork, and nurse-level determinants associated with missed nursing care in acute care settings.

Table 1. Major Determinants of Missed Nursing Care in Acute Care Settings

Determinant domain	Key contributing factors	Likely effect on nursing care	Supporting evidence
Staffing and workload	Inadequate staffing, high patient-to-nurse ratios, overtime, workload intensity, and time pressure	Greater prioritization of urgent tasks and increased omission or delay of less immediate care	(Hammad et al., 2021; Senek et al., 2020; Twigg et al., 2021)
Patient-related demands	High patient acuity, clinical complexity, dependency, and multimorbidity	Increased surveillance and care requirements, reducing time available	(Dall'Ora et al., 2022; Kassahun et al., 2024)

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		for other nursing activities	
Organizational environment	Limited resources, inefficient workflow, weak managerial support, and unfavorable safety or organizational climate	Delays, interruptions, and reduced efficiency in care delivery	(Babaei et al., 2024; Kassahun et al., 2024; Kebede et al., 2024)
Teamwork and communication	Ineffective delegation, unclear responsibilities, poor handovers, fragmented teamwork, and weak care coordination	Duplication of effort, delayed actions, and overlooked or incomplete care	(Atalla et al., 2025; Kebede et al., 2024)
Nurse-level factors	Fatigue, burnout, presenteeism, low job satisfaction, limited experience, and competing priorities	Reduced attention, impaired prioritization, and lower capacity to complete required care	(Ahansaz et al., 2024; Dirgar et al., 2024; Hammad et al., 2021; Khajoei et al., 2025)

5. Consequences for Patient Outcomes

5.1 Patient Safety and Preventable Adverse Events

However, if patient safety is undermined due to the omission or delay of preventive, monitoring, or supportive activities that are required for nursing care, then it is a missed opportunity. Nursing surveillance is a key component of early deterioration detection, prevention of complications and timely escalation of care. When routine observations, repositioning, mobility assistance, medication checks, or infection-prevention activities are missed, patients may become more vulnerable to falls, pressure injuries, medication-related events, healthcare-associated infections, and delayed recognition of worsening clinical conditions. Missed care, when it occurs, has been reported by nurses in the context of preventable complications, worsening of patients' condition and loss of continuity of care, especially when workloads prevent the completion of necessary interventions (Janatolmakan & Khatony, 2022). In the surgical context, missed care has also been linked to heightened patient-safety risks, underscoring the significance of comprehensive and prompt nursing care during a patient's stay in hospital (Edfeldt et al., 2024). In a broader sense, attitudes of safety and quality of the nursing practice environment affect the incidence of nursing-sensitive adverse outcomes, meaning that patient harm is influenced by more than just the lack of individual actions, but also by the practice environment in which care is delivered (Al-Ghraiybah et al., 2021; Alanazi et al., 2022). The recent evidence also shows that there is a correlation between poor safety culture and missed care, while at the same time, more adverse events may occur, suggesting that the safety culture and level of missed care are related, and the two can coexist (Putra et al., 2025).

5.2 Clinical Outcomes and Healthcare Utilization

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The impact of inadequate nursing care can be seen in situations such as safety, to the general clinical outcomes and the utilization of healthcare services. These include delays in mobilization, nutrition support, symptom management, monitoring and discharge planning which can lead to slower recovery, functional decline, avoidance of complications and prolonged hospital stays. But in the case of acute and complex conditions, poor nursing surveillance could also limit the chances of early intervention when clinical condition deteriorates. A correlation between nurse staffing and mortality is another example of the impact of inadequate nursing capacity. Higher risk of mortality has been observed with lower staffing by registered nurses, highlighting the need for proper nursing resources for continuous assessment and prompt responses in sepsis patients admitted to the hospital (Cimiotti et al., 2022). Further evidence from English hospitals also suggests that nurse staffing levels are associated with inpatient mortality, further supporting the notion that there may be measurable impacts of nursing capacity on the survival of the patient (Zaranko et al., 2023). While not all adverse outcomes are directly associated with failure to provide care, failure to provide care could be an important mechanism by which poor staffing and poor working conditions lead to higher rates of complications, length of stay, re-hospitalization and mortality.

5.3 Patient Experience and Perceived Quality of Care

Poor nursing care also impacts on the hospital experience for patients. Patients may become dissatisfied and lose faith in the care they receive if their requests are not answered promptly, if they do not get an adequate amount of communication, if they are not getting their emotional needs met, or if the amount of information they are getting is not sufficient. Responsiveness, attentiveness, communication and availability are among the ways patients rate nursing care. More staff members has been linked to more positive patient perceptions of nursing care, suggesting that sufficient capacity in nursing might enhance the quality of clinical care and patient experience (Winter et al., 2021). Failure to provide education, reassurance or opportunities for communication may result in the patient feeling uninformed, neglected or not fully engaged in the care they receive. In times of acute illness, feelings of uncertainty and reliance on healthcare professionals are often highest, making these effects more relevant. The impact of missed care is thus more than just the negative clinical outcomes; it also covers trust, satisfaction, perceived responsiveness, and quality of the therapeutic relationship. The evidence in total indicates that minimizing care that is missing is a key step towards improving objective patient outcomes and the subjective patient experience.

Table 2 summarizes the principal consequences of missed nursing care for patient safety, clinical outcomes, healthcare utilization, and patient experience.

Table 2. Patient Consequences Associated With Missed Nursing Care

Outcome domain	Examples	Potential pathway	Supporting evidence
Patient safety	Falls, pressure injuries, medication-related events, healthcare-associated infections	Omission of preventive, monitoring, or supportive nursing activities	(Edfeldt et al., 2024; Putra et al., 2025)

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Clinical deterioration	Delayed recognition of worsening condition, delayed escalation, failure to rescue	Reduced surveillance and delayed clinical response	(Alanazi et al., 2022; Janatolmakan & Khatony, 2022)
Clinical outcomes	Complications, slower recovery, functional decline, mortality	Inadequate nursing capacity and incomplete or delayed care	(Cimiotti et al., 2022; Zaranko et al., 2023)
Healthcare utilization	Longer hospital stay, readmission, increased resource use	Delayed recovery and preventable complications	(Al-Ghraiybah et al., 2021)
Patient experience	Lower satisfaction, inadequate communication, unmet emotional and informational needs	Reduced responsiveness, attentiveness, and relational care	(Janatolmakan & Khatony, 2022; Winter et al., 2021)

6. Missed Nursing Care Across Acute Care Contexts

The nature and impact of gaps in nursing care are different in the various acute care settings due to differences in workload, patient acuity, the predictability of patient demand, and reliance on nursing support between settings. The care that is missed, typically occurs as a result of the longer term workload pressures and the competing routine work that goes on in the general wards for both medical and surgical patients and the need to prioritise patients with more immediate clinical need. Mobilization, hygiene, education, emotional support and preparation for discharge, for example, may thus be postponed, especially when the patient needs significant assistance. Older adults, particularly frail older adults, are especially vulnerable because they often need more help with mobility issues, food and fluid intake, toileting (contingence), communication, and reducing the risk of functional decline. However, when these needs clash with emergency clinical needs, essential nursing care may be neglected, even though it is vital to achieving recovery and independence (Rezaei-Shahsavarloo et al., 2021).

Emergency departments exhibit a different profile, with patients arriving in an unpredictable way, high turnover and nurses having to constantly reprioritise their care in response to new emergencies. Emergency treatment and stabilization may become the focus, with less attention to non-urgent or supportive care, as these activities are often overlooked when they are unlikely to receive immediate attention, and may be interrupted or distracted by crowding, time urgency, or limited continuity (Duhalde et al., 2023; Rooddehghan et al., 2024). Missed care in emergency nursing is not limited to only basic care, also including communication, re-evaluation, documentation, follow-up, when competing demands increase (Amritzer et al., 2024).

The setting of intensive and high dependency care is another kind of vulnerability because of the constant monitoring and sophisticated technical manoeuvres needed to conduct care for the patient. The nursing to patient ratio can be reduced, but the harms of the omission can be severe and swift due to the severity of the disease and the need for a high level of monitoring. Organizations that

reported COVID-19 pandemic-related periods of unusual workload and disruption reported higher rates of missed care in critical care (Falk et al., 2022). More recent evidence from adult intensive care units indicates that workload, staffing limitations, and competing clinical priorities remain central reasons for unfinished care (Yang et al., 2025).

In all settings, patients with multi-morbidity, frailty or high dependency have a cumulative risk as they need more frequent and multidimensional nursing input. Hence, missed care should be viewed in the context of the clinical situation; the same missed care may have implications that differ according to the patient vulnerability, the speed of the care, and the consequences of delay.

7. Strategies to Reduce Missed Nursing Care

7.1 Workforce and Staffing Interventions

Reducing missed nursing care requires staffing approaches that reflect patient acuity, dependency, and workload rather than relying only on fixed nurse-to-patient ratios. Staffing policies and skill mix, and deployment of staff can be flexible, to ensure continuity during fluctuations of demand. At the acute care level, there is strong evidence that staffing levels correlate with nursing workload and patient outcomes, especially in high-intensity care areas like intensive care (Ross et al., 2023). There are also potential benefits to staff wellbeing and patient safety, as a lower level of workload and higher capacity to deliver care as required may result in a better outcome (Lasater et al., 2025). The workload intensity, complexity of the patients, the level of competence and the division of responsibility among the members of the nursing team should therefore be considered when making decisions on staffing (Leary & Punshon, 2019).

7.2 Leadership, Teamwork, and Organizational Interventions

The use of supportive leadership and effective teamwork can help minimize missed care, by ensuring that care is coordinated and well resourced within clinical units, and communicated effectively. Whether staff feel confident in raising concerns about workload, redistributing workload and seeking support if care demands are greater than staff capacity can manage is something nurse managers can influence. The organizational strategies that nurses identify are increases in managerial support, teamwork, resources, and clarity around assignments (Ghorbani et al., 2023). Shared accountability and flexibility in the distribution of care are also possible with team nursing models, especially if patient needs change throughout the shift (Potnis, 2025). Delegation and interprofessional communication is also important to avoid duplication of effort, delays in action and gaps in care when moving between services.

7.3 Clinical Practice and Quality-Improvement Strategies

Care should be made visible, prioritized, and regularly evaluated; this is the focus of the practice-level interventions. Structured nursing rounds may facilitate frequent patient interaction and the early detection of unmet needs, but successful implementation and adaptation to local practice is essential (Al-Anati et al., 2024). A major emphasis on prioritization skills is also important since nurses often have to make quick decisions about which activities deserve immediate attention. Thus, education that enhances prioritization and recognition of unfinished care could result in enhanced decision-making in a workload context (Bassi et al., 2025). Furthermore, standardized

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care processes, audit and feedback, as well as a periodic review of nursing-sensitive indicators, can be used to more effectively spot recurring care omissions and focus improvement efforts.

7.4 Digital and Workflow-Support Interventions

Digital systems can help to minimise missed care, if they make things easier for nurses. Electronic documentation, clinical reminders, decision-support functions, and task-management can help with continuity, ensure visibility of unfinished activities, and help communicate across shifts. But if the technologies are poorly designed, they can result in further documentation workload and disruptions to workflow. Digital intervention must be used alongside staffing and leadership and strategies for quality improvement, and not as standalone interventions. Workforce capacity, organizational support, clinical prioritization and workflow design are most likely to be addressed simultaneously and result in a sustainable reduction of missed care.

Table 3 outlines the main strategies for reducing missed nursing care through workforce, organizational, team-based, quality-improvement, and workflow-support interventions.

Table 3. Strategies for Reducing Missed Nursing Care

Strategy domain	Key approaches	Expected contribution
Workforce and staffing	Safe staffing, appropriate skill mix, flexible deployment, workload redistribution	Improves capacity to complete essential nursing care
Leadership and organization	Supportive leadership, adequate resources, improved workflow, stronger practice environments	Reduces organizational barriers to care completion
Teamwork and communication	Effective delegation, team nursing, structured handover, interprofessional collaboration	Improves coordination and reduces overlooked care
Clinical quality improvement	Structured rounding, prioritization training, standardized processes, audit and feedback	Makes essential care more visible and consistently delivered
Digital and workflow support	Electronic reminders, task-management systems, decision-support tools	Supports tracking, continuity, and identification of incomplete tasks

Figure 2 illustrates how workforce, organizational, clinical practice, and digital workflow interventions can collectively reduce missed nursing care and contribute to improved patient safety, better clinical outcomes, and higher quality of care.

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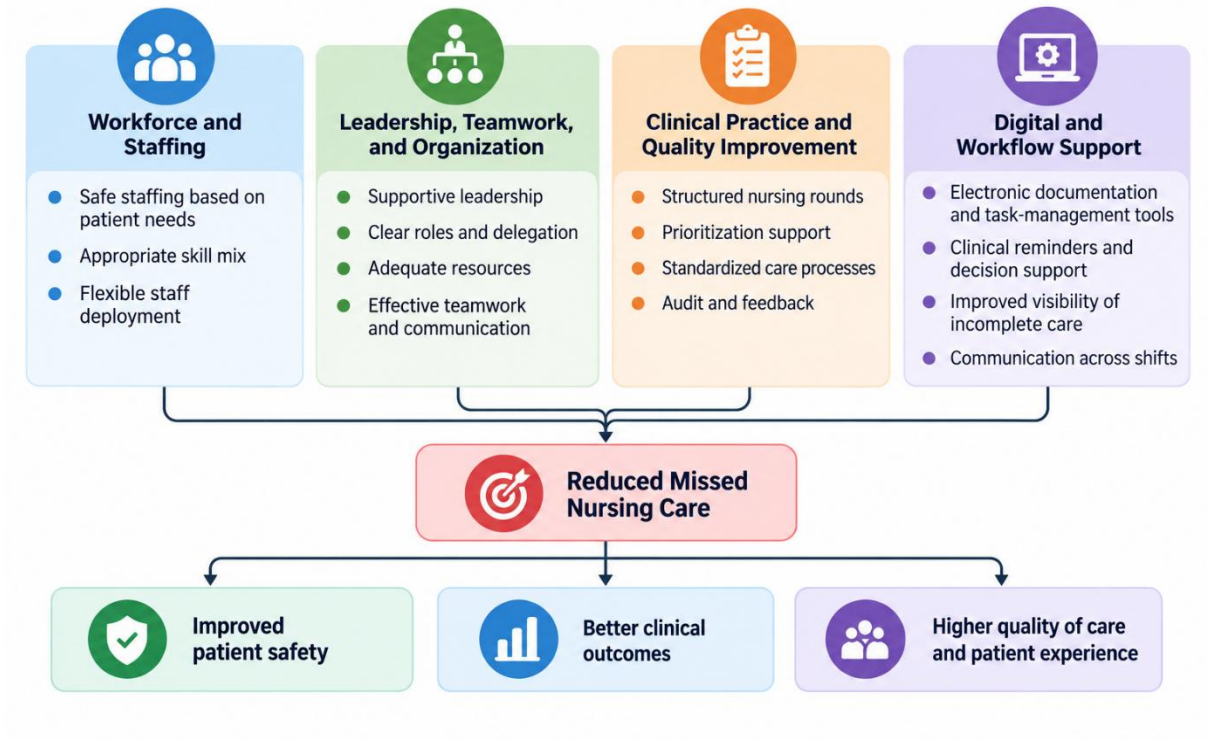


Figure 2. Integrated Strategies for Reducing Missed Nursing Care and Improving Patient Outcomes

8. From Evidence to Practice: Challenges and Future Priorities

8.1 Challenges in Addressing Missed Nursing Care

Many conditions that influence missed nursing care are structural in nature, making translation of evidence to routine practice challenging. Limited resources, high and low levels of patient demand, and uneven staffing capacity can constrain the potential for improvement efforts. When there is a significant service disruption, as seen in times of crisis, it can be seen how quickly care is missed when staffing levels, workload and organizational resilience are lower (Rochman et al., 2024; Pourshaban et al., 2025). Implementing this in practice is complicated by differences between institutions and between health systems, as there are no uniform staffing models, documentation practices, leadership structures or available resources. Resistance can also be seen within an organization when poor care is viewed as a problem with the individual, not a problem with the care system and therefore not a responsibility of the system. However, regular detection is still difficult due to the possibility of omissions which may be normalized in busy clinical settings.

8.2 Priorities for Research and Practice

Research in the future should focus on increased uniformity of definition, measurement, and reporting of outcomes to enhance comparability across settings. Objective clinical, administrative and patient-reported indicators should complement self-report measures as they will likely increase over time. Longitudinal, multicenter and intervention studies are especially important to help

progress beyond the largely cross-sectional evidence and determine whether organizational changes can lower missed care and enhance patient outcomes. Modifiable determinants associated with workforce retention should also be identified as missed care and intention to leaving might reinforce each other as the result of the worsening of the work environment (Azzellino et al., 2025). Strengthening recognition, prioritization and prevention of missed care should be created from early professional training (Abawaji et al., 2024). Routine quality and patient-safety monitoring with the incorporation of missed-care indicators could eventually lead to prompt identification of risk factors and more focused organizational improvement.

9. Conclusion

Missed nursing care is an important patient safety, care quality and reliability issue for acute health services. The clues suggest that care omissions are not caused by a single factor, but rather the result of a combination of staffing shortages, high workload, patient acuity, organisation and workplace factors, communication failures, and pressure on the nurse. These factors affect the focus of care, the deferral of care or the absence of that care, especially when the clinical demand for care surpasses the nursing capacity.

The consequences extend beyond unfinished tasks. Adverse events, delayed recovery, poor patient experience and even increased risk of adverse clinical outcomes are all preventable due to missed surveillance, mobilization, education, and emotional support, as well as care coordination. These effects are particularly important in emergency, critical care, surgical, medical and geriatric environments where there is a high dependency on the need for interventions to be timely and small changes in the patient condition have large consequences.

So, in addition to workforce-level coordination, there is the need for organization-level, team-level, and practice-level coordination to reduce missed nursing care. Safe staffing, appropriate skill mix, supportive leadership, effective communication, prioritization training, structured care processes, and routine monitoring of nursing-sensitive indicators are central components of improvement. Digital tools can offer more support when they are used to support workflow, not documentation.

To achieve continued progress, greater consistency in definitions, more robust measurement methods, and more application of intervention-based and multicenter and longitudinal research are needed. Incorporating missed-care indicators into standard quality and patient-safety monitoring could assist organizations to detect potential issues earlier, and to respond to them more effectively. Rehabilitation of the unmet care needs of nurses must be seen as a critical part of reinforcing nursing practice, better outcomes for patients and improved safer, more responsive acute care systems.

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