

ASSESSMENT OF MISSED NURSING CARE AND ASSOCIATED FACTORS AMONG SENIOR NURSING STAFF IN LAHORE, PAKISTAN

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Abstract

Background: Missed nursing care is recognized globally as an important indicator of healthcare quality and patient safety. It refers to delayed, incomplete, or omitted nursing care activities that may negatively affect patient outcomes, nursing performance, and healthcare effectiveness. *Aim:* The study aimed to assess the prevalence of missed nursing care among registered nurses working in a tertiary care hospital in Lahore, Pakistan. *Methods:* A descriptive cross-sectional study design was used. The study was conducted at Sir Ganga Ram Hospital among 245 registered nurses selected through convenient sampling. Data were collected using an adopted missed nursing care questionnaire. Descriptive statistics were applied using SPSS. Reliability and validity of the tool were assessed through Cronbach's alpha, KMO, and Bartlett's test. *Results:* The findings revealed moderate levels of missed nursing care among nurses. Most participants were female (94.7%), aged 26–30 years (42.4%), and held Post RN qualifications (47.3%). The majority worked in wards (41.2%) and emergency departments (31.8%). The tool demonstrated good reliability (Cronbach's alpha = .852) and validity (KMO = .772, $p < .05$). Descriptive statistics indicated variability in missed nursing care practices across different nursing activities. *Conclusion:* Missed nursing care remains a significant issue affecting healthcare quality and patient safety. Adequate staffing, supportive work environments, and evidence-based nursing management strategies are necessary to reduce care omissions in tertiary healthcare settings.



Introduction

Missed nursing care (MNC) has emerged as a significant health care issue worldwide and is considered as one of the most pertinent measures of health care quality and patient safety. It is any nursing care that is delayed, incomplete or not received at all during a nursing shift. It was first introduced by Linda H. Aiken as “nursing care undone”, which refers to the effect of inadequate staffing and high workloads on patient outcomes. Healthcare workers are in short supply, patients are more acutely ill, and the aging population are all stressors faced by healthcare institutions around the world. The recent evidence indicates that between about 55% to 98% of nurses miss at least one of the following nursing activities during their shifts (Atchade-Adelomou, 2022). This high prevalence data indicates that MNC is not a problem peculiar to just one country, and is a common health care problem in both developed and developing nations. This results in missed nursing care being an increasing area of interest in nursing research, healthcare policy and patient safety efforts globally.

This is not just a problem that occurs when someone forgets to perform a task, but is a problem that relates to patient results, organization functioning, and the professional role of the nurse. Research has demonstrated that MNC is linked with greater medication errors, falls, pressure ulcers, hospital-acquired infections and mortality rates (Safdari et al., 2023). Common deficiencies in patient care include basic nursing functions like patient education, emotional support, discharge planning, and timely monitoring. Often, incomplete nursing care involves communication problems and lack of psychosocial support (Bagnasco et al., 2020). While less common, technical activities, such as medication and tracheostomy care, are often missing from care, holistic/person centred care activities are frequently overlooked. This scenario has resulted in much discussion about a system's focus on completing tasks versus delivering a full range of patient well-being services. Excessive emphasis on efficiency and workload management could potentially affect the humanistic and holistic aspects of nursing work (Chaboyer, Harbeck, Lee, & Grealish, 2021).

Theoretical and conceptual approaches offer significant explanations of missed nursing care within the organisation of healthcare. Labour resources, material resources and communication failures are identified as

the main factors for omissions in nursing care in the Missed Nursing Care Model developed by Kalisch. Likewise, Donabedian's Structure-Process-Outcome Model provides an understanding of how poor healthcare structures have a negative impact on nursing processes and patient outcomes. In this context, nursing care gaps are an inadequacy in the care delivery process, stemming from insufficient staffing, inadequate resources and ineffective organizational systems. Burnout, emotional exhaustion, dissatisfaction with one's job, and poor leadership have been found to be risk factors for MNC. According to Jones et al. (2021), some of the main drivers of care omissions are absenteeism, lack of appropriate medical equipment and high nurse-patient ratios. But there are still unresolved questions about a failure of individual nurses or the system or institutional issues. Critical perspectives argue that failures of the health system are sometimes attributed to the shortcomings of the nurse, and that structural shortcomings that prevent nurses from providing a safe and holistic health service are overlooked.

The rate of missed nursing care is especially troubling in low and middle income countries where health systems are struggling and severely under-resourced. South Asian countries witness high burden of diseases, overcrowded hospitals, high population growth rate and less funding for healthcare which play a major role in the perpetuation of MNC practices. Nurse shortages in countries like Pakistan, India and Bangladesh persist and are still not at international standards for safe patient care. The evidence from the region indicates that under staffing and heavy workloads are prevalent which often results in nurses neglecting tasks related to monitoring patients, educating patients, providing emotional care and responding to patient needs in a timely manner. In addition, the sociocultural factors, hierarchy and lack of professional autonomy have an impact on nursing performance in these countries. While MNC has been an emerging area of research globally, there are limited and fragmented studies on the topic for South Asia region. Studies at the regional level tend to be descriptive rather than critical in their evaluation of factors that are likely to lead to gaps in nursing care in the organizational context.

The lack of nursing care is a rising issue in Pakistan, which is caused by inadequacies in the healthcare system and a chronic shortage of nurses. The public hospitals in Pakistan are typically overcrowded, have



restricted resources, under-staffed and large patient population turnover. Nurses regularly have long shifts and patient schedules, along with high levels of stress, which can lead to delayed or inadequate care. Past studies reveal that Job Dissatisfaction, Job Burnout and Emotional Exhaustion are common issues among Pakistani nurses and it contributes to missing nursing practices. In the era of growing importance of healthcare quality and patient safety, however, little empirical evidence is available about MNC in Pakistani health care contexts. Most studies in Pakistan are done on the concept of burnout, workload and job satisfaction, but not specifically on missed nursing care and factors associated to it. This information deficiency is a major knowledge gap and restricts capacity to develop effective interventions and policies to enhance nursing care quality.

In a rapidly changing healthcare landscape and a global focus on patient safety, missed nursing care is a matter of great urgency to explore in the context of healthcare in Pakistan. The results of the international studies cannot be replicated directly in Pakistan because the healthcare systems vary in terms of human resource requirements, institutional resources, organizational culture and health policies. Moreover, the existing literature has tended to focus on the prevalence of MNC and paid less attention to the more structural and contextual factors underlying MNC. Healthcare administrators and policymakers are limited in their ability to create evidence-based strategies to effectively address omissions in nursing care when there is a lack of local evidence. Hence, it is essential to conduct this study to uncover the prevalence, causes and consequences of missed nursing care in health care institutions in Pakistan. The results of this research can be applied to boost patient safety, improve nursing performance and healthcare results of quality. In conclusion, it is crucial to understand missed nursing care to create durable healthcare systems that can deliver safe, comprehensive, patient-centred nursing care.

Method

A descriptive cross-sectional research design was used to assess the prevalence of missed nursing care among registered nurses working in a tertiary care hospital in Lahore, Pakistan. The study was conducted at Sir Ganga Ram Hospital. The target population included registered senior nurses working in inpatient

departments such as medical, surgical, intensive care units, emergency, and specialty wards. A convenient sampling technique was used to recruit participants from the accessible population. The study sample consisted of 245 nurses, calculated using Slovin's formula with a 5% margin of error. Male and female nurses with at least one year of clinical experience and who were available during the data collection period were included in the study. Head nurses, student nurses, nurses working in outpatient departments, and newly appointed nurses were excluded from the study. An adopted and standardized questionnaire related to the prevalence of missed nursing care was used as the data collection tool.

Data Collection Procedure

Before the initiation of data collection, formal permission was obtained from the relevant institutional authorities and the administration of the hospital. Ethical principles were strictly followed throughout the study process. Participants were approached conveniently in their respective departments and were informed about the purpose, significance, and procedures of the study. Written informed consent was obtained from all participants prior to their involvement in the study. The participants were assured that their information would remain confidential and would only be used for research purposes. They were also informed that participation was voluntary and that they had the right to withdraw from the study at any stage without any pressure or consequences. After obtaining consent, questionnaires were distributed among the participants and collected after completion while ensuring privacy and anonymity.

Data Analysis Procedure

After completion of data collection, the gathered data were entered and analyzed using the Statistical Package for Social Sciences (SPSS) V 27. Descriptive statistical analysis was applied to summarize the demographic characteristics and prevalence of missed nursing care among participants. Frequencies, percentages, tables, histograms, and bar graphs were used to present the findings effectively. Data normality was assessed before conducting the analysis to ensure the appropriateness of statistical procedures. The reliability and validity of the adopted study tool were also evaluated within the local context to ensure the accuracy and consistency of

the instrument. Ethical considerations regarding confidentiality and data protection were maintained throughout the analysis process.

Results

Demographic Analysis

The demographic findings indicate that the majority of participants were female nurses 232(94.7%), while only 13(5.3%) were male. Most respondents were single 128(52.2%), whereas 117(47.8%) were married.

Regarding age, the largest proportion of nurses belonged to the 26–30 years age group 104(42.4%), followed by 31–35 years 72(29.4%). In terms of qualification, most participants possessed a Post RN qualification 116(47.3%), followed by BSN degree holders 73(29.8%). Concerning experience, 95(38.8%) nurses had 1–5 years of experience. Department-wise, most respondents were working in wards 101(41.2%), followed by ER 78(31.8%), indicating substantial representation from inpatient clinical settings

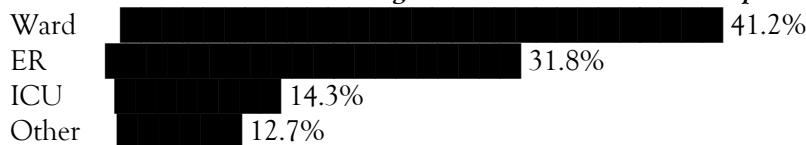
Table 1: Demographic Characteristics of Participants (N=245)

Variable	Category	Frequency (f)	Percentage (%)
Gender	Male	13	5.3
	Female	232	94.7
Marital Status	Married	117	47.8
	Single	128	52.2
Age Group	Up to 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
	Above 40 years	2	0.8
	Qualification	Diploma in Nursing	52
BSN		73	29.8
Post RN		116	47.3
MSN		4	1.6
Experience	Up to 1 year	14	5.7
	1–5 years	95	38.8
	6–10 years	74	30.2
	More than 10 years	62	25.3
Department	ICU	35	14.3
	Ward	101	41.2
	ER	78	31.8
	Other	31	12.7

The figure illustrates the departmental distribution of study participants. The majority of nurses were working in wards (41.2%), followed by emergency rooms (31.8%), indicating that most respondents were engaged in high patient-load clinical settings. A smaller

proportion of nurses were employed in intensive care units (14.3%) and other departments (12.7%). This distribution reflects the diverse clinical representation of participants included in the study

Figure 1 Distribution of Participants by Department



The descriptive statistics revealed that the mean scores of the missed nursing care items ranged from 1.6245 to 2.7714, indicating moderate levels of missed nursing care among participants. The highest mean score was observed for MNCQ22 (2.7714), whereas the lowest

mean score was reported for MNCQ23 (1.6245). Standard deviation values indicated moderate variability in responses across all questionnaire items. Skewness and kurtosis values showed deviations from normal distribution for several variables, particularly



MNCQ23, which demonstrated high skewness (1.575) and kurtosis (2.127). Overall, the findings suggest that the data were not normally distributed and that missed

nursing care practices varied among nurses working in different clinical departments.

Table 2: *Descriptive Statistics of Missed Nursing Care Questionnaire (MNCQ)*

Variable	Mean	Standard Deviation	Skewness	Kurtosis
MNCQ1	2.4367	1.19128	0.364	-0.852
MNCQ2	2.4653	1.20952	0.278	-0.962
MNCQ3	2.5388	1.17152	0.253	-0.821
MNCQ4	2.5224	1.19960	0.284	-0.878
MNCQ5	2.5184	1.19625	0.289	-0.859
MNCQ6	2.2816	1.23734	0.510	-0.912
MNCQ7	2.2816	1.16922	0.568	-0.652
MNCQ8	2.6163	1.24784	0.173	-1.028
MNCQ20	2.7102	1.15309	-0.030	-0.873
MNCQ21	1.8694	1.03191	0.919	-0.218
MNCQ22	2.7714	1.14376	-0.122	-0.831
MNCQ23	1.6245	0.90864	1.575	2.127
MNCQ24	1.7796	0.98783	0.969	-0.305

Discussion

In the present study, the prevalence of missed nursing care among registered nurses was studied in a tertiary care hospital of Lahore, Pakistan. Results indicated that the problem of missed nursing care occurred among nurses in various clinical fields. The study contributes to the international evidence that shows that accessing nursing care remains a persistent problem in healthcare systems. Atchade-Adelomou (2022) reported similar results with a significant number of nurses reporting that they left at least one nursing task uncompleted during their shift. Frequent gaps in patient care activities due to staffing shortages and workload burden were also identified by Safdari et al. (2023). The moderate mean scores found in this study suggest that there is a significant amount of missed nursing care in the chosen health care environment. The results indicate the continued stress of nurses in tertiary care hospitals with high patient acuity and workload.

The demographic data revealed that the majority of the participants were female nurses, which is a common tendency in the nursing profession in Pakistan and developing countries. This study corroborates the findings of Sarpong et al. (2023) which reported that female nurses were the largest in the nursing profession. The present results contrast with those of other Western countries in which the number of male nurses has slowly been rising in recent years. Most of the participants were in the age group of 26-30 years, suggesting a relatively young nursing workforce. Similar results were reported by Jones et al. (2021) who noted

that the younger age group of nurses often formed the majority group in hospital environments. Occupational stress is likely to be greater among younger nurses due to less clinical experience and to the high workload, potentially leading to unmet nursing care practices.

The educational profile of the participants showed that the majority of nurses have the Post RN qualification level, with a lesser number having higher professional qualifications, such as MSN. This is similar to the results of previous research carried out in the South Asian healthcare environment where diploma and Post RN are more prevalent among the nurses. Bagnasco et al. (2020) found that education helps shape nurses' critical thinking skills, communication, and prioritization in their delivery of patient care. Qualifications in higher education might help to enhance nurses' competence in handling complex clinical situations and avoid care omissions. A small proportion of nurses in this study were MSNs, indicating a lack of opportunities to undertake higher education in nursing in the local health system. Research in developed health-care systems has shown that better nursing outcomes occurred in those facilities that had more baccalaureate and graduate-prepared nurses.

The present study revealed that the majority of nurses had 1-5 years of clinical experience. Less experienced nurses may find it challenging to manage workload, prioritize care, and make clinical decisions, especially in busy hospital settings. This was also noted by Chaboyer et al. (2021) who found that less experienced nurses

were more likely to report missed nursing activities because of the high stress levels and low level of support systems. Also, expert nurses tend to show better clinical judgment and time management skills to lessen the chance of care omissions. The present results contrast with some overseas studies where the majority of the hospital staff were experienced nurses. There can also be staffing instability and turnover in the health institutions in Pakistan, which can lead to a relatively younger and less experienced medical staff.

Most of those taking part were working in wards and emergency departments, where both patient numbers and clinical demands were high. Past research also found that the likelihood of missed nursing care is increased in units that experience higher rates of patient turnover and staffing pressure. A study by Jones et al. (2021) revealed that overcrowding and insufficient nurse-patient ratios in emergency departments and inpatient wards were responsible for more nursing care being omitted. There were relatively low participation rates in the intensive care units (ICUs) in the current study. Specific units have reported lower proportion of missed care, possibly due to tighter staffing guidelines and the monitoring of patients on a continuous basis in international literature. The results indicated that workload in general wards and emergency rooms could affect the quality of nursing action in terms of delayed or incomplete nursing actions.

The reliability and validity analysis showed that the instrument used was suitable for the local context for evaluating the missed care for nursing care. The Cronbach's alpha coefficient for the study tool was .852, indicating high internal consistency and reliability of the study tool. In a series of similar studies, Kalisch and others found that the missed nursing care questionnaire had high psychometric strength for the same reliability. The result of the KMO and Bartlett's test also proved that the instrument was suitable to be analyzed using factor analysis. The present result reflected the applicability of internationally developed missed nursing care instrument in the Pakistani health care settings. Nurses' experiences of missing care activities may still be influenced by cultural and organizational differences. There is a need for further validation studies in different parts of Pakistan for increased generalizability of the instrument.

Results of the descriptive analysis showed moderate mean scores in most of the missed nursing care items, suggesting that there were varying degrees of frequency for nursing activities going unfulfilled. In some questionnaire items, the higher mean scores indicate that some nursing interventions are more often missed than others. Bagnasco et al. (2020) also reported similar trends, with the lack of psychosocial care, patient education, and communication-related activities being common. Findings of lower mean scores on some items suggest that critical technical tasks are more important for the nurses during their hectic clinical work hours. Skewness and kurtosis values indicated that the data were not normally distributed and the experiences and perceptions of nurses varied regarding missed nursing care. The results validate and corroborate previous studies showing that missed nursing care is a complex phenomenon that is shaped by a number of organizational, staffing and contextual influences and not simply individual behaviours.

Conclusion

The present study concluded that missed nursing care is a significant and prevalent issue among registered nurses working in tertiary care hospitals in Lahore, Pakistan. The findings indicated that nurses frequently experience difficulties in completing all required patient care activities due to factors such as heavy workload, inadequate staffing, limited resources, and stressful clinical environments. The study identified moderate levels of missed nursing care across different departments, particularly in wards and emergency units where patient demands are comparatively higher. The demographic findings showed that most participants were young female nurses with moderate clinical experience and Post RN qualifications, which may influence the management of complex clinical responsibilities. The reliability and validity analysis confirmed that the adopted tool was appropriate for assessing missed nursing care within the local healthcare context. The study further highlighted that missed nursing care is not merely an individual performance issue but reflects broader organizational and systemic challenges affecting healthcare quality and patient safety. The findings support existing international literature indicating that missed nursing care negatively influences patient outcomes, nursing performance, and overall healthcare effectiveness. The study emphasizes the need for evidence-based staffing

policies, supportive work environments, adequate resource allocation, and effective nursing management strategies to minimize care omissions and improve the quality of patient-centered healthcare services in Pakistan.

Recommendations

1. Healthcare institutions should develop and implement adequate nurse staffing policies to reduce workload burden and ensure the delivery of safe and comprehensive patient care.
2. Hospital administrations should provide continuous professional development and training programs for nurses focusing on time management, prioritization skills, and patient safety practices related to missed nursing care.
3. Nursing managers should establish supportive work environments that encourage effective communication, teamwork, and psychological support among nursing staff to reduce occupational stress and burnout.
4. Healthcare organizations should improve the availability of medical equipment, clinical resources, and nursing support systems to minimize delays and omissions in patient care activities.
5. Regular monitoring and evaluation of missed nursing care practices should be conducted through clinical audits and quality assurance programs to identify gaps in nursing care delivery.
6. Policymakers should develop evidence-based healthcare policies aimed at improving nurse-to-patient ratios and strengthening workforce capacity in tertiary care hospitals across Pakistan.
7. Nursing educational institutions should emphasize patient-centered and holistic care approaches within nursing curricula to enhance nurses' clinical competence and decision-making abilities.
8. Future research should be conducted in different healthcare settings and regions of Pakistan using larger sample sizes and analytical study designs to explore the predictors and consequences of missed nursing care in greater depth.

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