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NURSES' PERSPECTIVES ON MISSED CARE: A QUALITATIVE THEMATIC STUDY IN PAKISTANI HEALTHCARE SETTINGS

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Abstract

Missed Nursing Care (MNC) is a growing concern in global healthcare, particularly in low-resource settings. This qualitative study explores the factors leading to MNC from the perspectives of nurses working in public and private tertiary care hospitals in Pakistan. Ten registered nurses with at least three years of clinical experience participated in in-depth semi-structured interviews. Thematic analysis identified six key themes: excessive workload due to inadequate staffing, physical and emotional fatigue linked to extended shifts, communication gaps during handovers and physician interactions, language and cultural barriers affecting patient understanding, limited availability of essential medical materials and resources, and limited emotional support and recognition for nurses. These interconnected factors contribute to delays, omissions, and compromised patient care. The findings underscore the pressing need for enhanced staffing, effective communication systems, efficient resource allocation, and comprehensive emotional support mechanisms. Addressing these issues is essential to reducing missed care and enhancing patient safety in Pakistani healthcare settings.

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Running Head:
Nurses' Perspectives on Missed Care

1.1 INTRODUCTION AND BACKGROUND:

In healthcare settings, nurses serve as the first point of contact and perform a wide range of roles, including planning, coordinating, delivering, and evaluating patient care. Nurses must make decisions about delivering acceptable, high-quality care in the face of these conflicting demands and resource constraints. For various reasons, challenging circumstances may prevent nurses from meeting the required standards of care. In such situations, nurses may shorten the duration of care and delay or omit certain nursing activities. Missed nursing care has been defined as any aspect of required patient care that is partially or completely omitted or delayed. According to international patient safety standards, missed nursing care is considered an error of omission that may lead to serious or fatal consequences. (Cho et al., 2016; Jones, Hamilton, & Murry, 2015). Nursing staff activities include administering medication, assisting patients with postural changes, providing head-to-toe care, monitoring and documenting vital signs, keeping fluid input-output charts, educating admitted

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patients about nutrition and other health issues, and ensuring that patients are discharged properly (Ashraf, N., & Inayat, S. 2017). Missed nursing care occurs when patients do not receive these essential components of care (J Nurs Manag. 2020;). However, the quality of nursing care is significantly impacted by staff shortages, severe workloads, and increased provision of emergency services (Long LE, 2003).

In addition, patient care that is postponed, only partially finished, or not provided at all is known as missed nursing care (MNC), also known as care omission. It includes failing to fulfill basic nursing duties. MNC directly affects patient safety, satisfaction, and overall healthcare outcomes and is increasingly recognized as a critical issue worldwide.

Research has consistently linked MNC to adverse patient outcomes, including pressure ulcers, patient falls, hospital-acquired infections, and increased mortality (Safdari et al., 2023; Peng et al., 2024). Poor-quality care is responsible for approximately 2.5 million deaths and 134 million adverse events annually in low- and middle-income countries.

Similarly, nearly 80% of harm occurring in primary and outpatient care settings is considered preventable, and up to four in ten patients experience adverse events in these settings (Auraaen et al., 2018). Furthermore, medical errors have been reported as the third leading cause of death in the United States, accounting for more than 250,000 deaths annually (Anderson & Abrahamson, 2017). However, Pakistan's healthcare system stands out for being both complicated and unable to adequately handle the needs of the country's population, which today numbers over 220 million people (Pakistan Bureau of Statistics, 2021). Due to the challenge of delivering high-quality, risk-free care, patients continue to suffer from adverse outcomes and receive subpar treatment (Shah & Perveen, 2016). High patient-to-nurse ratios, a shortage of qualified nurses, and inadequate infrastructure are key challenges within Pakistan's healthcare system and are likely to contribute to the occurrence of missed nursing care (MNC). Developing focused interventions to enhance nursing practices and patient outcomes in this setting requires an understanding of the prevalence and underlying causes of MNC (Imam et al. Human Resources for Health 2023; A.A. Sarpong, D. Arabiat, L. Gent et al. 2023). The primary causes of missing nursing care are the fundamental problems that are documented in all nations, including insufficient staffing levels, a lack of material resources, and a lack of teamwork and communication (Kalisch et al., 2016). Additionally, these types of incidents result in mistakes, complications, and a decline in the quality of nursing care, all of which have a negative impact on patient outcomes such as readmission, prolonged hospitalization, and discontent (Bragadóttir et al., 2017; Kim et al., 2018). In Pakistani hospitals, MNC is a common problem that may be linked to adverse patient outcomes, such as elevated rates of morbidity and mortality (Ali et al., 2021). In addition, Pakistani nurses frequently face difficult working conditions with little funding and a heavy workload, which can affect the quality and safety of patient care.. (Ali et al., 2021; Khalid & Abbasi, 2018).

Missed care has become a major global concern in recent years, endangering the safety and quality of care and leading to several unintended effects. (International Journal of Nursing Studies 60;2016; E. Cho et al.). The most frequently overlooked nursing care was comforting or conversing with patients (53%), creating or updating nursing care plans (42%), and educating patients and their families (41%), according to the findings of a large cross-sectional study that involved 33,659 nurses working in 488 hospitals across 12 European countries. The patient-nurse ratio is low, and there are fewer reports of nursing care being missed in hospitals with better working environments (Ausserhofer D et al. BMJ Qual Saf 2014).

The present study aimed to explore nurses' perceptions of the factors contributing to missed nursing care in public tertiary care hospitals. Identifying these factors is critical for informing targeted interventions to reduce the incidence of missed nursing care. Comprehensive research on MNC in low- and middle-income nations, especially Pakistan, is lacking. This study aims to address the existing gap by examining the prevalence and contributing factors of missed nursing care (MNC) in tertiary care hospitals in Karachi. The findings are expected to provide valuable

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insights for policymakers and hospital administrators, enabling the implementation of evidence-based strategies to minimize MNC and enhance the overall quality of nursing care.

Methodology

Research Design

This study employed a qualitative research design to explore the phenomenon of missed nursing care in Pakistan from the perspectives of experienced nursing professionals. A qualitative approach was chosen to gain in-depth insights into nurses' lived experiences, perceptions, and contextual understandings that cannot be fully captured through quantitative methods.

Participants

A purposive sampling strategy was used to recruit registered nurses who held at least a Bachelor of Science in Nursing (BSN) or Master of Science in Nursing (MSN) degree and had a minimum of three years of clinical experience. This criterion ensured that participants had substantial exposure to clinical settings and could provide rich and meaningful data relevant to the topic of missed nursing care. A total of ten nurses from private and public hospitals participated in the study, representing various departments within tertiary care hospitals in Pakistan.

Data Collection

Data were collected through semi-structured, in-depth interviews using an interview guide comprising 24 open-ended questions. These questions were designed to elicit comprehensive information about participants' experiences, perceptions, and the contextual factors contributing to missed nursing care. The interviews were conducted in a quiet and private setting to ensure confidentiality and encourage open discussion. With participants' informed consent, all interviews were audio-recorded to ensure the accuracy and completeness of data collection. Each interview lasted approximately 30 to 60 minutes. The audio-recorded interviews were transcribed verbatim to ensure accurate representation of participants' narratives. Interviews were conducted until data saturation was reached. Saturation occurred after the tenth interview, as no new codes or themes emerged from subsequent data analysis.

Ethical Considerations

Ethical approval for the study was obtained from the relevant institutional review board. Participants were fully informed about the purpose of the study, their right to withdraw at any time, and the confidentiality of their responses. Written informed consent was obtained from each participant before the interviews. All data were anonymized to protect participants' identities.

Data Analysis

Thematic analysis was employed to analyze the data, following the six-phase framework developed by Braun and Clarke (2006).

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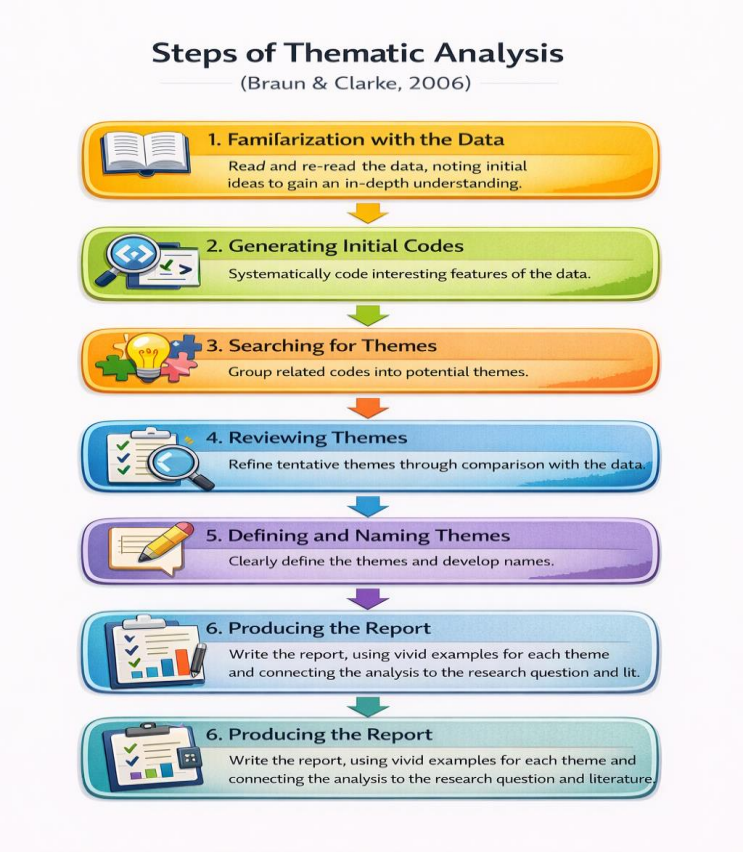

Data were analyzed manually to allow for deep engagement with the content. Trustworthiness of the data was ensured through member checking, peer debriefing, and maintaining a detailed audit trail throughout the research process.

Results

Participants Characteristics

The participants represented a diverse range of clinical backgrounds, qualifications, and healthcare settings. This diversity enhanced the depth of perspectives on missed nursing care and contributed to a comprehensive understanding of the phenomenon.

Variable	*Category*	*n*	*%*
Gender	Male	3	30
	Female	7	70
Age (years)	25–30	2	20
	31–35	4	40
	36–40	3	30
	Above 40	1	10
Highest Qualification	BSN	6	60
	MSN	4	40
Clinical Experience	3–5 years	3	30
	6–10 years	5	50
	More than 10 years	2	20
Type of Hospital	Public	5	50
	Private	5	50
Clinical Department	Medical/Surgical	4	40
	ICU/Critical Care	3	30
	Emergency	2	20
	Other	1	10

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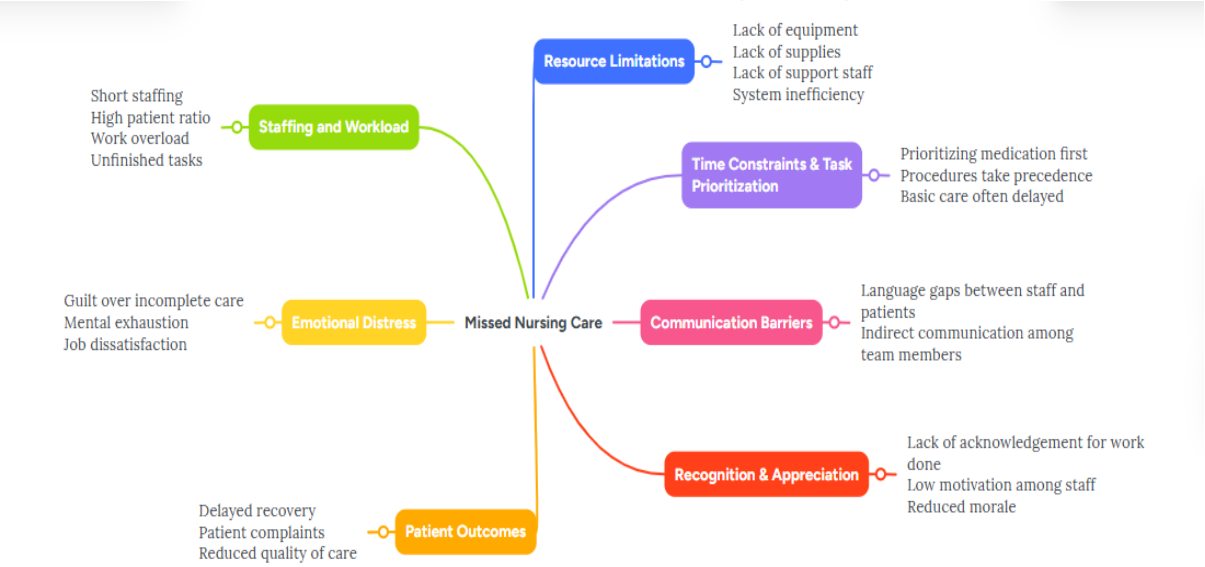
Thematic Analysis: Factors Influencing Nursing Care



The flowchart illustrates the analytical structure derived from the six-phase thematic analysis framework proposed by Braun and Clarke. It visually presents the key categories generated from the coding process and demonstrates their interconnected influence on missed nursing care. Organizational constraints, staff-related factors, and teamwork processes represent the primary conditions shaping care delivery, while communication challenges and lack of professional recognition reflect contextual and interpersonal dimensions of nurses' experiences. These factors collectively contribute to the occurrence of missed nursing care and subsequently lead to both staff-related outcomes, such as emotional strain and reduced motivation, and patient-related consequences, including compromised quality and safety of care. The figure provides a conceptual overview of how the coded data were organized and interpreted during the later phases of thematic analysis.

Themes

Through the application of Braun and Clarke's six-phase thematic analysis framework, six major themes emerged from the interview data. These themes were identified following a systematic process of familiarization with the transcripts, generation of initial codes, and iterative refinement of patterns across the dataset. The analysis was conducted manually to ensure close engagement with participants' narratives. The six emergent themes represent recurring patterns in the participants' responses and are presented below, accompanied by selected verbatim excerpts to support the findings.

1. Managing Nursing Workload with Limited Staffing: The Struggle to Balance Patient Care and Prioritization

One of the most frequently mentioned challenges in the interviews was the burden of managing high patient loads due to staff shortages. Many nurses reported that the imbalance between the number of patients and available nursing staff created significant difficulties in providing comprehensive care, often requiring them to prioritize tasks and make difficult decisions about which patients to attend to first.

P2 remarked, "Sometimes, I have to manage 10-15 patients at the same time. In such cases, I know I can't give equal attention to everyone. I have to prioritize the most critical patients first, but this means other patients might have to wait longer for care."

Similarly, *P8 explained, "If there is an emergency like a patient crashing, we have no choice but to drop everything else and focus on them. In the meantime, other patients may not receive their medication or scheduled procedures on time, which can affect their recovery."*

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A common theme across multiple interviews was that nurses adapted by developing their own prioritization strategies, but this was not always sufficient to prevent delays or missed care.

P3 stated, "If we had a better staffing plan, we could avoid these problems. Right now, we are forced to distribute our time based on immediate needs, which means routine care like patient monitoring sometimes gets delayed."

This indicates that staffing limitations directly impact the quality and timeliness of patient care, forcing nurses to operate under stressful conditions where not all patients receive the attention they need in a timely manner.

2. The Physical and Emotional Toll of Extended Shifts and Work Overload on Nurses' Well-being

Many nurses expressed concerns about the impact of long working hours on their physical and emotional health. Extended shifts, unexpected overtime, and lack of rest periods contributed to burnout, stress, and exhaustion, which in turn affected their ability to provide optimal patient care.

P6 shared, "When we are on a double shift, by the second half of the day, we feel completely drained. It's not that we don't want to work—we do. But fatigue affects our ability to focus, and sometimes we might miss small but important details."

Similarly, *P10 noted, "After working continuously for more than 12 hours, I can feel my efficiency drop. Small tasks take longer, and it becomes harder to concentrate on complex cases. Physically, we get tired, and mentally, we just want the shift to end."*

Nurses reported that while they remained committed to their work, prolonged shifts and lack of structured breaks made it difficult to maintain their usual level of attentiveness and responsiveness.

In addition to physical fatigue, the emotional toll of handling multiple patients, especially in critical care settings, was significant.

P7 explained, "We deal with life-and-death situations daily, and sometimes it becomes overwhelming. We don't have structured support systems to help us cope with the emotional burden. At the end of the day, we carry this stress home with us."

This highlights the need for structured break policies, wellness programs, and emotional support mechanisms to ensure that nurses can continue to perform at their best without compromising their own well-being.

3. Communication and Coordination Gaps That Lead to Inefficiencies and Missed Care

Effective communication is a fundamental component of patient care, yet many nurses reported gaps in communication that contributed to inefficiencies and errors. These issues were particularly evident during shift handovers and verbal instructions from doctors, where misunderstandings or a lack of clarity led to delays or mistakes in treatment.

P5 stated, "Shift handovers mostly happen verbally, and sometimes important details get missed. If a nurse forgets to mention something critical, the next shift might not follow up properly, which can lead to delays in care."

Similarly, *P9 shared, "Doctors give verbal instructions during rounds, but they don't always document everything. If there is a misinterpretation or if a nurse forgets a detail, it can lead to errors in medication or treatment."*

Some nurses suggested that structured written handovers and electronic documentation systems could help reduce these communication gaps.

P3 recommended, "If we had a standardized digital system where all shift details were recorded properly, it would prevent a lot of confusion. Right now, we rely too much on verbal updates, which aren't always reliable."

This highlights the need for better communication protocols, particularly structured documentation systems, to ensure that patient care is continuous and accurate across shifts.

4. Language and Cultural Barriers That Affect Nurse-Patient Communication and Care Delivery

Many nurses expressed that language differences between nurses and patients sometimes create difficulties in providing clear instructions and understanding patient needs.

P4 explained, "Sometimes we don't understand the patient's language, and they don't understand us. We have to rely on family members for translation, but that's not always ideal."

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In some cases, cultural beliefs influenced how patients perceived and accepted medical treatment, leading to further challenges.

P10 noted, "Some patients refuse certain medical procedures due to cultural beliefs, and it becomes difficult for us to explain why the treatment is necessary. If we had better resources to bridge these communication gaps, it would help both patients and staff."

This suggests that hospitals could benefit from multilingual support services or trained interpreters to enhance patient understanding and compliance with medical advice.

5. Limited Availability of Medical Resources and Equipment as a Barrier to Effective Nursing Care

Another significant factor that nurses highlighted was the limited availability of essential medical supplies and equipment, which affected their ability to provide timely and efficient care.

P8 observed, "If gloves, dressing materials, or basic monitoring equipment aren't available, it delays procedures and affects patient safety."

Similarly, *P9 shared, "In the ICU, we need proper monitoring equipment for critical patients. If a machine isn't working or isn't available, it makes it harder to track patient vitals properly."*

This suggests that efficient inventory management and improved resource allocation are crucial for ensuring that nurses have the tools they need to provide the best possible care.

6. The Importance of Recognizing and Supporting Nurses' Emotional Well-being

Many nurses emphasized the need for appreciation, recognition, and structured emotional support systems to maintain motivation and job satisfaction.

P7 remarked, "Nurses work tirelessly, but we rarely get recognition for it. A simple acknowledgment from management would go a long way in making us feel valued."

Similarly, *P6 stated, "Stress management programs or counseling services would be really helpful. Sometimes, we just need someone to talk to about the emotional burden of the job."*

This suggests that hospitals could implement structured recognition programs, emotional support initiatives, and mental health resources to enhance nurse well-being and job satisfaction.

Conclusion

This thematic analysis identifies staffing constraints, communication gaps, resource limitations, and emotional well-being as key factors influencing nursing care. Addressing these challenges through policy improvements, structured communication systems, enhanced support mechanisms, and resource allocation strategies can significantly improve nursing efficiency and patient outcomes.

Discussion

This qualitative study explored nurses' perspectives on missed nursing care (MNC) in Pakistani tertiary care settings and identified key factors contributing to its occurrence. Through thematic analysis, five major themes emerged: staffing shortages, physical and emotional exhaustion, communication gaps, language and cultural barriers, resource limitations, and lack of emotional support and recognition. These findings align with international literature while highlighting context-specific challenges faced by Pakistani nurses.

One of the most prominent themes was the influence of limited staffing and excessive workload on missed care. Nurses reported consistently high patient-to-nurse ratios, forcing them to triage care based on urgency. This led to delays or omissions in routine but essential tasks such as vital sign monitoring, patient education, and comfort measures. Similar findings have been reported in global studies, where inadequate staffing is directly correlated with higher rates of MNC (Cho et al., 2016; Jones et al., 2015). In Pakistan's resource-limited healthcare system, the effects are even more pronounced due to the already strained infrastructure and lack of investment in human resources (Imam et al., 2023).

A related but distinct issue was the emotional and physical burden of extended shifts. Nurses in this study described feelings of fatigue, burnout, and reduced concentration during long or back-to-back shifts. These conditions not only impacted their well-being but also contributed to compromised patient safety. These experiences resonate with findings by Safdari et al. (2023), who observed that fatigue

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during high-demand periods like the COVID-19 pandemic contributed to errors and omissions. The lack of structured rest breaks and mental health support systems further exacerbates this problem in Pakistani hospitals.

Another critical theme was **communication breakdowns,** particularly during shift changes and interactions with physicians. Nurses emphasized that verbal handovers and undocumented instructions often led to confusion or missed follow-ups, a concern echoed in studies from both high- and low-income countries (Kalisch et al., 2016; Bragadóttir et al., 2017). These findings underscore the urgent need for standardized handover protocols and electronic health records to streamline communication and minimize errors.

Language and cultural barriers emerged as a uniquely contextual theme. Nurses reported struggling to understand patients from diverse linguistic backgrounds, which compromised their ability to provide culturally sensitive care. This challenge is particularly relevant in Pakistan, a country with rich ethnic and linguistic diversity. The lack of interpreter services or multilingual resources creates avoidable gaps in care and contributes to patient dissatisfaction. Addressing this issue will require culturally responsive training and the inclusion of interpreters or multilingual nursing staff.

Lastly, the **emotional well-being of the profession** and lack of recognition were significant concerns among participants. Nurses conveyed that while they are committed to their roles, the absence of support mechanisms and acknowledgment leads to demoralization. This finding reinforces calls for the implementation of staff wellness initiatives and formal recognition programs, as recommended in global literature (Kim et al., 2018; Wakefield, 2014).

Implications

This study has important implications for healthcare administrators, policymakers, and nursing leadership in Pakistan. First, there is an urgent need to increase nurse staffing levels, especially in high-demand public hospitals. Second, hospitals should implement structured communication protocols and digital documentation systems to reduce errors during handovers. Third, emotional and mental health support systems such as debriefing sessions, counseling, and staff appreciation programs must be introduced to sustain workforce morale. Finally, interpreter services and cultural competency training should be prioritized to ensure effective nurse-patient communication.

Strengths and Limitations

A major strength of this study is its in-depth exploration of nurses' lived experiences in the under-researched context of Pakistani healthcare. By using a qualitative approach, the study captured the complex interplay of institutional, individual, and cultural factors contributing to MNC. However, the findings may not be generalizable to all settings due to the small sample size and focus on tertiary care institutions in urban areas in Karachi. Future studies should include diverse healthcare settings across rural, public, and private hospitals to obtain a more comprehensive understanding.

Conclusion

The findings of this study emphasize that missed nursing care in Pakistani healthcare institutions is influenced by a complex combination of systemic, communicational, and emotional factors. Addressing MNC requires multi-level interventions that include adequate staffing, improved communication, sufficient resources, and attention to nurses' emotional well-being. These findings should inform the development of targeted policies and programs to enhance the quality of nursing care and ultimately improve patient outcomes in Pakistan.

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Authorship Contribution: SI conceptualized the project; SB, FH, HS, & DK worked on data collection and literature review. While the thematic analysis, revision, and writing of the manuscript were done by SI & TA.

Abbreviations and Symbols

Missed Nursing Care(MNC)
Coronavirus Disease 2019(COVID-19)
Intensive Care Unit(ICU)
Registered Nurse(RN)
Bachelor of Science in Nursing(BSN)
Master of Science in Nursing(MSN)
Generic Bachelor of Science in Nursing (GBSN)

References

Abdullah S, Kousar R, Azhar M, Waqas A, Gilani S. Nurses' and patients' perception regarding nurse caring behaviors and patients' satisfaction in Sir Ganga Ram hospital, Lahore, Pakistan. International Annals of Medicine. 2017;1(5):1-8.

Ali, M., Memon, K. N., Chouhan, S., & Almas, S. (2021). Factors Associated with Missed Nursing Care at a Tertiary Level Public Sector Hospital (Nurses' Perspective). Journal of Pharmaceutical Research International, 33(47B), 22-29.

Anderson, J. G., & Abrahamson, K. (2017). Your health care may kill you: Medical errors. ITCH, 234, 13- 17.

Ashraf N, Inayat S. Quality of nursing care of indoor patients in Allied Hospital Faisalabad. International Journal of Novel Research in Healthcare and Nursing. 2017;4(2):96-102. Available at: www.noveltyjournals.com

Auraaen, A., Slawomirski, L., & Klazinga, N. (2018). The economics of patient safety in primary and ambulatory care: flying blind.

Auraaen, A., Slawomirski, L., & Klazinga, N. (2018). The economics of patient safety in primary and ambulatory care: flying blind.

Ausserhofer D, Zander B, Busse R, Schubert M, De Geest S, Raferty AM, et al. Prevalence, patterns and predictors of nursing care left undone in European hospitals: results from the multicountry cross-sectional RN4CAST study. BMJ Qual Saf. 2014;23(2):126–35.

Bragadóttir H, Kalisch BJ, Tryggvadóttir GB. Correlates and predictors of missed nursing care in hospitals. J Clin Nurs. 2017;26(11–12):1524–34.

Bragadóttir, H., Kalisch, B. J., & Tryggvadóttir, G. B. (2017). Correlates and predictors of missed nursing care in hospitals. Journal of Clinical Nursing, 26(11-12), 1524-1534. https://doi.org/https://doi.org/10.1111/jocn.13449

Chaboyer W, Harbeck E, Lee BO, Grealish L. Missed nursing care: An overview of reviews. The Kaohsiung journal of medical sciences. 2021;37(2):82-91.

Cho E, Lee N-J, Kim E-Y, Kim S, Lee K, Park K-O, et al. Nurse staffing level and overtime associated with patient safety, quality of care, and care left undone in hospitals: a cross-sectional study. Int J Nurs Stud. 2016; 60:263–71

Cho, E., Lee, N.-J., Kim, E.-Y., Kim, S., Lee, K., Park, K.-O., & Sung, Y. H. (2016). Nurse staffing level and overtime associated with patient safety, quality of care, and care left undone in hospitals: A cross-sectional study. International Journal of Nursing Studies, 60, 263–271. https://doi.org/10.1016/j.ijnurstu.2016.05.009

Imam A, Obiesie S, Gathara D, Aluvaala J, Maina M, English M. Missed nursing care in acute care hospital settings in low-income and middle-income countries: a systematic review. Human resources for health. 2023;21(1):19.

Imam A, Obiesie S, Gathara D, Aluvaala J, Maina M, English M. Missed nursing care in acute care hospital settings in low-income and middle-income countries: a systematic review. Human resources for health. 2023;21(1):19.

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Jones TL, Hamilton P, Murry N. Unfinished nursing care, missed care, and implicitly rationed care: state of the science review. Int J Nurs Stud. 2015; 52(6):1121–37. https://doi.org/10.1016/j.ijnurstu.2015.02.01

Jones, T. L., Hamilton, P., & Murry, N. (2015). Unfinished nursing care, missed care, and implicitly rationed care: State of the science review. International Journal of Nursing Studies, 52(6), 1121–1137. https://doi.org/10.1016/j.ijnurstu.2015.02.012

Kalisch BJ, Landstrom GL, Hinshaw AS. Missed nursing care: A concept analysis. J Adv Nurs. 2009;65(7):1509–17.

Kalisch R, Müller MB, Tüscher O. A conceptual framework for the neurobiological study of resilience. 2015 [cited 2019 Oct 1];

Kalisch R, Müller MB, Tüscher O. A conceptual framework for the neurobiological study of resilience. 2015 [cited 2019 Oct 1]; Available: www.ftn.nic.uni-mainz.de/en/.

Khalid, F., & Abbasi, A. N. (2018). Challenges faced by Pakistani healthcare system: Clinician's perspective.

Long LE. (2003). Imbedding quality improvement into all aspects of nursing practice. International Journal of Nursing Practice 2003;9(5): 280-284

Peng, M., Saito, S., Mo, W., & Guan, H. (2024). Why do nurses miss nursing care? A qualitative meta-synthesis. Journal of Nursing Scholarship

Safdari A, Rassouli M, Elahikhah M, Ashrafizadeh H, Barasteh S, Jafarizadeh R, et al. Explanation of factors forming missed nursing care during the COVID-19 pandemic: A qualitative study. Frontiers in Public Health. 2023; 11:989458.

Sarpong AA, Arabiat D, Gent L, Afrifa-Yamoah E, Towell-Barnard A. Nurses' perception of missed nursing care in a Western Australian teaching hospital: A cross-sectional study. Collegian. 2023;30(4):602-11.

Shah, M., & Perveen, S. (2016). State of healthcare quality and patient safety in Pakistan. Pakistan Journal of Public Health, 6(4), 1-4.

Wakefield BJ. Facing up to the reality of missed care [Internet]. BMJ Quality and Safety. 2014;92–4. Available from: http://hdl.handle.net/2066/136591.

Wakefield BJ. Facing up to the reality of missed care [Internet]. BMJ Quality and Safety. 2014;92–4. Available from: http://hdl.handle.net/2066/136591.