

Prioritizing the Patient's Needs of Missed Nursing Care

Subjects: Nursing

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Missed nursing care refers to essential nursing activities or tasks that are omitted or not completed as planned during a patient's care. This omission can result from various factors, such as staffing shortages, time constraints, or communication issues, and it can potentially compromise the quality of patient care and safety. Identifying and addressing missed nursing care is crucial to ensure optimal patient outcomes and the well-being of healthcare professionals.

Keywords: missed care ; prioritization ; nurses ; nursing ; patient ; needs ; prioritization

1. Introduction

The MNC (Missed Nursing Care) was first recognized in 2006 by Kalisch, who defined it as “when any part of the required care is omitted (in part or in whole) or delayed” ^[1]. It is an error due to omission. The error can be an act that has been omitted, such as not mobilizing the patient, or an act that has been performed incorrectly, like marking the wrong eye for surgery ^[2]. It is a concept with three dimensions: first, the problem of resource and time scarcity; second, the decision-making process to prioritize and allocate nursing care; and third, the care that remains incomplete ^[3].

In the first qualitative research conducted by Kalisch, the activities that were found to be more frequently omitted include mobilization, changing bed positions, feeding, education, discharge planning, emotional support, hygiene, documentation of admissions and discharges, and monitoring ^[2]. Some of the reasons for care omissions are insufficient staff numbers ^[4] ^[5]^[6], a high volume of patient admissions and discharges in the department, and an insufficient number of support or administrative personnel ^[7].

In the international literature, various terms have been used to describe this phenomenon, and there is no absolute agreement on what MNC means and how it is perceived by nursing staff ^[3]. The phenomenon is described as the non-provision or failure to complete necessary nursing tasks ^[8], unmet care needs ^[9], care that is not provided or not completed ^[10], a prioritization of care when resources are limited ^[11], and prioritizing the care provided ^[12].

The Kalisch Model of Missed Care analyzes the fundamental characteristics contributing to nursing care omissions as reported by nursing personnel ^[2]. In the healthcare environment, prior instances of missed nursing care conditions prompt nursing personnel to carefully consider the care they provide. Key factors influencing this decision-making include assessing the available human resources and considering the number, education level, and experience of nursing staff, along with support staff availability. Additionally, the presence of material resources, such as medications and functional equipment, significantly impacts staff effectiveness. Effective teamwork and communication are vital, both within the nursing unit and between medical and nursing staff, as well as with support staff. In situations where these conditions are compromised, nursing personnel engage in reassessment, prioritizing care based on available resources.

Facing such challenges, nursing personnel integrate their actions into the nursing process, which is characterized as a client-centered approach emphasizing organization, critical thinking, knowledge application, and decision-making. The decision to delay or omit a nursing action is influenced by internal factors, including group standards, which encompass informal rules and accepted behaviors within the team. Nursing staff also engage in priority-based decision-making, considering patients' needs, conditions, health statuses, and other requirements. Values, perceptions, and attitudes of nursing staff regarding their roles and responsibilities play a significant role in determining which nursing actions take precedence. Additionally, habits formed over time may lead nurses to make decisions unconsciously. Comprehensively considering these internal and external factors, nursing personnel navigate the complex landscape of providing quality care within resource constraints ^[2].

MNC is related to patient safety and the quality of nursing care provided ^[3]. Specifically, it has negative impacts on patients, healthcare professionals, and healthcare service units. Concerning patients, it reduces safety ^[10] and the overall quality of care they receive ^[13]. It has been found that MNC is associated with decreased patient satisfaction with the care

they receive ^{[8][14][15]}, an increase in medication administration errors, increased hospital-acquired infections, pneumonia, falls, pressure ulcers, emergent situations ^{[8][14][16][17]}, and in-hospital mortality in patients undergoing common surgical procedures ^[4].

Regarding healthcare professionals, MNC is associated with decreased job satisfaction ^[18], role conflict, a sense of ethical burden ^[19], disappointment, anxiety, and dissatisfaction because the nursing staff is unable to practice their profession in alignment with their personal and professional values ^[20], and the provision of low-quality care ^[3].

At the level of healthcare service units, MNC is related to increased job turnover and higher rates of absenteeism ^[21].

According to the later model by Kalisch and Lee (2010), organizational characteristics, characteristics of the nursing unit, and the level of teamwork among nursing staff predict missed care (MNC). Individual demographic characteristics, professional roles, work schedules, and adequate staffing may potentially contribute to MNC and are therefore investigated ^[22]. Through teamwork in the workplace, safety is achieved, effective patient-centered healthcare delivery ^[23] ^[24] is promoted, and errors are prevented ^[25]. Additionally, when exploring the relationship between nursing staff teamwork and MNC, international research findings indicate a significant correlation, specifically that effective teamwork reduces MNC ^{[25][26]}.

2. Prioritizing the Patient's Needs of Missed Nursing Care

2.1. Why Nursing Care Is Missed

Table 1 shows the reasons why nursing care is missed. More specifically, studies have underscored the critical link between staffing levels and the quality of nursing care. One investigation revealed a significant correlation between lower nurse staffing levels and elevated instances of missed nursing care. Also emphasized this connection by highlighting that the hours nurses dedicated per patient daily were inversely associated with the occurrence of missed care. These findings underscore the pivotal role that adequate staffing plays in ensuring complete and timely nursing interventions ^[27]. The organizational aspects explored unveiled a noteworthy insight: a leading factor contributing to missed nursing care was the insufficient presence of staff or their improper deployment. This sheds light on the critical importance of effective staffing strategies in mitigating the occurrence of overlooked nursing responsibilities ^[28]. According to Imam A et al. ^[29], the primary contributing factor to the challenge was identified as an insufficient number of nursing staff, which ranked at the forefront. Following closely, inadequate availability of assistive personnel and an unforeseen surge in patient volume and/or acuity were both notable, securing the second position in the identified factors. These findings underscore the multifaceted nature of the issue, emphasizing the critical role of staffing adequacy in addressing challenges within the healthcare environment.

Table 1. Outcomes of why nursing care is missed and how nurses prioritize what care they miss.

Author (Year)	Why Nursing Care Is Missed
Griffiths P, Recio-Saucedo A, Dall'Ora C (2018) ^[28]	Staffing level/Less nursing hours per patient
Andersson I, Bååth C, Nilsson J, Eklund AJ. A scoping review-Missed nursing (2022) ^[30]	Lack of staff/Incorrect use of staff/Prioritization
Imam A, Obiesie S, Gathara D (2023) ^[29]	Inadequate number of nursing staff/Inadequate number of assistive personnel and unexpected rise in patient volume and/or acuity both ranked
Duhalde H, Bjuresäter K, Karlsson I (2023) ^[31]	Having to take care acute patients/not time for basic care needs/Prioritization
Chiappinotto S, Papastavrou E, Efsthathiou G (2022) ^[32]	Not reported
Hilario C, Louie-Poon S, Taylor M (2023) ^[33]	Racism
Gustafsson N, Leino-Kilpi H, Prga I (2020) ^[34]	Insufficient experience/Lack of teamwork/Lack of communication between shifts/Prioritization
Stemmer, R., Bassi, E., Ezra (2021) ^[35]	Intention to leave the job/Burn out
Suhonen, R., Stolt, M., Habermann, M. (2018) ^[36]	Prioritization

In certain instances, facing racism acted as a barrier, hindering both patients and their families from accessing essential treatment and care. The impact of discriminatory experiences manifested as an impediment to the delivery of necessary healthcare services [29]. When registered nurses focused on addressing patients' acute care needs, the available time to attend to basic care needs became limited. Additionally, there were instances in the emergency department where essential care for existing patients was deprioritized as nurses awaited potential incoming patients with acute care needs. These examples underscore the complex balancing act that healthcare professionals navigate in managing competing priorities within their workflow [33]. The majority of the included studies detailed the impact of inadequate staffing and dimensioning of emergency departments (EDs) in relation to patient load, leading to instances of missed nursing care (MNC). Issues such as crowding, spatial limitations, and imbalances in staff-to-patient ratios were specifically highlighted as notable challenges associated with these circumstances [33]. Patients identified several staff-related factors contributing to perceived instances of missed care, encompassing a shortage of staff, insufficient staff experience, inadequate teamwork, a lack of communication among staff during shift changes, and the demeanor of staff members. These findings highlight the multifaceted nature of patient perceptions regarding missed care, pointing towards crucial aspects such as staffing levels, experience, teamwork, and communication that significantly influence the overall care experience [31]. The frequency of missed care activities demonstrated a direct correlation with the level of dissatisfaction among healthcare professionals. Moreover, a positive association was observed between burnout and instances of missed care. Additionally, a higher incidence of missed care activities was linked to an increased intention to leave the job, highlighting the intricate interplay between job satisfaction, burnout, and the quality of care provided [34]. Most studies highlighted the prioritization of nursing actions as one of the key factors in nursing care neglect [28][31][33][35].

2.2. How Nurses Prioritize What Care They Miss

The organization's structure plays a pivotal role in guiding nurses when they prioritize tasks. Equally important is the nurses' decision-making ability, influencing the determination of which care to administer and what might be omitted. Drawing on their education and experience, healthcare professionals navigate a delicate balance between the care needs of patients and the available resources. The prioritization of patients' acute care needs takes precedence in this delicate equilibrium. However, in the face of limited resources, care that is deemed of lesser value to patients may find itself deprioritized, leading to instances where such care is ultimately missed or overlooked. This underscores the challenging decisions healthcare professionals must make to ensure optimal and essential care delivery within the constraints of available resources [33][36]. Moreover, it is influenced by the educational background of nurses and the practical knowledge they have gained through their work experiences [31]. According to Suhonen et al. [36], prioritization is driven by a commitment to address the diverse needs of their patients comprehensively and holistically; this approach manifests in various contexts. These include considerations such as patient groups, specific diseases, the severity of the patient's condition, age, and the perceived benefits of the treatment [35] (Table 2).

Table 2. Outcomes of and how nurses prioritize what care they miss.

Author (Year)	How Nurses Prioritize What Care They Miss
Griffiths P, Recio-Saucedo A, Dall'Ora C (2018) [28]	Not reported
Andersson I, Bååth C, Nilsson J, Eklund AJ. A scoping review-Missed nursing (2022) [30]	Not reported
Imam A, Obiesie S, Gathara D (2023) [29]	Not reported
Duhalde H, Bjuresäter K, Karlsson I (2023) [31]	Based on their education and experience/Prioritize patients acute care needs
Chiappinotto S, Papastavrou E, Efstathiou G (2022) [32]	They desire to provide the best care for their patients and eliminate unfinished care
Hilario C, Louie-Poon S, Taylor M (2023) [33]	Not reported
Gustafsson N, Leino-Kilpi H, Prga I (2020) [34]	Based on their education and experience
Stemmer, R., Bassi, E., Ezra (2021) [35]	Not reported

Author (Year)	How Nurses Prioritize What Care They Miss
Suhonen, R., Stolt, M., Habermann, M. (2018) ^[36]	Based on a desire to satisfy all the needs of their patients in a holistic and comprehensive manner/Appeared in a number of contexts: patients group, specific disease, severity of patients situation, age, perceived benefit of treatment

The phenomenon of missed nursing care has been studied to a considerable extent in recent years. However, few approaches examine the issue comprehensively, focusing on the causes. A comprehensive assessment requires a deep understanding and the ability to evaluate and identify all factors of the problem. The majority of the studies used in the research refer to the reasons why nursing care is omitted, with only four addressing how nurses prioritize patient needs and based on the primary reasons they make this decision.

Summarizing the results regarding the causes of missed care, scholars observe that they are attributed to both issues within the organization itself and problems related to the individual nurse. Organizations must initially prioritize the protection of both patients and nurses. This can be achieved by ensuring all available resources for nursing care are provided. However, resources require sufficient and specialized personnel with knowledge and training capable of addressing challenging patient situations.

Consequently, it is imperative that the healthcare personnel not only meet the baseline requirement but also operate at their maximum potential, with a clear objective of prioritizing patient care. This involves ensuring that the staff is not only adequately sized but also effectively deployed to address the diverse needs of the patients.

Furthermore, an essential aspect of sustaining high-quality care is the continuous training of the staff. This training should encompass both clinical nursing skills and administrative competencies, ensuring that the healthcare team remains well-equipped to handle evolving medical practices and organizational demands. Regular training sessions contribute to the ongoing professional development of the staff, enhancing their ability to deliver optimal healthcare services.

In addition to the technical aspects, fostering a collaborative environment within the healthcare team is crucial. Maintaining a team spirit encourages open communication, knowledge-sharing, and a collective commitment to patient well-being. This collaborative culture goes beyond individual responsibilities, creating a cohesive unit where each member contributes to the overall efficiency of healthcare delivery.

Moreover, effective communication plays a pivotal role in providing patient-centered care. Clear and open lines of communication between healthcare professionals, as well as with the patients, contribute to better understanding and coordination. This, in turn, cultivates a sense of empathy and responsibility towards the patients among the healthcare staff. By promoting an environment where empathy is prioritized, healthcare providers are better able to connect with patients on a personal level, addressing not only their medical needs but also their emotional well-being.

In essence, ensuring the adequacy, optimal utilization, and continuous development of healthcare personnel, coupled with collaborative team culture and effective communication, are integral components in fostering a healthcare environment that prioritizes patient-centric care and addresses the holistic needs of individuals under their care.

Delving into the intricacies of nursing care prioritization reveals a nuanced landscape where factors such as the educational background of healthcare professionals and the severity of patients' health conditions play pivotal roles. This exploration unveils that these elements are not merely incidental but stand out as fundamental determinants influencing whether a particular patient's needs receive the requisite attention or are inadvertently neglected.

In essence, the educational attainment of healthcare practitioners emerges as a critical variable. The depth and breadth of their education significantly impact their ability to discern and prioritize the diverse needs of patients. A well-educated healthcare workforce is more likely to navigate the complexities of patient care with acumen, ensuring that critical needs are identified and addressed promptly.

Simultaneously, the gravity of patients' health conditions serves as another cornerstone in the hierarchy of nursing care priorities. The severity of an individual's health status inherently dictates the urgency and intensity of care required. In instances where patients face more acute or complex health challenges, there is a heightened need for vigilant and immediate attention to address their specific needs.

Moreover, it is imperative to recognize that these factors do not operate in isolation but often intersect and interact in dynamic ways. For instance, a healthcare professional's level of education may directly influence their ability to gauge the

severity of a patient's condition accurately. Conversely, the severity of a health condition may, in turn, impact the healthcare provider's decision-making process regarding the allocation of resources and attention.

In summary, the prioritization of nursing care is a multifaceted process, influenced significantly by the educational background of healthcare professionals and the severity of patients' health conditions. Understanding and navigating this intricate interplay is crucial for fostering a healthcare environment where the diverse needs of patients are not only recognized but also addressed with precision and empathy.

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