

Experience of missed nursing care: A mixed method study

Lata Mandal PhD , A. Seethalakshmi PhD

First published: 16 May 2023

<https://doi.org/10.1111/wvn.12653>

Citations: 3

Sigma Theta Tau: Membership Number 2496675 with Upsilon Xi at-large Chapter.

Abstract

Background

Missed nursing care is a global phenomenon affecting patient safety and quality of care. The working environment of nurses seems to play an important role in missed nursing care.

Aims

This study was conceptualized to explore the link of environmental constraints with missed nursing care in the Indian context.

Method

A convergent mixed-method design was adopted, and data was collected using Kalisch's MISSCARE survey from 205 randomly selected nurses involved in direct patient care in the acute care settings of four tertiary care hospitals in India. In the qualitative phase, in-depth interviews regarding nurses' experience of missed care were performed with 12 nurses chosen by maximum variant sampling from the quantitative sample.

Results

The integrated results revealed that nurses experience a sense of competing priority in the environment where curative and prescribed tasks like medication administration get more priority than activities like communication, discharge teaching, oral hygiene, and emotional support, which are frequently missed. The human resource and communication constraints together explained 40.6% of variance in missed nursing care. Human resource inadequacy in times of increased workload was the most frequently cited reason for missed care. Converging with this finding, nurses in the interviews

activities by medical staff and lack of structure in some activities were cited as important reasons for missed care.

Linking Evidence to Action

Nursing leaders need to acknowledge missed care in nursing and develop policies to maintain flexible staffing based on situational workload. Methods of staffing like NHPPD (Nursing hour per patient day) which are more sensitive to nursing workload, and patient turnover, can be adopted instead of a fixed nurse–patient mandate. Mutual support from team members and multi-professional cooperation can reduce frequent interruption of nursing tasks thereby reducing missed care.

CONFLICT OF INTEREST STATEMENT

None to be reported by any authors.

REFERENCES



Ball, J. E., Bruyneel, L., Aiken, L. H., Sermeus, W., Sloane, D. M., Rafferty, A. M., Lindqvist, R., Tishelman, C., & Griffiths, P. (2018). Post-operative mortality, missed care and nurse staffing in nine countries: A cross-sectional study. *International Journal of Nursing Studies*, 78, 10–15. <https://doi.org/10.1016/j.ijnurstu.2017.08.004>

[PubMed](#) | [Web of Science®](#) | [Google Scholar](#)

Ball, J. E., Griffiths, P., Rafferty, A. M., Lindqvist, R., Murrells, T., & Tishelman, C. (2016). A cross-sectional study of 'care left undone' on nursing shifts in hospitals. *Journal of Advanced Nursing*, 72(9), 2086–2097. <https://doi.org/10.1111/jan.12976>

[PubMed](#) | [Web of Science®](#) | [Google Scholar](#)

Blackman, I., Henderson, J., Willis, E., Hamilton, P., Toffoli, L., Verrall, C., Abery, E., & Harvey, C. (2014). Factors influencing why nursing care is missed. *Journal of Clinical Nursing*, 24, 47–56. <https://doi.org/10.1111/jocn.12688>

[PubMed](#) | [Web of Science®](#) | [Google Scholar](#)

Carayon, P., Wetterneck, T. B., Rivera-Rodriguez, A. J., Hundt, A. S., Hoonakker, P., Holden, R., & Gurses, A. P. (2014). Human factors systems approach to healthcare quality and patient safety. *Applied Ergonomics*, 45(1), 14–25. <https://doi.org/10.1016/j.apergo.2013.04.023>