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Work environment and nurses' perspectives on missed nursing care: A scoping review

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Abstract

Background: Missed nursing care (MNC) is a global problem in nursing practice that impacts patient safety, quality of health care, and nurse job satisfaction. The nurse work environment has been identified as a key organizational factor influencing the accuracy of MNC.

Purpose: To comprehensively analyse the relationship between the work environment and the incidence of missed nursing care in nurses based on publications from 2020-2025.

Method: Methods of writing articles using a systematic scoping review approach, with article searches through the PubMed, ScienceDirect, Elsevier, and Google Scholar databases. The articles included are quantitative research and reviews relevant to the topic of the work environment and missed nursing care.

Results: Most of the articles showed that an unfavourable work environment, such as understaffing, high workload, and low managerial support, was significantly associated with increased incidence of missed nursing care.

Conclusion: The work environment plays a crucial role in missed nursing care. Improving the work environment is recommended as a primary strategy to improve the quality of nursing care and patient safety.

Keyword: Missed Nursing Care; Nurses; Work Environment.

INTRODUCTION

Missed nursing care (MNC) is a concept that describes necessary nursing interventions that should be provided to patients but are either omitted or significantly delayed (Kalisch & Williams, 2019). MNC is an important indicator in evaluating the quality of nursing care and has gained increasing attention in both international and national nursing literature (Lake, Riman, & Sloane, 2020). This concept reflects nursing actions that should be delivered to patients but are not performed or are delayed, either intentionally or unintentionally, due to limited resources and organizational factors. Various studies have shown that MNC has a significant impact on patient safety, including an increased incidence of nosocomial infections, pressure ulcers, patient falls, and decreased patient satisfaction with nursing care. This phenomenon has become a global concern as it is associated with a higher incidence of adverse events, reduced quality of care, and increased patient

mortality (Lake et al., 2020). International studies indicate that MNC frequently occurs in fundamental nursing care activities, such as patient education, patient monitoring, skin care, and nursing documentation (Babaei, Amini, & Ramezani-Badr, 2024).

In addition, missed nursing care also has negative effects on nurses, such as increased work-related stress, fatigue, and burnout, which ultimately reduce job satisfaction and increase nurse turnover (Ozmen & Yurumezoglu, 2025). This condition indicates that MNC is not merely an individual nurse issue but a systemic problem within healthcare services. The nursing work environment is a crucial organizational factor that significantly influences the quality of nursing care. The work environment encompasses several dimensions, including staffing and resource adequacy, interprofessional relationships, nursing leadership, nurse participation in decision-making,

and patient safety culture (Nobahar, Ameri, & Goli, 2023). An unsupportive work environment often forces nurses to prioritize certain tasks, leading to the omission of other nursing interventions (Page, McKenzie, Bossuyt, Boutron, Hoffmann, Mulrow, & Moher, 2021). The work environment includes staffing availability, workload, nursing leadership, interprofessional relationships, and patient safety culture (Paiva, Ventura, Vilela, & Moreira, 2025). An unfavorable work environment can contribute to work stress, fatigue, and burnout among nurses, thereby increasing the risk of MNC (Ozmen & Yurumezoglu, 2025).

In Indonesia, research on missed nursing care remains relatively limited and has predominantly focused on individual nurse factors, such as workload and work-related stress, while studies integrating work environment factors comprehensively are still scarce (Chen & Jou, 2025). Therefore, this literature review is important to summarize and analysed current scientific evidence regarding the relationship between the work environment and the occurrence of missed nursing care, as a basis for developing evidence-based nursing policies and practices.

RESEARCH METHOD

A narrative review approach, utilizing sources from national and international journals published within the last five years (2020–2025), retrieved from databases such as Elsevier, ScienceDirect, PubMed, and Google Scholar. The search was conducted using the keywords nursing work environment, missed nursing care, and hospital nurses, followed by a selection process involving identification, title and abstract screening, and full-text eligibility assessment in accordance with PRISMA guidelines. Included articles were primary quantitative studies focusing on hospital nurses that examined the relationship between the nursing work environment and missed nursing care, and utilized instruments such as the MISSCARE Survey or Practice Environment Scale, published in either Indonesian or English. Articles that were irrelevant, unavailable in full text, lacked clear methodological descriptions, involved non-nurse subjects, or were duplicates were excluded. The data were then analysed descriptively by grouping findings based on characteristics of the nursing work environment and missed nursing care.

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RESEARCH RESULTS

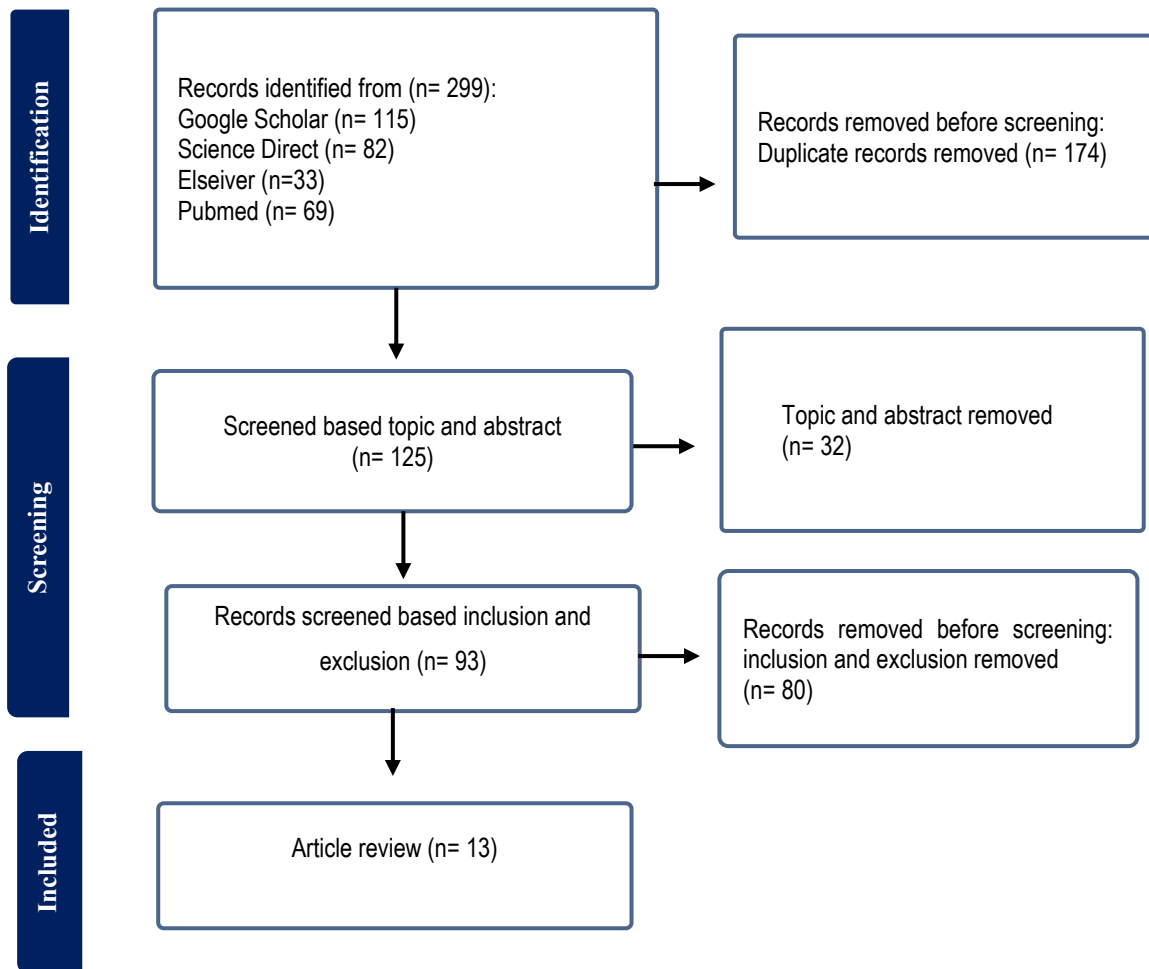


Figure. Diagram Prisma Flow

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Table. Article Review

(Author, Year) (Country)	Purpose	Method	Results
(Connolly et al., 2025) (Ireland)	To explore factors contributing to MNC from nurses' and patients' perspectives	Cross-sectional	Inadequate number of nurses and support staff, and emergency patient situations
(Vexler et al., 2025) (Israel)	To develop, implement, and evaluate proactive huddles to reduce MNC	Pre-post intervention	Proactive huddles significantly reduced MNC and improved relational coordination
(Babaei et al., 2025) (Iran)	To predict MNC based on nurses' workload and patient safety competence	Cross-sectional	No relationship found between workload, patient safety competence, and MNC
(Atalla et al., 2025) (Egypt)	To examine shared leadership and MNC	Cross-sectional	Negative correlation between shared leadership and MNC dimensions
(Paiva et al., 2025) (Portugal)	To examine decision-making and personality traits of oncology nurses related to MNC	Cross-sectional	Significant correlation between decision-making processes, personality traits, and MNC; emotional stability negatively correlated with team communication and patient severity
(Chen et al., 2024) (China)	To examine the relationship between PMS syndrome and MNC among female nurses	Cross-sectional	Abdominal discomfort significantly correlated with most MNC activities

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(Sarpong et al., 2023) (Australia)	To assess nurses' perceptions of MNC in a teaching hospital	Cross-sectional	Overtime, job dissatisfaction, staff shortages, and high patient turnover associated with MNC
(Falk et al., 2022) (Sweden)	To compare MNC in ICU before and during COVID-19	Cross-sectional	Increased overtime and sick leave; highest MNC in basic care; causes include staff shortages and increased patients
(Nobahar et al., 2023) (Iran)	To examine teamwork, moral sensitivity, and MNC in ICU	Cross-sectional	High teamwork associated with increased moral sensitivity and reduced MNC
(Ghezeljeh et al., 2021) (Iran)	To examine relationship between teamwork and MNC in emergency nurses	Cross-sectional	MNC influenced by teamwork
(Hammad et al., 2021) (Egypt)	To examine MNC, non-nursing tasks, staffing adequacy, and job satisfaction	Cross-sectional	MNC related to number of patients; weak correlation with non-nursing tasks and satisfaction
(AL-Mnaizel & Al-Zaru, 2023) (Jordan)	To examine relationship between job satisfaction and MNC in ICU	Cross-sectional	Staffing and patient severity significant; teamwork and absenteeism also factors
(Alshammari et al., 2025) (Saudi Arabia)	To examine relationship between MNC and nurse fatigue	Cross-sectional	Moderate MNC in basic care; main causes include staff shortages and high workload

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DISCUSSION

The findings of the literature review indicate that the nursing work environment has a consistent and significant relationship with the occurrence of missed nursing care. An uncondusive work environment—such as excessive workload, inadequate nurse staffing, lack of managerial support, and ineffective team communication—directly contributes to an increase in omitted or delayed nursing care (Boamah, Laschinger, Wong, & Clarke, 2018). Missed nursing care is understood as the failure to carry out one or more aspects of necessary patient care, whether due to time constraints, limited resources, or organizational conditions (Jones, Drach-Zahavy, Sermeus, Willis, & Zelenikova, 2021). A positive nursing work environment is characterized by adequate staffing, supportive leadership, effective interprofessional collaboration, and sufficient facilities and infrastructure (Alshammari, Alsaleh, Alrasheeday, Baghdadi, Almalki, Alshammari, & Almalki, 2025). Hospitals with higher-quality work environments have significantly lower levels of missed nursing care, emphasizing that the work environment is not merely contextual but a determinant factor in the quality of nursing services.

Excessive workload and imbalanced nurse-to-patient ratios are the most frequently reported factors associated with missed nursing care (Ghezeljeh, Gharasoflo, & Haghani, 2020). When the number of patients exceeds nurses' capacity, care priorities tend to focus on technical and urgent tasks, while fundamental aspects of nursing care—such as patient education, mobilization, personal care, and documentation—are often neglected (Jones, Hamilton, & Murry, 2025). Each increase in nurses' workload is significantly associated with a higher incidence of missed nursing care. This condition reinforces the concept of rationing of nursing care, where nurses are forced to reduce or delay certain aspects of care due to limited resources (Sarpong, Arabiat, Gent, Afrifa-Yamoah, & Towell-Barnard, 2023). In the long term, this not only affects patient safety but also increases nurse burnout.

The findings of this literature review support the theory that missed nursing care is a consequence of an imbalance between work demands and available resources (Hammad, Guirguis, & Mosallam, 2021). Poor work environments expose nurses to high work pressure, thereby increasing the likelihood of missed

care. Recent studies indicate that burnout acts as a mediator between the work environment and missed nursing care (Papathanasiou, Tzenetidis, Tsaras, Zyga, & Malliarou, 2024). This suggests that improving the work environment not only directly impacts MNC but also enhances nurses' well-being. The review further confirms that the work environment plays a crucial role in the quality of nursing care. High workload due to staff shortages forces nurses to prioritize certain tasks, resulting in the omission of less urgent aspects of care. This aligns with workload management theory, which states that limited resources influence clinical decision-making.

Nursing leadership and managerial support play a significant role in influencing missed nursing care. Work environments characterized by transformational leadership styles have been shown to reduce levels of missed nursing care by increasing nurse motivation, engagement, and job satisfaction (Cartaxo, Mayer, Eberl, & Bergmann, 2024). Nursing managers who are responsive to staff needs can create a safe and supportive work climate, enabling nurses to deliver comprehensive care. Conversely, unsupportive management is often associated with poor communication, lack of feedback, and minimal nurse participation in decision-making, which ultimately increases the risk of missed nursing care (AL-Mnaizel & AL-Zaru, 2023). Weak organizational support also contributes to higher turnover intention, further exacerbating staff shortages.

Nursing leadership is essential in preventing missed nursing care. Leaders who foster a supportive work environment can enhance nurse motivation, job satisfaction, and performance. In addition, effective communication and interprofessional collaboration enable better task distribution, thereby minimizing the risk of missed care. The findings also indicate that missed nursing care is not solely the result of individual nurse error but rather a reflection of suboptimal systems and work environments. Therefore, a systemic approach is required to address this issue.

Effective communication within healthcare teams is a critical element of a safe work environment. The literature shows that communication breakdowns, interprofessional conflicts, and poor team coordination are closely associated with increased missed nursing care (Falk, Nymark, Göransson, &

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Von Vogelsang, 2022). Inaccurate information and miscommunication can lead to delays in nursing interventions and failure to meet patients' basic needs. Strong interprofessional collaboration enables more effective task distribution and improves service efficiency (Xie, Dai, Wang, Yin, Zhu, & Yang, 2026). Care units with higher levels of teamwork report lower incidences of missed nursing care, indicating that MNC is influenced not only by individual nurse factors but also by overall team dynamics.

Missed nursing care has been shown to directly impact patient safety, including increased risks of falls, nosocomial infections, pressure injuries, and patient dissatisfaction (Connolly, Matthews, & Kirwan, 2025). Several studies also report associations between missed nursing care and prolonged hospital stays as well as adverse events (Chen, Yu, Chen, He, Tao, Lin, & Wang, 2024). Beyond clinical outcomes, missed nursing care affects patients' perceptions of care quality. Patients tend to feel neglected when their basic needs are not adequately met, which ultimately reduces trust in healthcare services (Vexler, Drach-Zahavy, & Srulovici, 2025). Therefore, improving the nursing work environment is a key strategy for enhancing both quality of care and patient safety.

These findings emphasize that improving the nursing work environment should be a priority in healthcare management. Policies related to workload management, increasing the number and competence of staff, strengthening nursing leadership, and improving team communication need to be implemented sustainably (Atalla, Elseesy, El-Ashry, Mohamed, Felemban, Alharbi, & Gheith, 2025). In addition, the routine use of instruments to measure missed nursing care can serve as a quality evaluation tool and a basis for managerial decision-making. By creating a supportive work environment, the incidence of missed nursing care can be reduced, thereby improving the quality of nursing care and optimizing patient safety.

CONCLUSION

There is a strong relationship between the nursing work environment and the incidence of missed nursing care. An uncondusive work environment increases the risk of missed nursing care, which ultimately impacts patient safety and nurse well-being. Efforts to improve the work environment, such as ensuring adequate staffing, strengthening nursing

leadership, and enhancing team collaboration, are important strategies for reducing the incidence of missed nursing care. The results of this study are expected to serve as a basis for hospital management and future researchers in developing interventions to improve the quality of nursing care.

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