



Role of Nursing in Preventing Missed Care: A Comprehensive Review

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Article Info:

DOI: 10.22399/ijcesen.4651

Received : 01 June 2024

Accepted : 30 June 2024

Keywords

Missed Care,

Abstract:

The nursing profession serves as the central bulwark against missed care, transforming systemic vulnerability into patient safety through a multifaceted and proactive approach. This defense is operationalized at the bedside via the continuous application of clinical judgment, where nurses dynamically assess, prioritize, and triage care needs to safeguard high-risk interventions even under resource constraints. Beyond individual action, nurses function as essential communicators and coordinators, integrating the

Nursing Clinical Judgment,
Patient Safety,
Workload Prioritization,
Interdisciplinary Communication,
Ethical Advocacy

multidisciplinary team to ensure care plans are executed without omission. Their role extends to strategic workload management and ethical advocacy, addressing both the immediate causes and root systemic drivers of unfinished care. By leveraging evidence-based practices, supportive technologies, and effective delegation, nurses create a robust framework that protects the integrity of care delivery. This comprehensive engagement positions nursing not merely as victims of a flawed system, but as active, indispensable agents in identifying gaps, mitigating risks, and ensuring care continuity. The prevention of missed care is ultimately a reflection of nursing's core ethical commitment to beneficence and non-maleficence, demanding leadership and systemic engagement at all levels. Nurse leaders advocate for safe staffing and cultivate a Just Culture where barriers to care can be reported without fear, translating frontline experiences into organizational policy change. Furthermore, through lifelong education and competency development, the nursing workforce builds resilience against the factors that lead to omissions. The collective outcome of this comprehensive role is the fostering of a reliable safety culture where patient needs are consistently met. Therefore, while systemic reforms remain crucial, the deliberate integration of nursing's unique skills in judgment, coordination, advocacy, and leadership constitutes the most critical and immediate defense against missed care, directly safeguarding patient outcomes and upholding the fundamental promise of quality healthcare.

1. Introduction

The provision of safe, effective, and compassionate healthcare is a fundamental societal expectation. Within the complex ecosystem of a hospital or clinic, the seamless delivery of all necessary patient care activities is paramount to achieving positive health outcomes. However, a pervasive and concerning phenomenon challenges this ideal: missed care. Missed care, also referred to as unfinished care or care left undone, is defined as any aspect of required patient care that is omitted, either in whole or in part, or significantly delayed [1]. This is not merely a matter of administrative oversight; it represents a critical failure in the care delivery process with direct and often severe consequences for patient safety, quality outcomes, and professional nursing integrity.

The scope of missed care is extensive and can manifest across all domains of nursing practice. It ranges from fundamental aspects of basic care, such as timely ambulation, adequate patient surveillance, and comprehensive patient education, to more complex clinical interventions like meticulous medication administration, precise documentation, and thorough discharge planning [2]. The implications of these omissions are far-reaching. Research consistently links missed care to adverse patient events, including higher rates of hospital-acquired infections, increased frequency of patient falls, medication errors, preventable readmissions, and overall decreased patient satisfaction [3]. Furthermore, missed care exerts a profound toll on the nursing workforce. Nurses who are consistently unable to complete essential care tasks experience moral distress, burnout, job dissatisfaction, and a sense of professional failure, which in turn fuels the cycle of staff turnover and exacerbates the very conditions that lead to missed care [4].

Understanding the etiology of missed care is crucial to formulating effective prevention strategies. It is rarely attributable to individual negligence or lack of commitment. Rather, it is predominantly a systemic issue arising from a confluence of organizational and operational factors. The most frequently cited root cause is inadequate staffing levels and poor skill mix. When nurse-to-patient ratios are excessively high, nurses are forced into a mode of perpetual task-triaging, making difficult decisions about which care elements can be safely deferred or omitted [5]. This problem is compounded by the increasing acuity of hospitalized patients, who require more intensive and complex care, further stretching finite nursing resources. Environmental and resource constraints, such as lack of necessary equipment, inefficient supply chains, and poorly designed workflow systems, create significant barriers to efficient care delivery. Additionally, communication failures within the interdisciplinary team, excessive non-nursing duties (such as clerical work or hunting for supplies), and inadequate support services contribute to the fragmentation of care [6].

It is within this challenging context that the professional nurse emerges not as a passive victim of systemic flaws, but as the central, active agent in identifying, mitigating, and preventing missed care. The nursing profession's unique position—characterized by its constant presence at the bedside, its holistic philosophy, and its scope of practice encompassing surveillance, coordination, and direct intervention—affords nurses an unparalleled perspective on the care process. Nurses are the surveillance system of the healthcare environment; they are the first to notice a subtle change in a patient's condition, the first to identify a potential safety hazard, and the first to recognize

when the system is failing to support adequate care delivery [7, 8].

2. The Foundational Role of Nursing Assessment and Clinical Judgment

The prevention of missed care begins not with the execution of tasks, but with the sophisticated cognitive process of nursing assessment and clinical judgment. This is the critical first line of defense. A comprehensive and ongoing patient assessment provides the essential data from which care priorities are established. Unlike a static checklist, skilled nursing assessment is dynamic, continuous, and interpretive. It involves systematically collecting information through history-taking, physical examination, review of diagnostics, and observation of the patient's response to treatment and their environment [9]. This process allows the nurse to develop a holistic understanding of the patient's needs, vulnerabilities, and goals, forming a personalized plan of care.

The application of clinical judgment, often conceptualized through models like Tanner's Clinical Judgment Model, is where nurses transform raw assessment data into actionable insights for preventing omissions [10]. This model involves four aspects: noticing, interpreting, responding, and reflecting. A nurse skilled in clinical judgment will *notice* not just a patient's lab values, but also their fatigue, their confusion about medication, or their family's anxiety. They will *interpret* these cues in context—recognizing that fatigue may delay mobilization, increasing fall and pressure injury risk, or that confusion may lead to missed doses of self-administered medication. Based on this interpretation, the nurse *responds* by planning and prioritizing care. This might mean scheduling and rigorously assisting with ambulation, implementing a stricter medication observation protocol, or ensuring thorough education for both patient and family before discharge. Finally, *reflection* on the outcomes of these actions informs future practice, closing the loop and refining the nurse's ability to anticipate and prevent care gaps.

This proactive, judgment-based approach is fundamentally different from a purely task-oriented mindset. It shifts the focus from completing a list of procedures to safeguarding a set of patient outcomes. For instance, the goal is not merely to "turn the patient every two hours," but to "maintain skin integrity." This outcome-focused perspective compels the nurse to identify all factors contributing to that outcome, including nutrition, hydration, and specialized surfaces, thereby

preventing the missed care of comprehensive pressure injury prevention [11]. Furthermore, astute assessment enables nurses to anticipate patient deterioration early, a phenomenon known as "failure to rescue." By recognizing subtle signs of decline and escalating care promptly, nurses prevent the catastrophic omission of timely intervention, which is arguably the most severe form of missed care [12]. Thus, the nurse's clinical judgment acts as a filtering and prioritizing mechanism, ensuring that even under time constraints, the most critical and high-risk care elements are identified and safeguarded against omission.

3. Nursing as the Hub of Communication and Coordination

The modern healthcare environment is characterized by its interdependence among a multitude of professionals, including physicians, therapists, pharmacists, social workers, and aides. Fragmented communication among this team is a prime catalyst for missed care. Tests can be ordered but not performed, consultations can be requested but not completed, and discharge plans can be developed but not communicated to the patient. The professional nurse serves as the indispensable hub of communication and the central coordinator of the patient's care plan, a role critical to preventing these systemic omissions [13].

Nurses facilitate communication through both structured and informal channels. Structured tools like the Situation-Background-Assessment-Recommendation (SBAR) protocol provide a clear framework for communicating critical information, especially during handoffs at change of shift or when calling a physician. A precise SBAR communication ensures that concerns are understood and appropriate orders or actions are taken, preventing the omission of necessary medical interventions [14]. Beyond handoffs, nurses conduct and participate in interdisciplinary rounds. In these forums, the nurse's unique 24/7 perspective on the patient's progress, challenges, and psychosocial context is vital. By vocalizing observations—such as a patient's inability to swallow pills, a family's financial concerns affecting discharge, or a patient's unexpressed pain—the nurse brings to light potential care gaps that other disciplines might overlook, ensuring they are addressed by the appropriate team member [15]. Coordination is the active management of the various inputs from the interdisciplinary team into a coherent, executable plan. The nurse is the orchestrator, scheduling activities, reconciling information, and following up on pending items.

This involves ensuring that physical therapy is consulted for a patient with mobility issues before discharge, that a pharmacy review is completed for a complex medication regimen, and that dietary recommendations are implemented. Without this active coordination, these essential care components can easily fall through the cracks. The nurse's role as coordinator extends to patient and family education, a care element frequently missed under time pressure. By coordinating teaching moments with other activities and verifying comprehension, the nurse ensures that education is not merely provided but is effective, thereby preventing the downstream consequences of poor self-management after discharge [16]. Ultimately, by owning the communication flow and care coordination, the nurse creates a safety net that catches and rectifies potential omissions before they result in patient harm.

4. Workload Management, Prioritization, and Delegation Strategies

Given the reality of constrained resources and competing demands, the prevention of missed care is heavily dependent on the nurse's adeptness at workload management, clinical prioritization, and appropriate delegation. These are not just survival skills but core professional competencies that directly impact care completeness. Effective workload management begins with an accurate understanding of the demands for each patient. Utilizing acuity tools or patient classification systems, even informally, helps nurses objectively assess the total workload and anticipate peak demand times, allowing for proactive planning rather than reactive crisis management [17].

Prioritization is the intellectual engine that drives decision-making under pressure. Nurses must constantly triage care needs, distinguishing between what is urgent, what is important, and what can be safely delayed. Frameworks such as Maslow's Hierarchy of Needs or the ABCs (Airway, Breathing, Circulation) provide a foundational structure, but nursing prioritization is far more nuanced. It involves synthesizing knowledge of pathophysiology, risk assessment, and patient goals. For example, administering a time-critical antibiotic for sepsis takes precedence over a routine dressing change, but ensuring a diabetic patient receives their meal with appropriate insulin timing is equally critical to prevent a hypoglycemic event. This dynamic reprioritization throughout the shift is essential to ensure that high-risk omissions are avoided, even if some lower-priority, non-urgent tasks are temporarily deferred [18]. The key is that this deferment is a conscious, strategic decision

based on clinical judgment, not an accidental oversight.

Delegation is the strategic extension of the nurse's capacity. When performed correctly, it is a powerful tool for preventing missed care by leveraging the skills of the entire care team, including licensed practical/vocational nurses (LPN/LVNs) and unlicensed assistive personnel (UAP). Effective delegation follows the five rights: the right task, the right circumstance, the right person, the right direction/communication, and the right supervision/evaluation [19]. The nurse retains accountability for the overall outcome but allocates appropriate tasks to competent team members. This allows the professional nurse to focus on the complex, non-delegable components of care that require advanced assessment, clinical judgment, and planning—activities that are often the first to be sacrificed under time pressure. For instance, delegating vital signs and ambulation to a UAP frees the nurse to perform a comprehensive pain assessment, develop an education plan, or coordinate complex discharge needs. Poor delegation, or the failure to delegate appropriately, leads to nurse overload and guarantees that elements of care will be missed. Therefore, mastering delegation is not an optional skill but a mandatory strategy for safeguarding the integrity of the total care package.

5. Ethical Practice, Advocacy, and Creating a Culture of Safety

The phenomenon of missed care is deeply entwined with nursing ethics. When a nurse knows what care a patient needs but is unable to provide it due to systemic constraints, it creates profound moral distress—the psychological anguish of being unable to act in accordance with one's professional ethical obligations [20]. Preventing missed care is, therefore, an ethical imperative rooted in the fundamental nursing principles of beneficence (doing good), non-maleficence (avoiding harm), and fidelity (keeping promises). The nurse's commitment to these principles fuels the role of patient advocacy, which is a potent mechanism for preventing care omissions at both the individual and systemic levels.

At the bedside, advocacy involves speaking up for the patient's needs. This may mean respectfully challenging a physician's discharge order if the nurse assesses the patient as unsafe to go home, insisting on adequate pain management, or ensuring a patient's cultural or spiritual needs are respected and met. It is the nurse who says, "This patient cannot manage these complex wound care instructions alone; we need a home health referral,"

thereby preventing the missed care of appropriate follow-up [21]. Advocacy also involves empowering patients and families to be partners in their care, encouraging them to ask questions and report concerns, which adds another layer of surveillance against potential omissions.

Beyond the individual patient, nurses have a professional responsibility to engage in organizational advocacy to address the root causes of missed care. This requires moving beyond silent frustration and utilizing formal channels to report unsafe staffing levels, broken equipment, or inefficient processes. By documenting missed care episodes through institutional incident reporting systems (not as errors of individuals, but as system failures), nurses provide vital data that leaders need to justify resource allocation and process improvements [22]. This collective voice is essential for shifting the organizational culture from one of blame and individual heroism to a Just Culture that focuses on system design and psychological safety. In a Just Culture, nurses feel safe to report near-misses and barriers to care without fear of reprisal, enabling proactive problem-solving rather than reactive crisis management [23]. By consistently acting as ethical agents and advocates, nurses foster a culture of safety where the completion of necessary care is recognized as a shared, non-negotiable goal, and systemic obstacles to achieving it are systematically identified and removed.

6. Education, Competency, and Evidence-Based Practice

The capacity of the nursing workforce to prevent missed care is fundamentally dependent on the quality of pre-licensure education and ongoing professional development. A strong educational foundation must move beyond task proficiency to cultivate the higher-order cognitive skills required for the complex work of care prioritization, clinical judgment, and system navigation. Curricula need to explicitly address the concept of missed care, its causes, and its consequences, preparing new graduates to recognize and respond to this reality from their first day of practice [24]. Simulation-based learning is particularly valuable here, allowing students to experience high-acuity, high-workload scenarios in a safe environment, where they can practice triaging care needs, delegating effectively, and communicating under pressure without risking patient harm.

Continuing competency is equally critical. Healthcare is dynamic, with new evidence, technologies, and protocols emerging constantly. Missed care can occur simply because a nurse lacks

the knowledge or skill to perform a necessary intervention correctly or efficiently. Therefore, ongoing education in areas such as advanced assessment techniques, new clinical guidelines, and time-management strategies is an investment in care completeness [25]. For example, a nurse educated in the latest evidence on CLABSI (Central Line-Associated Bloodstream Infection) prevention will understand the non-negotiable importance of each step in the sterile dressing change protocol and will prioritize it accordingly, preventing this specific type of omission.

Furthermore, the integration of Evidence-Based Practice (EBP) into daily routines is a direct antidote to arbitrary and inefficient care, which can lead to omissions. EBP involves the conscientious use of the best available research evidence, combined with clinical expertise and patient preferences, to guide clinical decisions [26]. When nurses practice based on robust evidence, they eliminate wasteful, non-value-added tasks and focus their energy on interventions proven to improve outcomes. This creates a more efficient and effective care process. For instance, using an evidence-based, nurse-driven protocol for urinary catheter removal prevents the omission of timely assessment for discontinuation, thereby reducing the risk of catheter-associated urinary tract infections. By grounding their practice in science, nurses ensure that their limited time is spent on what matters most, reducing the likelihood that high-impact care will be missed due to the clutter of outdated or ritualistic practices.

7. Leveraging Technology and Standardizing Processes

While human factors are central, the intelligent use of technology and the standardization of reliable processes are powerful enablers that help nurses prevent missed care. When designed and implemented with nursing input, technology can reduce cognitive load, minimize errors of omission, and streamline workflow. A primary example is the electronic health record (EHR) with integrated clinical decision support (CDS). Well-designed CDS can provide prompts for evidence-based interventions, such as reminding nurses to reposition a high-risk patient, administer a venous thromboembolism prophylaxis injection, or complete a required fall assessment [27]. These automated prompts act as a safety net, catching potential omissions that might occur during a chaotic shift.

Other technologies also contribute. Bedside medication administration systems with barcode scanning virtually eliminate medication errors of

omission by ensuring the right patient receives the right drug at the right time [28]. Telehealth and remote patient monitoring tools extend the nurse's surveillance capacity, allowing for early intervention that can prevent complications and avoidable readmissions, which are forms of missed continuity of care [29]. However, technology is only a tool; if it is poorly designed, creates excessive documentation burdens, or is not integrated into the workflow, it can paradoxically become a source of missed care by diverting the nurse's attention from the patient. Therefore, nursing involvement in the selection, design, and implementation of health technologies is non-negotiable to ensure they are helpers, not hindrances.

Process standardization, through tools like checklists and care bundles, is another critical strategy. Checklists, famously successful in aviation and surgery, break down complex processes into simple, verifiable steps. A preoperative checklist or a central line insertion bundle ensures that no critical step is forgotten, transforming a high-risk procedure into a series of reliable actions [30]. In daily nursing care, standardized protocols for handoff communication (using SBAR), discharge teaching, or turning and skin assessment create a reliable baseline of care that is delivered to every patient, regardless of individual nurse workload or experience level. Standardization does not remove the need for judgment; rather, it safeguards the fundamental components of care, freeing the nurse's cognitive resources to manage the unique complexities and unexpected events that arise. By creating reliable systems through technology and standardization, organizations build a scaffold that supports nurses in delivering complete care, making omissions less likely even in suboptimal conditions.

8. Leadership and Organizational Influence of Nurses

The prevention of missed care cannot be achieved by bedside nurses alone; it requires committed and strategic nursing leadership at all levels. Nurse managers, directors, and executives hold unique positions of influence to shape the environment in which care is delivered. Their leadership is the bridge between the challenges experienced at the point of care and the organizational policies and resources needed to address them. Effective nurse leaders utilize several key strategies to foster an environment where missed care is minimized. First, they are relentless advocates for safe staffing. This involves not only fighting for appropriate numerical ratios but also for optimal skill mix and

the inclusion of support staff. They use data on patient acuity, missed care reports, and patient outcomes to make compelling, evidence-based cases for adequate resources to hospital administrators and finance departments [29]. Second, they empower their staff by creating structures for shared governance. In shared governance models, frontline nurses have a formal voice in decisions about policies, procedures, and practice standards that affect their work. This sense of ownership increases engagement and accountability for care quality and fosters innovative, unit-based solutions to workflow problems that contribute to missed care [10].

Third, nurse leaders cultivate a supportive and transparent unit culture. They round regularly, not to inspect, but to inquire, asking questions like, "What is getting in the way of you providing excellent care today?" By listening to frontline concerns and acting on them, leaders build trust and psychological safety. They champion a Just Culture, ensuring that missed care incidents are investigated as system failures rather than personal failures, focusing on process improvement rather than blame [30]. Fourth, they ensure that their staff have the tools and competence to succeed. This means advocating for functional equipment, efficient supply systems, and robust orientation and continuing education programs. They mentor staff in developing leadership, delegation, and conflict-resolution skills—all essential for navigating a complex care environment [12].

Finally, nurse leaders at the executive level (Chief Nursing Officers) play a crucial role in aligning the organization's strategic goals with quality nursing care. They ensure that nursing-sensitive indicators, including measures related to missed care outcomes like falls, pressure injuries, and infections, are prioritized in the organization's quality dashboard. By tying resource allocation and performance metrics to these outcomes, they institutionalize the importance of care completeness at the highest level of the organization [30]. In essence, nursing leadership transforms the prevention of missed care from an individual burden into an organizational priority and strategic aim.

9. Conclusion

Missed care represents a significant threat to patient safety, care quality, and the integrity of the nursing profession. It is a multifaceted problem born from systemic inadequacies in staffing, resources, and process design. However, as this analysis has demonstrated, the nursing profession is not powerless in the face of this challenge. On the contrary, nurses are the pivotal and active agents in

its prevention. Their contribution is not singular but multi-dimensional, woven into the very fabric of professional practice.

From the foundational application of clinical judgment in assessment and prioritization to the central role as communicator and coordinator of the interdisciplinary team, nurses establish the cognitive and operational framework for complete care. Through strategic workload management and masterful delegation, they optimize finite resources to protect high-value interventions. Guided by a strong ethical compass and a duty to advocate, nurses safeguard individual patients and drive systemic change toward a culture of safety. A commitment to lifelong learning and evidence-based practice ensures that their actions are both effective and efficient. Furthermore, the astute leverage of supportive technologies and standardized processes, coupled with strong nursing leadership at all organizational levels, creates the enabling environment where preventing omissions becomes a sustainable reality.

Ultimately, preventing missed care is the culmination of nursing's core mission: to provide holistic, patient-centered care that promotes health, prevents harm, and alleviates suffering. It requires moving beyond the paradigm of task completion to embrace the role of system guardian and patient champion. While systemic reforms in healthcare financing and staffing models are undeniably necessary, the daily, diligent work of professional nurses—applying their knowledge, skill, and compassion—remains the most immediate and powerful force in ensuring that no necessary care is left undone. The fight against missed care is, therefore, a definitive expression of nursing's value and an enduring testament to its critical role in safeguarding the well-being of those entrusted to its care.

Author Statements:

- **Ethical approval:** The conducted research is not related to either human or animal use.
- **Conflict of interest:** The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper
- **Acknowledgement:** The authors declare that they have nobody or no-company to acknowledge.
- **Author contributions:** The authors declare that they have equal right on this paper.
- **Funding information:** The authors declare that there is no funding to be acknowledged.

- **Data availability statement:** The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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