Missed Nursing Care: A Global Healthcare Delivery Problem in Need of Solutions

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The term "Missed Nursing Care" refers to nursing care activities that are needed by patients, but for one reason or another, have not been delivered. Despite nurses' best efforts, they sometimes find themselves unable to deliver all the care that patients require. Missed nursing care is a common problem, first described in nursing literature a little over two decades ago (Aiken et al., 2001). It has been extensively studied, and found to be widespread, occurring frequently in hospitals in the US and internationally, and is associated with negative consequences for patients and nurses.

Missed nursing care was formally defined by Kalisch et al. (2009a) as "any aspect of required patient care that is omitted (either in part or in whole) or delayed" (p.1510)". Kalisch and colleagues described it as an important healthcare error of omission and a threat to patient safety, predicting that it would be found to occur across countries and cultures.

Prevalence of Missed Care

From the earliest studies of missed nursing care, it has been found to be strikingly prevalent. One of the first studies of missed care in US hospitals found that nurses reported missing basic care items more than 80% of the time (Kalisch et al., 2009b). The specific items missed most frequently were ambulation as indicated (missed 84% of the time) evaluating effectiveness of medications (missed 83% of the time) mouth care and turning (82% of the time) and timely administration of PRN medications (missed 80% of the time). In studies of missed care, usually an item is considered "missed" if nurses report missing it occasionally, frequently or always. Follow up studies in US hospitals found similarly high prevalence and patterns of missed care (Kalisch & Xie, 2014).

Large literature reviews have put the scope of the problem in context, finding that 55-98% of nurses report missing at least one item recently (Griffiths et al., 2018; Jones et al., 2021). A large study by Lake et al. (2016) conducted in 409 US hospitals found that 73.4% of nurses reported missing at least one nursing care activity recently, and that on average nurses missed 2.7 items per shift. Another large study by Lake and colleagues (2020) found that 75% of nurses reported missing at least one item on the last shift.

Missed care is an ongoing problem, and recent studies continue to find high prevalence. Connell et al. (2026) found that 68% of nurses reported missing care, and a smaller, cross-sectional study involving nurses from Magnet and non-Magnet hospitals reported ambulation missed 76% of the time, mouth care missed 73% of the time and turning missed 66% of the time (Travis & Fitzpatrick, 2026). The literature suggests that basic care items continue to be among those most frequently missed.

Missed nursing care is an international problem. It has been studied and found to occur frequently and at significant rates in numerous countries in Europe, the Middle East, Africa, South America, as well as in Australia, China, Japan, Korea and other Asian countries (Jones et al., 2021). The specific items missed most frequently may vary from country to country, but overall, it has been found to occur at significantly high rates virtually everywhere it has been studied. A recent systematic review and meta-analysis of 28 articles on missed care, spanning 14 countries found a prevalence ranging from 6.8% to 98.1%, with a median of 56.4% (Gong et al., 2025). Cumulatively, the evidence suggests that daily, worldwide, patients may not be receiving all the care they need.

Consequences of Missed Care

Nurses understand that when they are unable to deliver all the care needed by patients, patients will be adversely affected. Research on missed care has found it to be associated with a wide range of negative consequences, including increased post-surgical mortality and higher rates of adverse events as medication errors, hospital-associated infections, falls, pressure ulcers and central line infections (Ball et al., 2018; He et al., 2025). It has also been linked to increased length of stay, higher readmission rates, decreased patient safety culture, lower patient satisfaction and poorer nurse assessed quality of care (Chaboyer et al., 2021)

Missed nursing care has also been linked to negative consequences for nurses and nurse well-being. It has been associated with lower nurse job and role satisfaction, feelings of demoralization, higher burnout, increased intention to leave one's position, absenteeism, and higher turnover rates (Chaboyer et al., 2021). Nurses know they are missing care, and are burdened by regret, guilt, frustration and moral distress when they are unable to deliver all the care required by their patients (Harvey et al., 2020; Kalisch, 2006)

Although the impact on hospital finances of missed care has not been directly examined, it is likely that missed care negatively impacts the hospital's bottom line. As noted above, missed nursing care has been linked to higher mortality, higher rates of nurse-sensitive adverse events such as falls, pressure ulcers, and infections, higher readmission rates, and lower patient satisfaction. Poor perfor-

mance on these indicators can result in reduced reimbursement to hospitals (up to 2-3% of total reimbursement for a fiscal year for common discharge diagnoses may be withheld) under Center for Medicare and Medicaid Services (CMS) pay-for-performance programs such as Hospital Value Based Purchasing and the Hospital Readmissions Reduction Program (Linking quality to payment, 2026).

Reasons for Missed Care

In studies in which nurses are asked for their perceptions of reasons for missed care, they most often report problems with labor resources as a significant reason (Gong et al., 2025; Zeleníková et al., 2023). Problems with labor resources encompass several issues, including insufficient nurse staffing, unexpected rises in patient care demands due to events such as emergencies or high acuity that cannot be met by existing staff, inadequate support and clerical staff, high admission and discharge activity, and unbalanced assignments (Kalisch & Xie, 2014).

Studies have consistently identified a relationship between nurse staffing levels and missed care; specifically, as the number of patients assigned to a nurse increases, the frequency of missed care also increases (Chaboyer et al., 2021; Griffiths et al., 2018). Adequacy of labor resources is clearly a key factor influencing missed care; however, researchers have suggested that nurse staffing alone does not fully account for missed care. They note that other factors, such as teamwork, collegiality and the quality of the work environment are associated with missed care independent of staffing levels, and these factors may affect how effectively existing staffing resources are utilized (Chaboyer et al., 2021; Griffiths et al., 2018). Overall, most studies identify organizational factors, such as staffing, the work environment, teamwork and resource adequacy as the largest contributors to missed care, and there is little evidence linking missed care to patient-related factors or to individual nurse characteristics (Chiappinotto et al., 2022).

Lake (2002) defined the nurse practice environment as "the organizational characteristics of a work setting that facilitate or constrain professional nursing practice" (p.178). Missed care, or the inability to fully deliver patient care, can be viewed as constrained nursing practice. Lake (2002) described five core components of positive practice environments: 1) adequate staffing and resources; 2) nurse involvement in decision making; 3) leadership quality and support for nurses; 4) care delivery guided by a nursing practice model, and 5) collegiality. Other models of positive practice environments such as the American Association of Critical Care Nurses (AACN) Healthy Work Environment Model and the American Nurses Credentialing Center (ANCC) Magnet Model include similar components.

Numerous studies have shown that environments related more positively by nurses are associated with less missed nursing care (Zhao et al., 2021). Improvements in practice environments have been associated with reductions in missed care (Lake et al., 2020). Other work environment factors frequently linked to missed nursing care include better teamwork, better resource adequacy, and leadership quality (Gurkova et al., 2021a).

Interventions to Reduce Missed Care

Although missed care has been extensively studied, very few interventions to reduce missed care have been developed or implemented. A scoping review of literature on interventions (published between 1980 and 2019) included only 13 studies (Schubert et al., 2021). The relative lack of interventions underscores the complexity of the problem, and the challenges inherent in modifying the large scale factors most frequently linked to missed care such as staffing levels and the overall quality of the practice environment. It also suggests that important reasons for missed care remain unidentified.

Finding Solutions

Missed care is a serious and complex healthcare delivery problem that negatively impacts patients and nurses. It has proven to be persistent and difficult to address and continues to occur at rates similar to when first identified. Solutions are urgently needed. Because the causes of missed care are multifactorial, it is likely that no single intervention will solve the problem, and multiple interventions that address the different contributors to missed care will be needed.

Scholars have recommended that research on missed care shift from primarily describing the problem to developing and implementing interventions in clinical settings. They also suggest using varied designs, such as qualitative and longitudinal studies, to add depth to what is already known. Finally, researchers recommend that more studies examine individual factors within the work environment, as it may be more feasible to target single factors in the work environment than to modify large scale factors such as staffing and the overall quality of the work environment (Fitzpatrick, 2018; Palese, 2026; Zhao et al., 2021).

Missed nursing care is a real world problem occurring in clinical settings. Understanding that it is a universal phenomenon, nurse leaders in clinical settings can advance the search for solutions by visibly and proactively supporting research on missed care in clinical settings. Clinical nurses should be included in initiatives to address missed care, since greater involvement of clinical nurses in decision-making has been linked to less missed care, and, because direct care nurses are probably best positioned to report on the problem, and their perspectives are valuable.

Most importantly, nurses in all settings should remain committed to finding solutions for missed care. Scholars have warned of missed care becoming normalized; that nurses may become desensitized to it and view it as an unavoidable coping response to heavy workloads, poor staffing and burnout. Researchers

caution that the normalization of missed care can potentially degrade nurses' professional identity and ultimately devalue the importance of nursing practice (Albrechtsen et al., 2026; Sherman, 2023).

Providing care is the central activity of nursing practice. The American Nurses Association defines Nursing as "the protection, promotion, and optimization of health and abilities; prevention of illness and injury; facilitation of healing [and the] alleviation of suffering" (Nursing: scope and standards of practice, 2021, p. 2). Nurses should be concerned about factors that interfere with the fulfillment of this mission and should also be equally concerned about factors that diminish nurse well-being. Finding solutions for the problem of missed nursing care should be a priority for the nursing profession and for healthcare delivery organizations. ■

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