

Healthcare Left Behind? Comparing Missed Nursing Care In Health And Social Sectors

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Abstract

Introduction: Missed nursing care is increasingly recognized as a threat to care quality and patient outcomes. This study aimed to identify the most frequently missed types of nursing care and to compare their occurrence across healthcare and social care institutions, while examining associations with selected sociodemographic characteristics.

Methods: A cross-sectional study was conducted among 51 nurses and nursing technicians using the BERNCA-R (Basel Extent of Rationing of Nursing Care – Revised) questionnaire. Data were analyzed using descriptive statistics and non-parametric tests (Mann-Whitney U, Kruskal-Wallis, Spearman's correlation, and Z-tests).

Results: The most frequently missed nursing activities included dental hygiene ($Me=2.00$; $AS=1.73$), emotional/psychosocial support ($Me=2.00$; $AS=1.60$), and continence-related care ($Me=2.00$; $AS=1.67$). Statistically significant differences were observed between healthcare and social care institutions in the frequency of missed dental care ($Z=2.35$; $P=0.019$), communication with patients and families ($Z=3.33$; $P=0.001$), and patient education ($Z=2.35$; $P=0.019$). Higher educational attainment was associated with more frequent reporting of missed wound care ($Z=8.03$; $P=0.018$) and communication ($Z=11.23$; $P=0.004$). Age and professional experience showed weak but significant correlations with selected missed care items.

Conclusion: Missed nursing care was most commonly related to basic hygiene, emotional support, and communication. Social care settings showed greater vulnerability in these domains. These findings underscore the need for targeted organizational strategies to reduce care omissions and support quality improvement in both healthcare and social care contexts.

Keywords: healthcare institutions, missed nursing care, social care institutions, staff shortage, workload

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I. Introduction

Nursing care encompasses all activities aimed at preserving, promoting, and restoring the health of individuals and communities. It includes preventive, therapeutic, and rehabilitative interventions provided by healthcare professionals, predominantly nurses. The primary goals of nursing care are to deliver comprehensive patient care, maintain health, and enhance quality of life. Achieving these goals requires effective organization and rigorous quality control of nursing services. The organization of nursing care involves the structuring and coordination of healthcare personnel activities to ensure efficient and effective care delivery.

Globally, substantial evidence suggests that a significant proportion of patients do not receive adequate or complete care necessary to promote health, alleviate suffering, or prevent disease and injury. Despite nearly two decades of research, the scientific community continues to face a lack of conceptual clarity surrounding this phenomenon (1).

Missed nursing care, also referred to as care omissions or unfinished care, represents a critical outcome of this process and may lead to adverse patient outcomes such as serious complications or, more broadly, the failure to receive comprehensive care essential for recovery and health promotion. In nursing science, research into missed care began through the work of RN4CAST study, which introduced the term care left undone (2). This was further developed by B. Kalisch using the term care omissions, and in Europe by M. Schubert, who employed the concept of implicit rationing of care within Donabedian's theoretical framework of structure–process–outcome, focusing predominantly on care processes (3,4). A broader, global, and systemic approach to understanding this phenomenon emerged in 2016 with the submission of a proposal to the COST Association (European Cooperation in Science and Technology), an organization supporting research and innovation networks (5).

Although relatively young, this field is experiencing rapid growth. Bibliometric analysis of the Scopus database shows an increase in published studies on missed care from just one in 2016 to 27 in 2017. In PubMed, the number of publications rose from 38 in 2018 to 191 in 2020 (1).

While most early research focused on missed care in hospital settings, the phenomenon is now being investigated in other care environments, including primary care, community health, and long-term care facilities such as nursing homes (1,6,7).

The phenomenon of missed nursing care is closely tied to a range of structural, organizational, and perceptual factors that can serve as both indicators and points of intervention. Recognizing these indicators is essential for the development of strategies aimed at preventing care omissions and improving patient outcomes.

Preventive indicators of missed nursing care are primarily rooted in the capacities of the nursing workforce and the organizational context in which they operate (8). These include the qualifications and competencies of nursing staff, the presence and effectiveness of nursing leadership, and the overall quality of the work environment. When these factors are well-developed and supported, they serve as a buffer against the occurrence of missed care.

From a clinical governance perspective, preventing missed care requires the application of a systematic approach based on the core principles of nursing practice: assessment, planning, implementation, and evaluation. These steps must be integrated into routine care delivery processes and embedded within institutional policies and procedures to ensure consistency and accountability. A comprehensive understanding of missed nursing care also requires insight into the experiences and perceptions of key stakeholders. Patients' perceptions offer a direct window into care quality and safety. Indicators emerging from patient feedback may include levels of satisfaction, the frequency of adverse events, length of hospital stay, subjective impressions of care quality, and perceptions of missed care. These indicators are essential for identifying care deficits that may otherwise go unreported through formal documentation. Equally important are the insights provided by nurses themselves. Job satisfaction, intention to leave the profession or workplace, and the prevalence of occupational burnout serve as critical markers of a workforce under strain. These indicators can signal underlying systemic issues that may contribute to the omission of essential nursing tasks.

The organizational perspective provides broader metrics that reflect institutional performance and patient safety culture. High staff turnover rates, mortality rates, bed occupancy levels, the frequency of adverse incidents, and the volume of formal complaints are all organizational indicators that may reflect deeper issues associated with missed care. Monitoring these indicators allows healthcare institutions to proactively address weaknesses in care delivery systems before they translate into negative outcomes for patients (9).

These interconnected layers of indicators, spanning from individual competencies to organizational outcomes, offer a robust framework for identifying, understanding, and ultimately preventing missed nursing care. By incorporating diverse perspectives and data sources, healthcare systems can develop targeted interventions that promote continuity, safety, and the overall quality of nursing care. The aim of this study was to identify the most frequently missed types of nursing care and to compare their occurrence across healthcare and social care institutions, while examining associations with selected sociodemographic characteristics.

II. Methods

Study design and participants

This cross-sectional study included a total of 51 nurses and nursing technicians. Participants were selected from various healthcare and social care institutions in order to obtain a representative sample. The key demographic variables collected included age, gender, years of professional experience, and level of education.

Data collection

Data were collected using structured questionnaires distributed both electronically and in printed form. The survey used in this study was a revised version of the original instrument, specifically the BERNCA-R (Basel Extent of Rationing of Nursing Care – Revised) questionnaire, which contains 32 items. The questionnaire consisted of closed-ended questions, allowing for quantitative analysis of responses.

Instruments

The BERNCA-R is a validated tool used to measure the frequency and nature of missed nursing care activities. In its revised form, it covers a wide range of care domains relevant to daily nursing practice.

Data Analysis

Quantitative data collected through a structured questionnaire administered to 51 healthcare and social care professionals were analyzed using appropriate statistical methods to explore patterns and differences related to missed nursing care. The distribution of responses to survey questions was presented using absolute and relative frequencies, supplemented with tabular and graphical representations for clarity. For numerical variables, measures of central tendency and dispersion were applied: arithmetic mean and standard deviation were used where data followed a normal distribution, while the median, interquartile range, and total range were reported when deviations from normality were observed. The normality of data distribution was assessed using the Kolmogorov-Smirnov test.

Although the median served as the primary measure of central tendency in non-normally distributed variables, the arithmetic mean was also used—particularly in the context of missed nursing care—as it provided additional interpretative value regarding the level of the observed variable.

Descriptive statistics were employed to characterize the demographic profile of participants, providing insight into the sample composition. Differences in the distribution of respondents across sociodemographic variables were assessed using the chi-square (χ^2) test. To test the study hypotheses, several non-parametric tests were applied, including the Spearman rank correlation coefficient to evaluate associations between ordinal variables, the Mann-Whitney U test for two-group comparisons, and the Kruskal-Wallis test for comparisons involving more than two groups. Z-tests were additionally conducted to examine differences within specific categories of missed nursing care, enabling a more detailed analysis of proportional differences across institutional types.

All statistical analyses were performed using the software package STATISTICA 12 (StatSoft Inc., Tulsa, OK, USA).

III. Results

The study sample consisted of 51 respondents. The average age of participants was 41.69 years (SD = 11.85), ranging from 21 to 63 years. The average length of professional experience was 20.50 years (SD = 12.78), with a range from 0.25 to 45 years. The median duration of service in their current workplace was 9 years (IQR = 18; range: 0.25–45 years), indicating a diverse level of tenure among participants.

Gender distribution was highly skewed, with female respondents overwhelmingly represented (n = 50; 98.04%) compared to only one male respondent (1.96%). This gender imbalance was found to be statistically significant ($\chi^2 = 47.08$; $P < 0.001$), reflecting the predominantly female composition of the nursing workforce in the sampled institutions.

Regarding educational attainment, the majority of participants held a college-level degree (n = 28; 54.90%), followed by those with a secondary education (n = 18; 35.29%), while a smaller proportion had completed university-level education (n = 5; 9.80%). The difference in educational distribution was statistically significant ($\chi^2 = 26.65$; $P < 0.001$), underscoring variation in qualifications among staff.

In terms of institutional affiliation, slightly more than half of the respondents were employed in healthcare institutions (n = 26; 50.98%), compared to those working in social care institutions (n = 25; 49.02%). However, this difference was not statistically significant ($\chi^2 = 0.02$; $P = 0.889$), suggesting an evenly balanced representation between the two sectors.

The analysis revealed that the most frequently missed types of nursing care were related to fundamental hygiene and psychosocial support. Specifically, dental hygiene was identified as the most frequently omitted activity, with a median frequency of 2.00 and an average score (AS) of 1.73, followed by emotional or psychosocial support (Me=2.00; AS=1.60), and assistance with continence care, such as escorting patients to the toilet, which often resulted in unnecessary use of diapers (Me=2.00; AS=1.67). Other commonly missed activities included oral hygiene, skin care, and timely dressing changes (Table 1).

Table 1. Missed nursing care

How often did the following occur in the past 7 days:	Not required		Never = 0		Rarely = 1		Occasionally = 2		Frequently = 3		Me	AS	IQ
	n	%	n	%	n	%	n	%	n	%			
.. [...that you did not use a sponge to bathe the patient]	17	33,33	14	27,45	8	15,69	11	21,57	1	1,96	1,00	0,97	(0,00-2,00)

.. [...that you did not use the appropriate sponge for partial bathing of the patient]	16	31,37	13	25,49	6	11,76	16	31,37	0	0,00	1,00	1,09	(0,00-2,00)
.. [...that you did not provide necessary skin care for the patient] .. [...that you did not perform oral cavity care for the patient]	13	25,49	17	33,33	8	15,69	13	25,49	0	0,00	1,00	0,89	(0,00-2,00)
.. [...that you did not provide necessary skin care for the patient] .. [...that you did not perform oral cavity care for the patient]	14	27,45	9	17,65	13	25,49	14	27,45	1	1,96	1,00	1,19	(1,00-2,00)
.. [...that you did not provide necessary dental care for the patient]	18	35,29	4	7,84	9	17,65	12	23,53	8	15,69	2,00	1,73	(1,00-2,00)
.. [...that you were unable to appropriately assist patients who could not eat independently]	10	19,61	16	31,37	4	7,84	15	29,41	6	11,76	2,00	1,27	(0,00-2,00)
.. [...that you were unable to mobilize patients in need who were limited in mobility or immobile]	6	11,76	13	25,49	16	31,37	13	25,49	3	5,88	1,00	1,13	(0,00-2,00)
.. [...that you were unable to reposition patients with limited or no mobility]	3	5,88	20	39,22	18	35,29	7	13,73	3	5,88	1,00	0,85	(0,00-1,00)
.. [...that you could not change, in a timely manner, bed linen heavily soiled with urine, stool, or vomit]	4	7,84	15	29,41	26	50,98	5	9,80	1	1,96	1,00	0,83	(0,00-1,00)
.. [...that you could not provide emotional or psychosocial support to the patient, even though you believed it was necessary, e.g., for a patient experiencing uncertainty, fear of illness, or helplessness]	3	5,88	13	25,49	9	17,65	10	19,61	16	31,37	2,00	1,60	(0,00-3,00)
.. [...that you were unable to have a necessary conversation with the patient or their family]	3	5,88	8	15,69	21	41,18	13	25,49	6	11,76	1,00	1,35	(1,00-2,00)
.. [...that you could not adequately inform patients about upcoming tests or planned therapy]	8	15,69	18	35,29	19	37,25	3	5,88	3	5,88	1,00	0,79	(0,00-1,00)
.. [...that you were unable to escort the patient to the toilet or conduct continence training, resulting in the use of diapers]	18	35,29	5	9,80	7	13,73	15	29,41	6	11,76	2,00	1,67	(1,00-2,00)
.. [...that you were unable to escort the patient to the toilet or conduct continence training, resulting in the placement of a	16	31,37	11	21,57	9	17,65	8	15,69	7	13,73	1,00	1,31	(0,00-2,00)

temporary urinary catheter]													
.. [...that you were unable to provide rehabilitative care to the patient]	17	33,33	7	13,73	10	19,61	12	23,53	5	9,80	1,50	1,44	(1,00-2,00)
.. [...that you were unable to train and/or educate patients and/or their families, e.g., use of insulin injections or managing disease-specific symptoms (hypoglycemia, dyspnea)]	7	13,73	20	39,22	17	33,33	6	11,76	1	1,96	1,00	0,73	(0,00-1,00)
.. [...that you were unable to fully prepare patients or their families for discharge]	24	47,06	16	31,37	11	21,57	0	0,00	0	0,00	0,00	0,41	(0,00-1,00)
.. [...that you were unable to monitor patients as intensively as prescribed by physicians]	10	19,61	15	29,41	7	13,73	9	17,65	10	19,61	1,00	1,34	(0,00-2,00)
.. [...that you were unable to monitor patients as closely as you believed was necessary]	12	23,53	14	27,45	12	23,53	7	13,73	6	11,76	1,00	1,13	(0,00-2,00)
.. [...that you were unable to monitor agitated patients and therefore had to use restraints]	11	21,57	14	27,45	7	13,73	13	25,49	6	11,76	1,00	1,28	(0,00-2,00)
.. [...that you were unable to monitor agitated patients and therefore had to use sedation]	15	29,41	12	23,53	9	17,65	12	23,53	3	5,88	1,00	1,17	(0,00-2,00)
.. [...that you were forced to delay necessary interventions for patients with unforeseen, sudden, or acute status changes because physicians arrived late]	15	29,41	11	21,57	12	23,53	11	21,57	2	3,92	1,00	1,11	(0,00-2,00)
.. [...that you could not administer the prescribed medication and/or infusion at the recommended time]	13	25,49	22	43,14	11	21,57	4	7,84	1	1,96	0,00	0,58	(0,00-1,00)
.. [...that you could not change or apply the necessary wound dressings for the patient]	9	17,65	15	29,41	11	21,57	9	17,65	7	13,73	1,00	1,19	(0,00-2,00)
.. [...that you were unable to prepare the patient for diagnostic or therapeutic procedures]	16	31,37	18	35,29	14	27,45	3	5,88	0	0,00	0,00	0,57	(0,00-1,00)
.. [...that patients who called for a nurse had to wait longer than 5 minutes]	8	15,69	7	13,73	9	17,65	16	31,37	11	21,57	2,00	1,72	(1,00-2,50)
.. [...that you were unable to perform adequate hand hygiene]	4	7,84	22	43,14	17	33,33	4	7,84	4	7,84	1,00	0,79	(0,00-1,00)

.. [...that you were unable to follow required disinfection procedures]	5	9,80	26	50,98	13	25,49	7	13,73	0	0,00	0,00	0,59	(0,00-1,00)
.. [...that you did not have enough time to review care plans to become informed about the patient's condition at the beginning of your shift]	10	19,61	14	27,45	13	25,49	10	19,61	4	7,84	1,00	1,10	(0,00-2,00)
.. [...that you were unable to assess the needs of newly admitted patients]	12	23,53	16	31,37	13	25,49	10	19,61	0	0,00	1,00	0,85	(0,00-1,50)
.. [...that you were unable to create care plans for the patient]	4	7,84	20	39,22	16	31,37	11	21,57	0	0,00	1,00	0,81	(0,00-1,00)
.. [...that you were unable to adequately document and evaluate the care provided to the patient]	3	5,88	17	33,33	14	27,45	11	21,57	6	11,76	1,00	1,13	(0,00-2,00)

Statistically significant differences were identified when comparing healthcare and social care institutions. Nursing staff in social care institutions reported higher frequencies of missed dental care ($Z=2.35$; $P=0.019$), insufficient communication with patients and their families ($Z=3.33$; $P=0.001$), and inadequate patient or family education ($Z=2.35$; $P=0.019$) (Table 2). These results indicate that social care settings face additional challenges in maintaining continuity and completeness of care, particularly in domains involving communication and patient education.

Table 2. Missed nursing care according to workplace setting

	Healthcare		Social care		Z	P
	Me	IQR	Me	IQR		
.. [did you fail to use a sponge to bathe the patient?]	1,00	(0,00-2,00)	1,00	(0,00-2,00)	-0,38	0,703
.. [did you fail to use the required sponge for partial bathing of the patient?]	1,00	(0,00-2,00)	1,50	(0,00-2,00)	0,39	0,700
.. [did you fail to provide the necessary skin care to the patient?]	0,00	(0,00-1,00)	1,00	(0,00-2,00)	1,74	0,082
.. [did you fail to provide oral cavity care to the patient?]	1,00	(0,00-2,00)	1,00	(0,50-2,00)	0,13	0,893
.. [did you fail to provide necessary dental care to the patient?]	1,00	(0,00-2,00)	2,00	(1,00-3,00)	2,35	0,019
.. [were you unable to appropriately assist patients who could not eat independently?]	1,00	(0,00-2,00)	2,00	(0,00-2,00)	1,21	0,228
.. [were you unable to mobilize patients in need who were partially or completely immobile?]	1,00	(0,00-2,00)	1,00	(0,00-2,00)	-0,50	0,614
.. [were you unable to reposition patients who were partially or completely immobile?]	1,00	(0,00-1,00)	1,00	(0,00-1,00)	0,15	0,877
.. [were you unable to change the patient's bed linen, heavily soiled with urine, stool, or vomit, within an appropriate time frame?]	1,00	(0,00-1,00)	1,00	(0,00-1,00)	-1,34	0,181
.. [were you unable to provide emotional or psychosocial support to a patient, even though you felt it was needed, e.g., for a patient facing uncertainty and fear due to illness or feelings of helplessness (dependency on others)?]	1,00	(0,00-3,00)	2,00	(0,50-3,00)	0,79	0,428
.. [were you unable to have a necessary conversation with the patient or their family?]	1,00	(0,00-1,00)	2,00	(1,00-2,00)	3,33	0,001
.. [were you unable to adequately inform the patient about immediate tests or planned therapy?]	1,00	(0,00-1,00)	1,00	(0,00-2,00)	1,22	0,222
.. [were you unable to accompany the patient to the toilet or provide continence training, thus requiring use of diapers?]	1,50	(0,00-2,00)	2,00	(1,00-2,00)	0,39	0,693
.. [were you unable to accompany the patient to the toilet or provide continence training, thus requiring placement of a temporary urinary catheter?]	1,00	(0,00-3,00)	1,50	(0,00-2,00)	0,13	0,898
.. [were you unable to carry out rehabilitation care for the patient?]	1,00	(0,00-2,00)	2,00	(1,00-2,00)	0,73	0,466
.. [were you unable to train and/or educate patients and/or their families, e.g., how to use insulin injections or how to	0,00	(0,00-1,00)	1,00	(0,00-2,00)	2,35	0,019

cope with disease-specific symptoms (e.g., hypoglycemia, dyspnea)?]						
.. [were you unable to fully prepare patients or their families for discharge?]	0,00	(0,00-1,00)	0,00	(0,00-1,00)	0,51	0,608
.. [were you unable to monitor patients as intensively as prescribed by the physician?]	1,00	(0,00-2,00)	1,50	(0,00-2,50)	0,15	0,879
.. [were you unable to observe patients as carefully as you felt was necessary?]	1,00	(0,00-1,50)	1,00	(0,00-2,00)	0,36	0,720
.. [were you unable to supervise agitated patients, thus requiring physical restraints?]	0,00	(0,00-2,00)	2,00	(1,00-2,00)	1,63	0,103
.. [were you unable to supervise agitated patients, thus requiring sedation?]	0,50	(0,00-2,00)	1,50	(1,00-2,00)	1,77	0,077
.. [were you forced to delay necessary interventions for patients with sudden or acute changes in condition because physicians arrived late?]	1,00	(0,00-2,00)	1,00	(0,00-2,00)	-0,16	0,876
.. [were you unable to administer prescribed medication and/or infusion at the recommended time?]	0,50	(0,00-1,00)	0,00	(0,00-1,00)	-0,96	0,338
.. [were you unable to change/apply necessary wound dressings for the patient?]	1,00	(0,00-2,00)	1,00	(0,00-2,50)	1,44	0,149
.. [were you unable to prepare the patient for diagnostic tests or therapy?]	0,00	(0,00-1,00)	0,50	(0,00-1,00)	0,52	0,606
.. [did patients who called for a nurse have to wait longer than five minutes?]	2,00	(0,00-3,00)	2,00	(1,00-2,00)	-1,63	0,102
.. [were you unable to perform adequate hand hygiene?]	1,00	(0,00-1,00)	1,00	(0,00-1,00)	0,00	>0,999
.. [were you unable to adhere to required disinfection protocols?]	1,00	(0,00-1,00)	0,00	(0,00-1,00)	-1,32	0,187
.. [did you lack sufficient time to review care plans and become informed about the patient's status at the beginning of your shift?]	1,00	(0,00-1,00)	1,00	(0,00-2,00)	1,13	0,260
.. [were you unable to assess the needs of newly admitted patients?]	1,00	(0,00-2,00)	1,00	(0,00-1,00)	-1,26	0,206
.. [were you unable to develop care plans for the patient?]	0,00	(0,00-2,00)	1,00	(0,00-1,00)	0,40	0,690
.. [were you unable to sufficiently document and evaluate the care provided to the patient?]	1,00	(0,00-2,00)	1,00	(0,00-2,00)	0,17	0,863

Respondents with higher education levels more often reported omissions in wound care ($Z=8.03$; $P=0.018$) and communication with patients or their families ($Z=11.23$; $P=0.004$), possibly reflecting higher standards of self-assessment or increased awareness of care quality benchmarks (Table 3).

Table 3. Missed nursing care according to educational level

	Nursing high school		Bachelor Degree		Master Degree		Z	P
	Me	IQR	Me	IQR	Me	IQR		
.. [did you fail to use a sponge to bathe the patient?]	1,00	(0,00-2,00)	1,00	(0,00-2,00)	2,00	(2,00-2,00)	4,20	0,123
.. [did you fail to use the required sponge for partial bathing of the patient?]	1,00	(0,00-2,00)	1,00	(0,00-2,00)	2,00	(2,00-2,00)	2,31	0,315
.. [did you fail to provide the necessary skin care to the patient?]	1,00	(0,00-2,00)	0,00	(0,00-1,50)	2,00	(2,00-2,00)	2,88	0,237
.. [did you fail to provide oral cavity care to the patient?]	1,00	(1,00-2,00)	1,00	(0,00-2,00)	2,00	(2,00-2,00)	0,52	0,773
.. [did you fail to provide necessary dental care to the patient?]	2,00	(1,00-3,00)	2,00	(1,00-2,00)	2,00	(2,00-2,00)	0,30	0,861
.. [were you unable to appropriately assist patients who could not eat independently?]	2,00	(0,00-2,00)	1,00	(0,00-2,00)	2,00	(2,00-2,00)	2,60	0,273
.. [were you unable to mobilize patients in need who were partially or completely immobile?]	1,00	(1,00-2,00)	1,00	(0,00-2,00)	2,00	(2,00-2,00)	3,53	0,171
.. [were you unable to reposition patients who were partially or completely immobile?]	1,00	(0,00-1,00)	1,00	(0,00-1,00)	1,00	(1,00-1,00)	4,10	0,129
.. [were you unable to change the patient's bed linen, heavily soiled with urine, stool, or vomit, within an appropriate time frame?]	1,00	(0,00-1,00)	1,00	(0,00-1,00)	1,00	(1,00-1,00)	2,22	0,329
.. [were you unable to provide emotional or psychosocial support to a patient, even though you felt it was needed, e.g., for a patient	1,50	(0,00-3,00)	1,00	(0,00-3,00)	2,00	(2,00-2,00)	2,10	0,349

facing uncertainty and fear due to illness or feelings of helplessness (dependency on others)?]								
.. [were you unable to have a necessary conversation with the patient or their family?]	1,50	(1,00-2,00)	1,00	(0,00-1,00)	2,00	(2,00-2,00)	11,23	0,004
.. [were you unable to adequately inform the patient about immediate tests or planned therapy?]	1,00	(0,00-2,00)	1,00	(0,00-1,00)	0,00	(0,00-0,00)	3,82	0,148
.. [were you unable to accompany the patient to the toilet or provide continence training, thus requiring use of diapers?]	2,00	(1,00-2,00)	2,00	(1,00-2,00)	2,00	(2,00-2,00)	0,02	0,989
.. [were you unable to accompany the patient to the toilet or provide continence training, thus requiring placement of a temporary urinary catheter?]	1,00	(0,00-2,00)	1,00	(0,00-2,00)	1,00	(1,00-1,00)	0,35	0,840
.. [were you unable to carry out rehabilitation care for the patient?]	1,00	(1,00-2,00)	2,00	(0,00-2,00)	2,00	(2,00-2,00)	1,64	0,441
.. [were you unable to train and/or educate patients and/or their families, e.g., how to use insulin injections or how to cope with disease-specific symptoms (e.g., hypoglycemia, dyspnea)?]	0,50	(0,00-1,00)	0,50	(0,00-1,00)	1,50	(1,50-1,50)	4,80	0,091
.. [were you unable to fully prepare patients or their families for discharge?]	1,00	(0,00-1,00)	0,00	(0,00-1,00)	0,00	(0,00-0,00)	4,16	0,125
.. [were you unable to monitor patients as intensively as prescribed by the physician?]	1,00	(0,00-3,00)	1,00	(0,00-2,00)	1,50	(1,50-1,50)	0,55	0,758
.. [were you unable to observe patients as carefully as you felt was necessary?]	0,00	(0,00-2,00)	1,00	(0,00-2,00)	2,00	(2,00-2,00)	1,71	0,425
.. [were you unable to supervise agitated patients, thus requiring physical restraints?]	1,00	(0,00-2,00)	2,00	(0,00-2,00)	1,00	(1,00-1,00)	0,69	0,707
.. [were you unable to supervise agitated patients, thus requiring sedation?]	1,00	(0,00-2,00)	1,00	(0,00-2,00)	1,00	(1,00-1,00)	1,75	0,416
.. [were you forced to delay necessary interventions for patients with sudden or acute changes in condition because physicians arrived late?]	1,00	(0,00-2,00)	1,00	(0,00-2,00)	1,00	(1,00-1,00)	0,73	0,695
.. [were you unable to administer prescribed medication and/or infusion at the recommended time?]	0,00	(0,00-1,00)	0,00	(0,00-1,00)	0,50	(0,50-0,50)	1,03	0,598
.. [were you unable to change/apply necessary wound dressings for the patient?]	1,00	(0,00-2,00)	1,00	(0,00-1,00)	3,00	(3,00-3,00)	8,03	0,018
.. [were you unable to prepare the patient for diagnostic tests or therapy?]	0,50	(0,00-1,00)	0,00	(0,00-1,00)	1,00	(1,00-1,00)	0,43	0,805
.. [did patients who called for a nurse have to wait longer than five minutes?]	1,00	(0,00-2,00)	2,00	(1,00-3,00)	2,00	(2,00-2,00)	3,29	0,193
.. [were you unable to perform adequate hand hygiene?]	1,00	(0,00-1,50)	0,50	(0,00-1,00)	0,00	(0,00-0,00)	1,21	0,547
.. [were you unable to adhere to required disinfection protocols?]	1,00	(0,00-1,50)	0,00	(0,00-1,00)	0,00	(0,00-0,00)	2,41	0,300
.. [did you lack sufficient time to review care plans and become informed about the patient's status at the beginning of your shift?]	1,00	(1,00-2,00)	1,00	(0,00-2,00)	0,00	(0,00-0,00)	3,00	0,224
.. [were you unable to assess the needs of newly admitted patients?]	1,00	(0,00-1,50)	1,00	(0,00-2,00)	0,00	(0,00-0,00)	5,37	0,068
.. [were you unable to develop care plans for the patient?]	1,00	(0,00-2,00)	1,00	(0,00-1,00)	1,00	(1,00-1,00)	0,20	0,907
.. [were you unable to sufficiently document and evaluate the care provided to the patient?]	1,00	(0,00-2,00)	1,00	(0,00-2,00)	1,00	(1,00-1,00)	0,20	0,904

Finally, age and years of professional experience showed weak but statistically significant associations with selected missed care categories. Older nurses were less likely to omit oral care ($\rho = -0.28$; $P = 0.047$) (Table 4), while more experienced nurses reported more frequent inability to adhere to disinfection protocols ($\rho = 0.28$; $P = 0.029$) and less difficulty in familiarizing themselves with care plans at shift start ($\rho = -0.26$; $P = 0.049$) (Table 5).

Table 4. Missed nursing care according to age

	N	ρ	t(N-2)	P
.. [did you fail to use a sponge to bathe the patient?]	34	0,16	0,93	0,179
.. [did you fail to use the required sponge for partial bathing of the patient?]	35	0,02	0,12	0,451
.. [did you fail to provide the necessary skin care to the patient?]	38	-0,07	-0,41	0,343
.. [did you fail to provide oral cavity care to the patient?]	37	-0,28	-1,72	0,047
.. [did you fail to provide necessary dental care to the patient?]	33	-0,23	-1,34	0,095
.. [were you unable to appropriately assist patients who could not eat independently?]	41	0,02	0,13	0,450
.. [were you unable to mobilize patients in need who were partially or completely immobile?]	45	0,01	0,08	0,468
.. [were you unable to reposition patients who were partially or completely immobile?]	48	0,08	0,54	0,297
.. [were you unable to change the patient's bed linen, heavily soiled with urine, stool, or vomit, within an appropriate time frame?]	47	0,00	0,01	0,496
.. [were you unable to provide emotional or psychosocial support to a patient, even though you felt it was needed, e.g., for a patient facing uncertainty and fear due to illness or feelings of helplessness (dependency on others)?]	48	-0,08	-0,56	0,289
.. [were you unable to have a necessary conversation with the patient or their family?]	48	-0,20	-1,41	0,083
.. [were you unable to adequately inform the patient about immediate tests or planned therapy?]	43	-0,20	-1,33	0,096
.. [were you unable to accompany the patient to the toilet or provide continence training, thus requiring use of diapers?]	33	-0,08	-0,43	0,334
.. [were you unable to accompany the patient to the toilet or provide continence training, thus requiring placement of a temporary urinary catheter?]	35	-0,13	-0,73	0,235
.. [were you unable to carry out rehabilitation care for the patient?]	34	-0,21	-1,21	0,117
.. [were you unable to train and/or educate patients and/or their families, e.g., how to use insulin injections or how to cope with disease-specific symptoms (e.g., hypoglycemia, dyspnea)?]	44	-0,19	-1,26	0,108
.. [were you unable to fully prepare patients or their families for discharge?]	27	-0,16	-0,84	0,206
.. [were you unable to monitor patients as intensively as prescribed by the physician?]	41	0,08	0,49	0,315
.. [were you unable to observe patients as carefully as you felt was necessary?]	39	-0,02	-0,14	0,446
.. [were you unable to supervise agitated patients, thus requiring physical restraints?]	40	0,01	0,07	0,471
.. [were you unable to supervise agitated patients, thus requiring sedation?]	36	-0,01	-0,08	0,467
.. [were you forced to delay necessary interventions for patients with sudden or acute changes in condition because physicians arrived late?]	36	-0,14	-0,83	0,205
.. [were you unable to administer prescribed medication and/or infusion at the recommended time?]	38	0,01	0,05	0,479
.. [were you unable to change/apply necessary wound dressings for the patient?]	42	0,01	0,05	0,481
.. [were you unable to prepare the patient for diagnostic tests or therapy?]	35	0,03	0,19	0,427
.. [did patients who called for a nurse have to wait longer than five minutes?]	43	0,15	1,00	0,161
.. [were you unable to perform adequate hand hygiene?]	47	-0,04	-0,27	0,393
.. [were you unable to adhere to required disinfection protocols?]	46	0,25	1,70	0,048
.. [did you lack sufficient time to review care plans and become informed about the patient's status at the beginning of your shift?]	41	-0,26	-1,66	0,052
.. [were you unable to assess the needs of newly admitted patients?]	39	0,03	0,20	0,422
.. [were you unable to develop care plans for the patient?]	47	0,15	1,03	0,155
.. [were you unable to sufficiently document and evaluate the care provided to the patient?]	48	-0,02	-0,11	0,457

Table 5. Missed nursing care according to years of service

	N	rho	t(N-2)	P
.. [did you fail to use a sponge to bathe the patient?]	34	0,20	1,13	0,133
.. [did you fail to use the required sponge for partial bathing of the patient?]	35	0,06	0,32	0,375
.. [did you fail to provide the necessary skin care to the patient?]	38	-0,04	-0,22	0,415
.. [did you fail to provide oral cavity care to the patient?]	37	-0,26	-1,61	0,058
.. [did you fail to provide necessary dental care to the patient?]	33	-0,22	-1,25	0,111
.. [were you unable to appropriately assist patients who could not eat independently?]	41	0,04	0,25	0,401
.. [were you unable to mobilize patients in need who were partially or completely immobile?]	45	0,04	0,24	0,407
.. [were you unable to reposition patients who were partially or completely immobile?]	48	0,05	0,32	0,375
.. [were you unable to change the patient's bed linen, heavily soiled with urine, stool, or vomit, within an appropriate time frame?]	47	-0,03	-0,20	0,423
.. [were you unable to provide emotional or psychosocial support to a patient, even though you felt it was needed, e.g., for a patient facing uncertainty and fear due to illness or feelings of helplessness (dependency on others)?]	48	-0,10	-0,68	0,248
.. [were you unable to have a necessary conversation with the patient or their family?]	48	-0,17	-1,19	0,120
.. [were you unable to adequately inform the patient about immediate tests or planned therapy?]	43	-0,14	-0,94	0,177
.. [were you unable to accompany the patient to the toilet or provide continence training, thus requiring use of diapers?]	33	0,02	0,13	0,450
.. [were you unable to accompany the patient to the toilet or provide continence training, thus requiring placement of a temporary urinary catheter?]	35	-0,07	-0,39	0,348
.. [were you unable to carry out rehabilitation care for the patient?]	34	-0,20	-1,14	0,132
.. [were you unable to train and/or educate patients and/or their families, e.g., how to use insulin injections or how to cope with disease-specific symptoms (e.g., hypoglycemia, dyspnea)?]	44	-0,18	-1,16	0,126
.. [were you unable to fully prepare patients or their families for discharge?]	27	-0,16	-0,81	0,213
.. [were you unable to monitor patients as intensively as prescribed by the physician?]	41	0,11	0,68	0,250
.. [were you unable to observe patients as carefully as you felt was necessary?]	39	-0,01	-0,07	0,471
.. [were you unable to supervise agitated patients, thus requiring physical restraints?]	40	0,02	0,13	0,449
.. [were you unable to supervise agitated patients, thus requiring sedation?]	36	0,03	0,15	0,441
.. [were you forced to delay necessary interventions for patients with sudden or acute changes in condition because physicians arrived late?]	36	-0,15	-0,90	0,188
.. [were you unable to administer prescribed medication and/or infusion at the recommended time?]	38	0,04	0,26	0,398
.. [were you unable to change/apply necessary wound dressings for the patient?]	42	0,03	0,17	0,435
.. [were you unable to prepare the patient for diagnostic tests or therapy?]	35	0,11	0,65	0,262
.. [did patients who called for a nurse have to wait longer than five minutes?]	43	0,15	0,96	0,172
.. [were you unable to perform adequate hand hygiene?]	47	-0,02	-0,15	0,442
.. [were you unable to adhere to required disinfection protocols?]	46	0,28	1,95	0,029
.. [did you lack sufficient time to review care plans and become informed about the patient's status at the beginning of your shift?]	41	-0,26	-1,69	0,049
.. [were you unable to assess the needs of newly admitted patients?]	39	0,08	0,49	0,315
.. [were you unable to develop care plans for the patient?]	47	0,21	1,45	0,077
.. [were you unable to sufficiently document and evaluate the care provided to the patient?]	48	0,04	0,26	0,397

IV. Discussion

This study provides insights into the frequency and distribution of missed nursing care in healthcare and social care institutions, with particular attention to differences across institutional settings and associations with selected sociodemographic characteristics. The sample consisted of 51 participants, predominantly female (98.04%), with an average age of 41.69 years and an average of 20.5 years of professional experience. Most participants held a college-level education. These demographic features offer important context for understanding the reported patterns of missed care, as variations in age, education, and experience were found to be associated with the likelihood of reporting specific omissions in care.

The most frequently missed types of nursing care included dental hygiene (Me=2.00; AS=1.73), emotional and psychosocial support (Me=2.00; AS=1.60), and continence-related assistance (Me=2.00; AS=1.67) (Table 1). These findings are largely consistent with those of Kalisch et al. (2006), who identified oral care and emotional support as the most frequently omitted nursing interventions in hospital settings (10). Similarly, Ball et al. (2014) highlighted dental care as the most neglected aspect of care across European hospitals, citing time constraints and high workload as the leading causes - factors that were also prominently reported by our participants, especially those working in social care institutions (11). Recent evidence further confirms this pattern; a 2024 cross-sectional study on missed oral care identified oral hygiene as the third most commonly omitted nursing task, largely due to insufficient staffing and high patient turnover, underscoring the persistent challenges in ensuring basic aspects of care across various healthcare settings (12).

Statistically significant differences in missed care between healthcare and social care settings further emphasize the influence of organizational context. Staff working in social care institutions reported higher frequencies of missed dental care ($Z=2.35$; $P=0.019$), communication with patients and their families ($Z=3.33$; $P=0.001$), and patient or family education ($Z=2.35$; $P=0.019$) (Table 2). Jones et al. (2015), in a systematic review, similarly identified communication and education as commonly omitted care components and warned of their association with poorer patient outcomes, such as longer hospital stays and increased mortality (13).

Staff with higher levels of education were more likely to recognize and report omissions in care, particularly in wound dressing changes ($Z=8.03$; $P=0.018$) and communication with patients and families ($Z=11.23$; $P=0.004$) (Table 3). These results are in line with Griffiths et al. (2008), who emphasized the critical role of competencies and training in reducing the incidence of missed care (14). It is plausible that more educated staff have higher expectations regarding care standards, making them more sensitive to deficits in care delivery.

Experience and age were also associated with the frequency of missed care. Older professionals were less likely to omit oral care ($\rho = -0.28$; $P = 0.047$), while more experienced staff reported greater difficulty in adhering to disinfection procedures ($\rho = 0.28$; $P = 0.029$) but found it easier to orient themselves at the beginning of shifts ($\rho = -0.26$; $P = 0.049$) (Tables 4 and 5). Lucero, Lake, and Aiken (2010) found similar associations between missed care and negative patient outcomes, including higher incidences of infections and falls (15). These findings support the need for continuous professional development and institutional support, especially for less experienced personnel.

In the context of nursing home care, Bittner et al. (2019) identified hygiene and activities of daily living as the most frequently missed care elements (16). This aligns with our findings in social care institutions, where oral care, psychosocial support, and patient education were the most commonly omitted. In addition to staffing shortages, structural and organizational constraints may prevent the integration of these "invisible" aspects of care into daily routines.

Although this study relied on self-reported data, the findings closely align with those of prior objective studies, reinforcing the validity of the instrument and the relevance of the issue. The data clearly point to the need for targeted interventions, including increased staffing levels, improved time and workload management, and comprehensive training focused on communication and the provision of basic hygiene care. Future research should integrate both quantitative and qualitative methodologies to further elucidate the causes and consequences of missed nursing care, particularly in high-pressure and resource-limited settings.

Limitations

This study has several limitations that should be taken into account when interpreting the findings. First, the relatively small sample size ($N=51$) may restrict the extent to which the results can be generalized to broader populations or different institutional contexts. Additionally, the reliance on self-administered questionnaires introduces the possibility of self-reporting bias, as participants may have underreported or overestimated certain behaviors, either consciously or unconsciously. Finally, since the data were collected within a limited number of healthcare and social care institutions, the findings are context-specific and may not be fully representative of other settings, regions, or systems of care. These limitations underscore the need for further research with larger and more diverse samples, as well as the integration of objective observational or administrative data sources.

V. Conclusion

The aim of this study was to identify the most frequently missed types of nursing care and to compare their occurrence across healthcare and social care institutions, while examining associations with selected sociodemographic characteristics. The findings revealed that dental hygiene, emotional support, and continence-related care were the most frequently missed nursing activities. Statistically significant differences were observed between healthcare and social care settings, with social care staff reporting higher frequencies of missed dental care, patient/family communication, and patient education.

Additionally, missed care reporting was associated with participants' educational attainment, age, and professional experience. These results suggest that institutional setting and individual nurse characteristics may influence the extent and type of missed care.

To improve care quality and patient safety, targeted interventions should address sectors with higher vulnerability - particularly social care institutions—by strengthening organizational structures, enhancing staff competencies, and ensuring adequate staffing. Future research should include larger and more diverse samples, as well as incorporate objective clinical outcomes and qualitative data to deepen understanding of the phenomenon and guide effective policy development.

Declarations

Ethics approval and consent to participate

All procedures performed in this study involving human participants were conducted in accordance with the Declaration of Helsinki. All participants received written information about the study and provided informed consent to participate.

Consent for publication

Not applicable.

Availability of data and materials

The datasets generated and/or analysed during the study are available from the corresponding author on request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

MZ, SD, BF, DK, CR and SZ contributed to the conception and design of the study, data collection, data analysis and interpretation, and drafting and revising the manuscript. All authors read and approved the final manuscript.

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