

Science of Nursing and Health Practices Science infirmière et pratiques en santé



Understanding Nursing Care Omissions and Assessment Instruments in Emergency Departments: A Scoping Review Protocol

Compréhension de l'omission des soins infirmiers et de ses outils d'évaluation à l'urgence : un protocole d'examen de la portée

Josiane Provost , Émilie Gosselin  et Christian Rochefort 

Volume 7, numéro 2, 2024

URI : <https://id.erudit.org/iderudit/1115708ar>

DOI : <https://doi.org/10.62212/snahp.141>

[Aller au sommaire du numéro](#)

Éditeur(s)

Réseau de recherche en interventions en sciences infirmières du Québec (RRISIQ)

ISSN

2561-7516 (numérique)

[Découvrir la revue](#)

Citer cet article

Provost, J., Gosselin, É. & Rochefort, C. (2024). Understanding Nursing Care Omissions and Assessment Instruments in Emergency Departments: A Scoping Review Protocol. *Science of Nursing and Health Practices / Science infirmière et pratiques en santé*, 7(2), 109–117. <https://doi.org/10.62212/snahp.141>

Résumé de l'article

Introduction : L'omission des soins infirmiers, caractérisée par la non-complétion de tâches et de soins nécessaires en raison de diverses contraintes (Kalisch et al., 2009) est un problème critique affectant les soins de santé à l'échelle mondiale (Aiken et al., 2018). Ce phénomène est particulièrement préoccupant dans les services d'urgence (SU), où l'acuité élevée des patients et les défis liés à la surcharge de travail conduisent souvent à des lacunes dans la prestation des soins.

Objectif : Cette revue de la portée vise à cartographier les écrits scientifiques sur les soins infirmiers omis dans les SU et les instruments utilisés pour mesurer ces omissions.

Méthode : Nous suivrons les directives de l'Institut Joanna Briggs pour les revues de la portée et rapporterons les écrits selon les recommandations PRISMA-ScR (Peters et al., 2020). Les critères d'éligibilité incluent les études portant sur des infirmiers et infirmières travaillant dans les SU, se concentrant sur les activités de soins infirmiers omises, utilisant un instrument de mesure et adoptant des devis de recherche quantitative, qualitative ou mixte.

Discussion et retombées anticipées : Cette revue fournira une vue d'ensemble des omissions de soins infirmiers dans les SU et des instruments utilisés pour les mesurer, éclairant ainsi les besoins en recherche et les implications pratiques pour améliorer la qualité des soins et la sécurité des patients.





Science of Nursing
and Health Practices



Science infirmière
et pratiques en santé


Article de protocole de recherche | Research protocol article

Understanding Nursing Care Omissions and Assessment Instruments in Emergency Departments: A Scoping Review Protocol

Compréhension de l'omission des soins infirmiers et de ses outils d'évaluation à l'urgence : un protocole d'examen de la portée

Josiane Provost  <https://orcid.org/0000-0001-9698-2990> School of Nursing, Université de Sherbrooke, Quebec, Canada

Émilie Gosselin  <https://orcid.org/0000-0001-7244-8486> School of Nursing, Université de Sherbrooke, Quebec, Canada

Christian Rochefort  <https://orcid.org/0000-0002-0035-8382> School of Nursing, Université de Sherbrooke, Centre hospitalier universitaire de Sherbrooke, Centre de recherche de l'Hôpital Charles-Le Moyne, Quebec, Canada

Correspondance | Correspondence:

Josiane Provost

josiane.provost@usherbrooke.ca



Keywords

nursing care omissions; emergency departments; care assessment; assessment instruments; scoping review

Abstract

Introduction: The omission of nursing care, characterized by the failure to perform necessary tasks due to various constraints (Kalisch et al., 2009), is a critical issue affecting healthcare globally (Aiken et al., 2018). This phenomenon is particularly pronounced in emergency departments (EDs), where high patient acuity and workload challenges often lead to lapses in care delivery. **Objective:** This scoping review aims to map the literature on nursing care omitted in EDs and the instruments used to measure the omission of nursing care in this setting. **Method:** We will follow Joanna Briggs Institute guidelines for scoping reviews and report according to PRISMA-ScR recommendations (Peters et al., 2020). Eligibility criteria include studies with nurses working in EDs, focusing on omitted nursing care, using a measurement instrument and adopting quantitative, qualitative, or mixed-methods designs. **Discussion and Research Spin-offs:** This review will provide an overview of nursing care omissions in EDs and the instruments used to measure them, thus shedding light on research needs and practical implications for improving care quality and patient safety.

Résumé

Introduction : L'omission des soins infirmiers, caractérisée par la non-complétion de tâches et de soins nécessaires en raison de diverses contraintes (Kalisch et al., 2009) est un problème critique affectant les soins de santé à l'échelle mondiale (Aiken et al., 2018). Ce phénomène est particulièrement préoccupant dans les services d'urgence (SU), où l'acuité élevée des patients et les défis liés à la surcharge de travail conduisent souvent à des lacunes dans la prestation des soins. **Objectif :** Cette revue de la portée vise à cartographier les écrits scientifiques sur les soins infirmiers omis dans les SU et les instruments utilisés pour mesurer ces omissions. **Méthode :** Nous suivrons les directives de l'Institut Joanna Briggs pour les revues de la portée et rapporterons les écrits selon les recommandations PRISMA-ScR (Peters et al., 2020). Les critères d'éligibilité incluent les études portant sur des infirmiers et infirmières travaillant dans les SU, se concentrant sur les activités de soins infirmiers omises, utilisant un instrument de mesure et adoptant des devis de recherche quantitative, qualitative ou mixte. **Discussion et retombées anticipées :** Cette revue fournira une vue d'ensemble des omissions de soins infirmiers dans les SU et des instruments utilisés pour les mesurer, éclairant ainsi les besoins en recherche et les implications pratiques pour améliorer la qualité des soins et la sécurité des patients.

Mots-clés

omissions de soins infirmiers; urgence; évaluation des soins; instruments d'évaluation; examen de la portée

INTRODUCTION

The omission of nursing care, defined as situations where essential or expected nursing interventions, tasks, or actions that are part of standard nursing practice are not performed or completed as required (e.g., missing a scheduled medication administration, or neglecting to provide timely wound care) (Kalisch et al., 2009; Schubert et al., 2008), is a highly concerning phenomenon affecting healthcare settings globally (Aiken et al., 2018; Recio-Saucedo et al., 2018; Rochefort et al., 2010; 2016; Stemmer et al., 2023). Its prevalence ranges from 55% to 98% across various settings (e.g., acute care hospitals, long-term care facilities) and patient populations (e.g., surgical, elderly, or critically ill patients) (Chaboyer, Harbeck, Lee et Grealish, 2021; Stemmer et al.). Indeed, international studies have consistently shown an association between higher rates of nursing care omissions and several adverse patient outcomes, including increased morbidity, mortality (Aiken et al.; Rochefort et al.), and adverse event rates such as medication errors, falls, pressure ulcers, and infections (Recio-Saucedo et al.). Additionally, care omission has substantial financial repercussions due to longer hospital stays and increased readmissions (Ausserhofer et al., 2014; Griffiths et al., 2018).

This phenomenon, although often subtle, has far-reaching implications for patient outcomes, healthcare quality, and the well-being of healthcare professionals in any healthcare setting. It poses a particularly significant challenge in emergency departments (EDs) worldwide (Duhalde et al., 2023). In the fast-paced and high-stress environment of EDs, providing timely and comprehensive nursing care is paramount to ensuring optimal patient outcomes. However, the reality often falls short of this ideal due to various factors contributing to the omission of nursing care (Recio-Saucedo et al., 2018). One primary reason for omitted care in EDs is the overwhelming workload and the high acuity of patients presenting to these departments (Duhalde et al.). Nurses in EDs frequently face a multitude of critical tasks simultaneously, leading to competing priorities and potential lapses in care delivery. For

example, a nurse might be managing a patient in respiratory distress, coordinating a transfer for a trauma case, and administering medications to multiple patients, all while responding to new admissions and urgent requests from physicians. In such high-pressure situations, essential tasks like reassessing pain levels or providing patient education might inadvertently be delayed or omitted.

Moreover, staffing shortages and inadequate nurse-patient ratios exacerbate the challenges faced by ED nurses, limiting their capacity to provide the level of care they aspire to deliver (Rochefort et al., 2016). The constant influx of patients, particularly during peak hours or in situations of surge demand, further strains resources and creates a precarious balancing act for healthcare providers (Duhalde et al., 2023).

To the best of our knowledge, no recent systematic or scoping reviews have specifically focused on the empirical exploration and measures of omitted nursing care in EDs. Our preliminary search of prominent databases, including MEDLINE, CINAHL, the Cochrane Database of Systematic Reviews, Prospero, and JBI Evidence Synthesis, confirmed the absence of ongoing systematic or scoping reviews on this topic. Our preliminary findings highlighted significant gaps in the literature, with most studies focusing broadly on nursing care omissions without delineating specific types of care omitted in EDs, within all types of population and how the omissions were specifically measured (Duhalde et al., 2023). Moreover, no studies have clearly identified the characteristics of the instruments used to measure the phenomenon of nursing care omission in the context of interest. Given the paramount importance of addressing omitted nursing care in emergency settings, especially amidst evolving healthcare demands and challenges, there is a pressing need to provide updated insights into this area of concern.

This research protocol describes the conduct of a comprehensive scoping review of the literature on the type of omitted nursing care in EDs and the instruments used to assess them. It will encompass studies that explore the omitted nursing care in EDs, contributing factors, consequences for patient outcomes, and strategies

to mitigate these omissions as well the instruments used to assess them. This review will serve as a foundation for future studies and interventions aimed at improving the quality and safety of nursing care in EDs.

OBJECTIVE

This scoping review aims to map the literature on omitted nursing care in EDs and the instruments used to measure the omitted nursing care in this setting.

The research questions are:

- 1) What is the omitted nursing care in EDs described in the literature?
- 2) What are the contributing factors, consequences for patient outcomes, and strategies to mitigate these omissions?
- 3) What instruments are utilized to assess the omission of nursing care in EDs?

METHOD

This review relies on the Joanna Briggs Institute guidelines for scoping reviews (Peters et al., 2020) and will be reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (Tricco et al., 2018).

SEARCH STRATEGY AND INFORMATION SOURCES

Four electronic databases— Cumulative Index of Nursing and Allied Health Literature (CINAHL; EBSCOhost), MEDLINE (EBSCOhost), Health Management Database (ProQuest), Embase (Elsevier) and Cochrane Library will be searched using a combination of controlled descriptors and keywords related to the following concepts: nursing, omitted nursing care, and emergency department (see Appendix 1). Data extraction will be guided by the theoretical framework of Aiken et al. (2018), which is often used to describe the phenomenon of nursing care omissions. Aiken's framework focuses on how inadequate staffing, heavy workloads, and

insufficient resources lead to missed or delayed essential nursing care, impacting patient outcomes. It highlights the connection between the work environment and the ability of nurses to deliver complete, quality care (Aiken et al.). We will also perform a hand search in the reference lists of eligible studies and in the grey literature using Google Scholar.

STUDY SELECTION

Titles and abstracts of citations will be screened independently by two reviewers using the Covidence platform (Veritas Health Innovation, 2022). The decision to use the Covidence platform for study selection, despite the alignment of JBI SUMARI with the JBI method, was primarily driven by Covidence's user-friendly interface and robust functionality for managing large scoping reviews. Two reviewers will independently retrieve and assess full texts of retrieved citations to assess their eligibility for inclusion in this review. Disagreements at any stage of the selection process will be resolved through discussion or the involvement of a third reviewer. To be included, studies will need to meet the following criteria: 1) pertain on nursing care omissions or related concepts (see Appendix 1); 2) Registered Nurses (RNs) as participants; 3) in the emergency room context (or equivalent settings, see Appendix 1); 4) using qualitative, quantitative or mixed-methods research design; 5) published in any language; 6) from 2001 to 2024 (2001 being the first time a definition of omission of nursing care has been seen in literature). Studies pertaining to licensed practical nurses, nurse practitioners, and other non-RN nursing personnel directly involved in patient care within the emergency setting will be excluded because their scope of practice is different.

Additionally, reports detailing practices related to the omission of nursing care in EDs will be included, provided they offer detailed information on the assessment methodology, including instruments, variables and measurement details. Research protocols, conference abstracts, knowledge syntheses, and opinion pieces will be excluded because they usually are not sufficiently detailed and do not present empirical data with sufficient depth to produce a meaningful synthesis.

DATA EXTRACTION

The following data will be extracted independently by two reviewers using an ad hoc extraction form in the Covidence platform (Veritas Health Innovation, 2022):

- General information
 - Publication year
 - Authors
 - Country (where data was collected)
 - Study design
 - Study purpose
 - Context of omitted nursing care
 - Definition or framework of omission of nursing care
- Participants and setting
 - Setting (rural vs urban)
 - Sampling strategies
 - Population (RN)
 - Characteristic of the department (Number of beds or patient capacity and staffing levels)
 - Total number of participants (who provided data = final sample)
 - Missing data and % of loss to follow-up
- Outcomes measurement
 - Name of instrument
 - Short description (what it measures)
 - Based on a framework (if yes, indicate which one)
 - Psychometric tests of the instrument

If development is the matter of the study:

 - Content Validity (describe process)
 - Reliability (describe process)
 - Validity (indicate type and process)

If the study is using an instrument validated in previous research:

 - No report of psychometric data in the paper
 - Description of psychometric properties

(in the study or previous research?)

- Other

- Outcomes measured
 - Specification of nursing care omitted (Contributing factors, consequences for patient outcomes and mitigation strategies)
 - Frequency of assessments
 - Setting of assessment

TIMELINE

- Finish protocol:
 - May 2024
- Literature search and study selection:
 - June 2024
- Data extraction:
 - July 2024
- Data synthesis and report:
 - August-November 2024.

DATA SYNTHESIS AND PRESENTATION

The data analysis and presentation of our scoping review will involve a thorough examination of the extracted results to offer a comprehensive insight into nursing care omissions within EDs and the corresponding assessment instruments. This process encompasses several key components.

Firstly, we will conduct a descriptive mapping of the extracted data (Peters et al., 2020). This mapping aims to uncover patterns, trends, and significant themes pertaining to nursing care omissions in EDs. Based on the extracted data, we will develop descriptive tables (see Appendix 2) using frequencies and percentages to synthesize study characteristics and assessment practices (i.e., concepts, context, instruments and research designs).

The analysis results will be presented in tabular form, facilitating a clear visualization and interpretation of the findings. These tables (see Appendix 2) will outline the distribution of studies by their year of publication, allowing us to discern temporal trends in nursing care omissions and the practices surrounding their assessment.

Accompanying these tabulated results, a narrative summary will be crafted. This summary

will contextualize the findings within the scope of our review's objectives and research questions. It will offer insights into how the results align with our overarching goal of comprehensively understanding nursing care omissions in EDs and the instruments employed for their assessment.

DISCUSSION AND RESEARCH SPIN-OFFS

The search for relevant articles and the data extraction process are scheduled to start in May 2024 and last until the end of July 2024. We anticipate the scoping review to be completed by September 2024, at which time it will be submitted to a scientific journal. The potential impact of this review is significant. It aims to inform future nursing research and facilitate the development of educational and clinical instruments aimed at preventing and reducing nursing care omissions in EDs. By enhancing our understanding of concrete nurses' omitted care, this review will be instrumental in promoting nursing care that upholds the principles of quality, safety, and patient-centeredness.

Since nurses play a central role in patient care within EDs, improving our understanding of their perspectives on care omissions has the potential to enhance patient outcomes and the overall quality of emergency healthcare services. Additionally, by identifying the instruments used to measure nursing care omissions, this review will allow for the assessment of the quality of available instruments and the potential need for the development of additional instruments.

Ultimately, future research, as a result of this scoping review, is expected to have a positive impact on patient safety, healthcare quality, and the professional development of nurses working in emergency care settings.

Authors' contribution: We adhere to the International Committee of Medical Journal Editors' criteria for authorship. JP contributed to the protocol design, organized and drafted the manuscript, EG and CR corrected the manuscript and participated in its development. All authors reviewed and approved the final version for publication.

Acknowledgments: We acknowledge the help of Julie Mayrand, librarian at the *Université de Sherbrooke* throughout this process.

Funding: The authors did not receive any type of funding for this study nor to write the article.

Statement of conflict of interest: The authors declare no conflict of interest.

Ethical considerations: No ethics certificate number is necessary for this scoping review.

Reçu/Received: 21 Mai/May 2024 **Publié/Published:** 16 Déc/Dec 2024

REFERENCES

- Aiken, L. H., Cerón, C., Simonetti, M., Lake, E. T., Galiano, A., Garbarini, A., Soto, P., Bravo, D., & Smith, H. L. (2018). HOSPITAL NURSE STAFFING AND PATIENT OUTCOMES. *Revista Médica Clínica Las Condes*, 29(3), 322–327. <https://doi.org/10.1016/j.rmcl.2018.04.011>
- Ausserhofer, D., Zander, B., Busse, R., Schubert, M., De Geest, S., Rafferty, A. M., Ball, J., Scott, A., Kinnunen, J., Heinen, M., Sjetne, I. S., Moreno-Casbas, T., Kózka, M., Lindqvist, R., Diomidous, M., Bruyneel, L., Sermeus, W., Aiken, L. H., Schwendimann, R., & RN4CAST consortium (2014). Prevalence, patterns and predictors of nursing care left undone in European hospitals: results from the multicountry cross-sectional RN4CAST study. *BMJ quality & safety*, 23(2), 126–135. <https://doi.org/10.1136/bmjqs-2013-002318>
- Chaboyer, W., Harbeck, E., Lee, B. O., & Grealish, L. (2021). Missed nursing care: An overview of reviews. *The Kaohsiung journal of medical sciences*, 37(2), 82–91. <https://doi.org/10.1002/kjm2.12308>
- Duhalde, H., Bjuresäter, K., Karlsson, I., & Bååth, C. (2023). Missed nursing care in emergency departments: A scoping review. *International emergency nursing*, 69, 101296. <https://doi.org/10.1016/j.ienj.2023.101296>
- Kalisch, B. J., Landstrom, G. L., & Hinshaw, A. S. (2009). Missed nursing care: a concept analysis. *Journal of advanced nursing*, 65(7), 1509–1517. <https://doi.org/10.1111/j.1365-2648.2009.05027.x>
- Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC medical research methodology*, 18(1), 143. <https://doi.org/10.1186/s12874-018-0611-x>
- Peters, M. D. J., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C. M., & Khalil, H. (2020). Updated methodological guidance for the conduct of scoping reviews. *JBIM evidence synthesis*, 18(10), 2119–2126. <https://doi.org/10.11124/JBIES-20-00167>
- Recio-Saucedo, A., Dall’Ora, C., Maruotti, A., Ball, J., Briggs, J., Meredith, P., Redfern, O. C., Kovacs, C., Prytherch, D., Smith, G. B., & Griffiths, P. (2018). What impact does nursing care left undone have on patient outcomes? Review of the literature. *Journal of clinical nursing*, 27(11-12), 2248–2259. <https://doi.org/10.1111/jocn.14058>
- Rocheffort, C. M., & Clarke, S. P. (2010). Nurses’ work environments, care rationing, job outcomes, and quality of care on neonatal units. *Journal of advanced nursing*, 66(10), 2213–2224. <https://doi.org/10.1111/j.1365-2648.2010.05376.x>
- Rocheffort, C. M., Rathwell, B. A., & Clarke, S. P. (2016). Rationing of nursing care interventions and its association with nurse-reported outcomes in the neonatal intensive care unit: a cross-sectional survey. *BMC nursing*, 15, 46. <https://doi.org/10.1186/s12912-016-0169-z>
- Schubert, M., Glass, T. R., Clarke, S. P., Aiken, L. H., Schaffert-Witvliet, B., Sloane, D. M., & De Geest, S. (2008). Rationing of nursing care and its relationship to patient outcomes: the Swiss extension of the International Hospital Outcomes Study. *International journal for quality in health care: journal of the International Society for Quality in Health Care*, 20(4), 227–237. <https://doi.org/10.1093/intqhc/mzn017>
- Stemmer, R., Bassi, E., Ezra, S., Harvey, C., Jojo, N., Meyer, G., Özşaban, A., Paterson, C., Shifaza, F., Turner, M. B., & Bail, K. (2022). A systematic review: Unfinished nursing care and the impact on the nurse outcomes of job satisfaction, burnout, intention-to-leave and turnover. *Journal of advanced nursing*, 78(8), 2290–2303. <https://doi.org/10.1111/jan.15286>
- Tricco, A. C., Lillie, E., Zarin, W., O’Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., Lewin, S., ... Straus, S. E. (2018). PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Annals of internal medicine*, 169(7), 467–473. <https://doi.org/10.7326/M18-0850>
- Veritas Health Innovation. (2022). *Covidence* [Computer software]. <https://www.covidence.org/>

Appendix 1

Table 1

Research keywords

Population	Interventions	Context	Outcomes	Supplementary keywords
Nurs*	Left undone	Emergenc*	Error*	Instrument
Registered nurse*	Miss*	ED	Failure to rescue	Measur*
RN*	Omit*	ER	Hospital-acquired*	Evaluation
	Omission*	A&E	Mistake*	Instrument
	Prioritiz*	Urgent	Mortality	Scale
	Prioritis*	Critical*	Morbidity	Assessment
	Ration*		Nurs* sensitive outcome*	
	Unfinish*		Patient outcome*	
	Unmet		Adverse event*	

Note. The Boolean operator “AND” was used between categories, and “OR” was used between concepts within categories.

Appendix 2

Table 2

General information of studies (Draft data extraction instruments)

Year of Publication	Authors	Country	Study Design	Study Purpose	Context of Omitted Nursing Care	Definition/Framework of Omission of Nursing Care
---------------------	---------	---------	--------------	---------------	---------------------------------	--

Table 3

Participants and setting (Draft data extraction instruments)

Setting (Rural vs Urban)	Sampling Strategy	Department Characteristics	Total Participants	% of Loss to Follow-up
--------------------------	-------------------	----------------------------	--------------------	------------------------

Table 4

Outcomes measurement – instruments (Draft data extraction instruments)

Instrument Name	Description	Framework (Yes/No)	Instrument available	Instrument Developed in the study		
			Psychometric Tests	Content Validity	Reliability	Validity

Table 5

Outcomes measurement – Omitted nursing care (Draft data extraction instruments)

Omitted nursing care	Contributing factors	Consequences for patient	Mitigation strategies	Frequency and setting of assessment
----------------------	----------------------	--------------------------	-----------------------	-------------------------------------