Moral Competence on Missed Nursing Care among Clinical Nurses in a Level 2 Government Hospital

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ABSTRACT

This study determined the level of moral competence and the extent of missed nursing care among clinical nurses in a Level II government hospital and examined their relationship with selected demographic characteristics. A descriptive–correlational design was used involving 205 clinical nurses through complete enumeration, utilizing the Moral Competence Questionnaire (MCQ) and the MISSCARE Survey, with data analyzed using descriptive statistics, Chi-square, and Pearson r. Results showed that nurses had a high level of moral competence and a very low frequency of missed nursing care, although organizational factors such as staffing, resources, and communication contributed to missed care. Demographic characteristics were significantly related to moral competence and missed nursing care, and moral competence was significantly associated with the extent of missed nursing care. The findings emphasize the importance of ethical competence and supportive organizational conditions in maintaining quality nursing care.

Keywords: Moral competence, missed nursing care, nurses, ethical nursing practice, patient safety.

INTRODUCTION

In the dynamic and demanding field of healthcare, the quality of patient outcomes is shaped not only by clinical competence but also by the moral foundation of nursing practice. Nurses serve as moral agents guided by responsibility, accountability, and respect for patient dignity, yet increasingly complex healthcare environments expose them to heavy workloads, time pressure, and resource limitations that challenge their ability to provide complete and ethical care. This ethical strain has contributed to the growing global concern of missed nursing care, defined as any aspect of required patient care that is omitted or delayed (Kalisch & Xie, 2021). Moral competence, which includes moral reasoning, judgment, motivation, and ethical behavior, plays a critical role in helping nurses prioritize patient care and avoid omissions that compromise safety. Recent studies found that nurses with higher moral competence are less likely to neglect essential care tasks, emphasizing that attentiveness, accountability, and ethical responsiveness significantly influence the quality of nursing care delivered (Nazari et al., 2024).

However, nurses in tertiary government hospitals often face high patient-to-nurse ratios, overwhelming workloads, and limited resources, which may lead to delayed assessments, postponed medications, inadequate patient repositioning, or incomplete documentation. These realities show that missed nursing care reflects not only organizational limitations but also deeper moral tensions within healthcare systems (Blegen et al., 2022). Despite growing international literature, the relationship between moral competence and missed nursing care remains underexplored in the Philippine context. Existing local studies have focused more on moral distress, professional values, and compassion fatigue rather than on how moral competence influences the prevention of care omissions (De Guzman et al., 2022; Ramos & Santos, 2023). Cultural expectations, hierarchical work environments, and limited ethical training may further shape how Filipino nurses apply moral judgment in actual practice, supporting the view that moral competence is highly dependent on institutional culture and ethical climate (Lee & Kim, 2021).

In daily practice, nurses often face ethical dilemmas such as prioritizing medication administration over patient education, managing multiple critical patients simultaneously, and continuing care despite fatigue. Informal

discussions among nurses reveal that while many understand what should be done, moral courage and competence may weaken under resource shortages and time pressure, resulting in unintentional care omissions that affect patient outcomes and institutional trust. Given these realities, this study aims to assess the interrelationship among demographic profile, moral competence, and missed nursing care among clinical nurses in a Level 2 hospital. The study supports SDG 3 (Good Health and Well-Being) and SDG 8 (Decent Work and Economic Growth) by promoting safe, ethical, and patient-centered healthcare systems. Guided by the researcher's professional and academic experience in nursing, the study seeks to provide evidence-based recommendations for ethics-based training, leadership initiatives, and organizational policies that strengthen moral competence and reduce missed nursing care among clinical nurses.

Research Questions

This study was to assessed the interrelationship among the profile, moral competence and missed nursing care among clinical nurses in a Level 2 hospital in Surigao City, Philippines for the year 2026.

The study specifically answered the following queries:

1. What was the profile of the clinical nurses in terms of:

1.1 age;

1.2 sex;

1.3 highest educational attainment;

1.4 length of nursing experience

1.5 area of assignment; and

1.6 work shift?

2. What was the level of moral competence of clinical nurses in terms of:

2.1 judgment based on patients values;

2.2 will to face difficult situations; and

2.3 cooperation with others?

3. What was the extent of missed nursing care in terms?

3.1 frequency of missed nursing activities;

3.1.1 basic nursing care and physical needs;

3.1.2 monitoring and surveillance;

3.1.3 communication and care;

3.1.4 documentation, accountability and responsiveness?

3.2 reasons for missed nursing care;

3.2.1 labor resources;

3.2.2 material resources; and

3.2.3 communication and teamwork?

4. Was there a significant relationship between:

4.1 profile and level of moral competence;

4.2 profile and extent of missed nursing care; and

4.3 level of moral competence and extent of missed nursing care?

5. What nursing care improvement plan was proposed based on the findings of the study?

Statement of Null Hypothesis

H_{o1}: There was no significant relationship between profile and the level of moral competence among clinical nurses.

H_{o2}: There was no significant relationship between profile and extent of missed nursing care among clinical nurses.

H_{o3}: There was no significant relationship between level of moral competence and extent of missed nursing care among clinical nurses.

REVIEW OF RELATED LITERATURE AND STUDIES

Moral Competence of Nurses. Moral competence is an essential component of professional nursing practice that supports ethical decision-making, patient advocacy, quality care, and safe clinical outcomes, consistent with Rest's (1986) Four-Component Model of Morality which includes moral sensitivity, moral judgment, moral motivation, and moral character. Recent studies emphasize that moral competence is not only an inherent trait but also a developable professional capability shaped through ethics education, reflective practice, mentoring, and supportive leadership environments (Wiisak, 2024). Research consistently shows that higher moral competence is associated with better quality of care, stronger caring behaviors, improved ethical decision-making, and lower moral distress among nurses (Nazari et al., 2024; Antwi et al., 2024). Studies conducted in Asia further revealed that adherence to ethical principles such as fidelity, beneficence, and veracity significantly influences caring behavior and professional nursing practice (Ilkafah et al., 2023), while nurses with stronger moral reasoning and moral sensitivity demonstrate greater consistency in managing ethically challenging situations and protecting patient dignity (Kim & Lee, 2023; Karadaş & Yıldırım, 2023). Broader evidence also highlights that institutional support systems, ethical climate, mentoring, and continuous education contribute significantly to the development of moral competence among nurses (Sari & Koç, 2023; Tseng et al., 2023). Collectively, these findings establish moral competence as a measurable, multidimensional, and modifiable construct that plays a major role in strengthening ethical nursing practice and maintaining quality patient care.

Missed Nursing Care Among Nurses. Missed nursing care (MNC) refers to any aspect of required patient care that is omitted, delayed, or only partially completed, and since the introduction of the MISSCARE Model by Kalisch and Williams (2009), it has become a recognized global nursing concern because of its association with adverse patient outcomes, decreased quality of care, and patient dissatisfaction. Recent studies continue to confirm that missed nursing care remains highly prevalent across healthcare settings, with commonly omitted tasks including ambulation, hygiene care, patient teaching, documentation, medication administration, and patient monitoring (Edfeldt et al., 2024; Alharbi et al., 2023). Research consistently identifies staffing shortages, workload demands, communication problems, inadequate supplies, and limited organizational support as major contributors to missed care (Khrais et al., 2023; Al-Maashani et al., 2024). Studies further revealed that strong leadership, teamwork, workflow organization, accountability, and moral sensitivity significantly reduce the occurrence of missed nursing care (Hariyati et al., 2024; China ICU Study, 2024; Szwamel, 2024). Evidence also shows that missed nursing care directly threatens patient safety and clinical outcomes by increasing risks of patient falls, hospital-acquired infections, and prolonged hospital stays (Ambrosi et al., 2023). Collectively, these findings establish missed nursing care as a predictable and measurable phenomenon influenced by individual

capabilities, workplace demands, teamwork, leadership, and organizational system.

Profile of the nurses and Moral Competence. Studies consistently show that nurses' demographic and professional characteristics influence moral competence, particularly in areas of moral sensitivity, ethical reasoning, and decision-making. Research indicates that nurses with longer clinical experience demonstrate stronger moral sensitivity and better decisional clarity because of greater exposure to ethical dilemmas in practice (Alamdari et al., 2024; Nazari et al., 2024). Nurses assigned to high-acuity areas such as ICUs and emergency departments also tend to develop higher ethical awareness, although workload demands and moral stress may limit their ability to act on moral judgments effectively. Evidence further shows that rotating and night shifts contribute to fatigue, cognitive strain, and reduced moral sensitivity, which may impair ethical decision-making and recognition of patient care needs (Yıldız et al., 2023). International studies likewise found that nurses with higher educational attainment demonstrate stronger ethical judgment and moral reasoning, while less experienced nurses often show lower moral sensitivity because of limited exposure to ethical challenges and reduced confidence in decision-making (Ahmad & Chan, 2023; Bakhshi et al., 2024). Studies in Ethiopia also revealed that nurses assigned to demanding units reported lower moral sensitivity due to overwhelming workloads and time pressure (Tesfaye et al., 2023). Collectively, these findings confirm that personal and professional profile variables meaningfully influence moral competence, supporting their inclusion as important variables in the study.

Profile of Nurses and Missed Nursing Care. Demographic and professional characteristics also influence the frequency of missed nursing care: Studies consistently show that less experienced nurses report higher levels of missed care (Khrais et al., 2023). Inexperienced nurses may take longer to perform tasks, struggle with time management, or feel less confident prioritizing care. High-acuity units report more missed basic care because nurses must prioritize complex interventions. Studies in both Jordan (Khrais et al., 2023) and Indonesia (Hariyati et al., 2024) found that workload intensity significantly correlated with missed nursing care frequency. A 2024 case study in a tertiary hospital in Iligan City revealed that Filipino nurses often miss care due to workload, inadequate supplies, insufficient teamwork, communication problems, and time pressure. Local studies confirm that environmental constraints significantly influence care omissions. This evidence supports including profile variables in the present study to determine how demographic characteristics may shape the relationship between moral competence and missed care.

Moral Competence and Missed Nursing Care. The Recent studies consistently demonstrate a significant negative relationship between moral competence and missed nursing care, indicating that nurses with higher moral competence are less likely to omit or delay essential patient care tasks. Nazari et al. (2024) found that nurses with high moral competence scores reported significantly lower levels of missed nursing care, while Ahansaz, Adib-Hajbaghery, and Baghaei (2024) revealed that higher moral sensitivity was associated with fewer omitted nursing activities. Similar findings were reported in ICU settings, where nurses with strong ethical reasoning and moral sensitivity missed fewer nursing tasks, particularly when supported by effective teamwork and leadership (China ICU Study, 2024). International studies also showed that demographic and professional variables influence missed nursing care, with younger, less experienced, and rotating-shift nurses reporting higher missed care rates because of fatigue, workload, and staffing challenges (Bakhshi et al., 2024; Yıldız et al., 2023; Tesfaye et al., 2023). Research further emphasizes that organizational communication, leadership, staffing adequacy, teamwork, and institutional support significantly influence the occurrence of missed nursing care (Khrais et al., 2023; Hariyati et al., 2024). Additional evidence from South Korea, Jordan, Turkey, Indonesia, Ghana, and other healthcare settings reinforces that moral sensitivity, moral courage, ethical orientation, and caring competency are protective factors that reduce care omissions even under stressful clinical conditions (Park & Kim, 2024; Abu Al-Rub et al., 2024; Yücel & Koç, 2024; Antwi et al., 2024). Local Philippine studies likewise revealed that nurses often experience care omissions because of resource limitations, fatigue, understaffing, and heavy workloads, particularly in emotional support and patient education activities (Butalid, 2023; Philippine Case Study, 2024). Collectively, these findings establish that missed nursing care is influenced by both individual moral competence and organizational conditions, supporting the importance of examining how ethical capability, teamwork, leadership, staffing, and nurse profile variables interact in shaping nursing care outcomes.

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RESEARCH METHODOLOGY

Design. This study utilized a descriptive–correlational research design. In application to this study, the descriptive design was used to determine the profile of nurses, their level of moral competence, and the extent of missed nursing care based on responses to standardized instruments. The correlational design was employed to assess the relationships between the nurses' profile variables and moral competence, between profile variables and missed nursing care, and between moral competence and missed nursing care. This allowed the researcher to identify whether these variables moved together in significant ways, providing evidence of associations that contributed to understanding care omissions and ethical performance among nurses.

Environment. This study was conducted in a Leve 2 hospital located in Surigao City, Philippines a major urban center in the northeastern part of Mindanao, Philippines.

Respondents. The respondents of this study were the 205 staff nurses in the hospital.

Sampling Design. This study employed simple random sampling as the sampling technique.

Inclusion Criteria and Exclusion Criteria. The study included registered nurses currently employed in the Level II hospital in clinical nursing positions such as Job Order Nurse, Nurse I, or Nurse II who were actively providing direct patient care for at least three months, possessed a valid and active PRC nursing license, were assigned to clinical units where bedside nursing care was rendered, and voluntarily agreed to participate through written informed consent. Nurses temporarily assigned to non-clinical functions, those on extended leave during the data collection period, nurses occupying purely administrative or managerial positions, and those involved in the development, validation, or pilot testing of the research instruments were excluded to maintain the validity and focus of the study, particularly regarding actual exposure to bedside care, ethical situations, and missed nursing care experiences.

Instrument. The study utilized a three-part instrument, with Parts II and III adopted from previously validated standardized questionnaires. Part I gathered the nurses' personal characteristics, including age, sex, highest educational attainment, length of nursing experience, area of assignment, and work shift, which were used to describe the respondents and examine their possible relationship with moral competence and missed nursing care. Part II utilized the Moral Competence Questionnaire (MCQ) developed by Asahara, Kobayashi, and Ono (2015) to assess nurses' moral competence in terms of judgment based on patients' values, will to face difficult situations, and cooperation with others. The 15-item instrument used a five-point Likert scale ranging from strongly disagree to strongly agree, with higher scores indicating greater moral competence. The MCQ demonstrated strong reliability, with Cronbach's alpha coefficients ranging from 0.85 to 0.91 (Asahara et al., 2015). Part III utilized the MISSCARE Survey developed by Kalisch and Williams (2009) to measure the frequency of missed nursing care and the reasons contributing to care omissions. Part A assessed the frequency of missed nursing care across activities related to basic nursing care, monitoring and surveillance, communication and coordination, and documentation and responsiveness using a five-point Likert scale ranging from never missed to always missed, while Part B measured reasons for missed nursing care in terms of labor resources, material resources, and communication or teamwork using a four-point Likert scale ranging from not a reason to significant reason. Higher scores indicated more frequent missed care and stronger contributing factors. The MISSCARE Survey demonstrated strong psychometric properties, with Cronbach's alpha coefficients ranging from 0.81 to 0.89 across dimensions (Kalisch & Williams, 2009), supporting its reliability and applicability in hospital-based nursing research.

Data Gathering Procedures. The study followed three phases of data gathering: pre-data gathering, actual data gathering, and post-data gathering. During the pre-data gathering phase, the researcher submitted proposed research titles for approval, secured the guidance of an adviser, obtained permission from the Dean of the College of Allied Health Sciences and the Chief of Hospital, and underwent a design hearing to evaluate the research instrument, methodology, and ethical considerations before obtaining ethics approval. During the actual data gathering phase, the researcher personally distributed the demographic sheet, Moral Competence Questionnaire (MCQ), and MISSCARE Survey to JO Nurses, Nurse I, and Nurse II through a face-to-face intercept method conducted before shifts, during breaks, or after duty in locations that ensured privacy and minimal disruption to

hospital operations. Respondents were informed of the voluntary nature of participation and confidentiality of responses, while completed questionnaires were immediately checked for completeness to ensure accurate data collection. In the post-data gathering phase, all completed questionnaires were encoded and organized in Microsoft Excel and forwarded to the statistician for appropriate statistical treatment based on the study objectives. Results were presented with narrative interpretations, implications, and supporting literature, and after final manuscript approval and defense, all completed questionnaires and raw data were securely destroyed through shredding to maintain confidentiality and uphold ethical standards.

Statistical Treatment of Data. The statistical data were analyzed. Frequency distribution and simple percentage were used to present the personal and professional profile of the nurses, including age, sex, civil status, educational attainment, employment status, position, and years of experience. Mean and standard deviation were utilized to determine the level of moral competence based on the Moral Competence Questionnaire (MCQ) and the extent of missed nursing care using the MISSCARE Survey. The Chi-Square Test of Independence was applied to determine whether significant relationships existed between the nurses' profile variables and their level of moral competence and missed nursing care, while Cramer's V was used to determine the strength of significant associations. Pearson r was employed to assess whether moral competence was significantly correlated with missed nursing care and to determine the direction and strength of the linear relationship between the variables.

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

Presentation, Analysis, And Interpretation Of Data

Table 1 Demographic Profile of Respondents

Profile	*f*	*%*
Age		
23-30 years old	95	46.30
31-35 years old	21	10.20
36-40 years old	71	34.60
41 years old and above	18	8.80
Sex		
Male	82	40.00
Female	123	60.00
Highest educational attainment		
Bachelor's Degree	144	70.20
Master's Degree	54	26.30
Doctorate Degree	7	31.50
Years of Service in the Nursing Profession		

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Less than 1 year	13	6.30
1 to 3 years	73	35.60
4 to 6 years	40	19.50
7 to 9 years	10	4.90
10 years above	69	33.70
Area of Assignment		
Clinical Area	67	32.70
Specialty / Support Units	95	46.30
Support Service Area	43	21.00
Work Shift		
Morning Shift	44	21.50
Afternoon Shift	80	39.00
Evening Shift	60	29.30
Shifting schedule	21	10.20

Note. *n=205.*

As shown in Table 1, the profile of the respondents shows that the nursing workforce in the hospital is largely composed of young to middle-aged female nurses, with a combination of early-career and more experienced practitioners, reflecting both developing and established clinical expertise. Age, years of experience, and educational preparation are important factors in studies related to missed nursing care and moral competence because professional exposure often influences ethical reasoning, clinical judgment, and prioritization of patient care activities. Research indicates that nurses with longer clinical experience tend to develop stronger ethical reasoning and decision-making confidence, which can reduce the likelihood of care omissions and improve patient care quality (Numminen et al., 2021). Most respondents completed a bachelor's degree in nursing, while a smaller portion pursued graduate studies, which are associated with stronger critical thinking, ethical awareness, and leadership in patient care (Alquwez et al., 2021). The respondents were also distributed across different hospital units and work shifts, reflecting varied clinical environments and schedules that may influence workload, fatigue, stress, and missed nursing care, particularly in demanding clinical areas or irregular shifts (Ball et al., 2022). At the same time, exposure to diverse clinical settings may strengthen professional growth and nurses' ability to respond to ethical challenges in patient care.

Table 2 Level of Moral Competency

Judgment Based on Patients' Values	Average Score	%	*f*
Low	6.00	3	1.46
Moderate	0.00	0	0.00
High	23.77	202	98.54

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue V May 2026

Average Score	23.51	High	
Will to Face Difficult Situations			
Low	5.00	3	1.46
Moderate	0.00	0	0.00
High	23.28	202	98.54
Average Score	23.01	High	
Cooperation with Others			
Low	6.00	3	1.46
Moderate	0.00	0	0.00
High	23.39	202	98.54
Average Score	23.12	High	
Overall Moral Competence			
Low	16.00	3	1.46
Moderate	54.80	15	7.32
High	71.69	187	91.22
Average Score	69.64	High	

Note. *n=205.*

Legend: A score of 1 to 8 is low, 9 to 15 is moderate, and 16 to 25 is high. For the overall, a score of 15 to 45 is low, 46 to 60 is moderate, and 61 to 75 is high.

The results in Table 2 indicate that the nurses generally demonstrated a high level of moral competence across the three dimensions of the instrument, indicating that most respondents are able to recognize ethical issues in patient care, respect patients' values and beliefs, and maintain professional integrity even in challenging clinical situations. In hospital practice, this is reflected when nurses explain procedures to anxious patients, respect cultural beliefs, advocate for patient needs, and maintain ethical standards despite heavy workloads or limited resources. Studies have shown that nurses with strong moral competence and ethical sensitivity are more capable of delivering safe and compassionate care in complex clinical environments (Tang et al., 2024). The high results in judgment based on patients' values, will to face difficult situations, and cooperation with others further suggest that nurses are able to integrate patient preferences into care decisions, demonstrate moral courage during difficult situations, and collaborate effectively with healthcare teams in resolving ethical concerns. Research also emphasizes that ethical sensitivity, moral resilience, positive ethical climate, and teamwork contribute to stronger ethical decision-making and improved patient outcomes (Brickner et al., 2024; Pang et al., 2024; Tang et al., 2024). However, the presence of a few respondents with moderate or low scores indicates that some nurses may still hesitate in handling ethical concerns, particularly when facing conflict or uncertainty. Studies have shown that lower moral sensitivity may be associated with higher missed nursing care and moral distress (Xu et al., 2025). These findings highlight the importance of strengthening ethical support systems through ethics seminars, mentoring, open communication, and supportive leadership to sustain and further improve nurses' moral competence in practice.

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue V May 2026

Table 3 Frequency of Missed Nursing Activities

Dimensions	Mean score	SD	Interpretation
Basic nursing care and physical needs			
1. Ambulation of patients three times daily or as ordered	1.69	0.649	Never missed
2. Turning patients every two hours	1.68	0.628	Never missed
3. Feeding patients when food is still warm	1.87	0.719	Rarely missed
4. Bathing patients	2.25	0.860	Rarely missed
5. Mouth care	2.07	0.998	Rarely missed
6. Skin/wound care	1.67	0.738	Never missed
7. Comfort rounds and pain reassessment	1.72	0.815	Never missed
8. Patient hygiene and grooming	1.65	0.775	Never missed
Factor mean	1.83	0.589	Low frequency of missed care
Monitoring and clinical surveillance			
1. Patient assessments per policy	1.49	0.574	Never missed
2. Vital signs as ordered	1.21	0.580	Never missed
3. Monitoring intake and output	1.11	0.346	Never missed
4. Medication administration within 30 minutes of scheduled time	1.65	0.620	Never missed
5. Bedside safety checks and environment organization	1.64	0.698	Never missed
6. Ensuring patient safety devices are properly used	1.52	0.683	Never missed
Factor mean	1.44	0.415	Very low frequency of missed care
Communication and care coordination			
1. Patient teaching and discharge planning	1.32	0.516	Never missed
2. Emotional support to patients and families	1.61	0.645	Never missed
3. Careful handoff communication between shifts	1.58	0.552	Never missed
4. Attending interdisciplinary care conferences	1.57	0.728	Never missed
5. Timely admission and discharge procedures	1.82	0.811	Rarely missed
6. Updating care plans	1.45	0.756	Never missed

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue V May 2026

Factor mean	1.56	0.468	Very low frequency of missed care
Documentation, accountability, and responsiveness			
1. Full documentation of all nursing care	1.19	0.493	Never missed
2. Hand hygiene before and after patient contact	1.67	0.778	Never missed
3. Response to call lights within 5 minutes	1.57	0.694	Never missed
4. Hourly rounding	1.79	0.886	Never missed
Factor mean	1.55	0.565	Very low frequency of missed care
Grand mean	1.59	0.460	Very low frequency of missed care

Note: *n=205.*

Legend: 1.00–1.80 indicates very low frequency of missed care (never missed); 1.81–2.60 indicates low frequency (rarely missed); 2.61–3.40 indicates moderate frequency (occasionally missed); 3.41–4.20 indicates high frequency (frequently missed); and 4.21–5.00 indicates very high frequency of missed nursing care (always missed).

Table 3 shows that missed nursing activities were generally uncommon among the clinical nurses, suggesting that most required nursing interventions were consistently performed. This is a positive finding because lower levels of missed nursing care are associated with better patient outcomes and improved quality of nursing services (Nantsupawat et al., 2022). Activities related to basic nursing care and physical needs showed slightly higher tendencies to be missed, although the frequency remained low overall. In hospital settings, nurses often prioritize urgent and safety-related tasks such as medication administration, vital signs monitoring, and emergency responses, which may occasionally delay activities such as bathing, feeding assistance, or mouth care. Previous research similarly reported that fundamental physical care is among the most commonly delayed nursing activities, particularly in settings with heavy workload or high patient acuity (Chaboyer et al., 2021). On the other hand, monitoring and clinical surveillance activities were rarely missed, indicating that nurses consistently performed essential safety tasks such as patient assessments, medication administration, and safety checks, which are critical in preventing complications and ensuring patient safety (Alanazi et al., 2023). Communication, care coordination, documentation, and responsiveness were also consistently maintained, reflecting effective teamwork, continuity of care, and professional accountability within the hospital environment (Kohanová et al., 2024). Although the overall level of missed nursing care was very low, the findings highlight the importance of maintaining adequate staffing, balanced workload distribution, supportive leadership, and teamwork to prevent occasional delays in basic care activities and sustain high-quality patient care.

Table 4 Reasons for Missed Nursing Care

Dimensions	Mean score	SD	Interpretation
Labor Resources			
1. Inadequate number of staff	3.31	1.129	Moderate reason
2. Unexpected rise in patient volume or acuity	3.35	1.049	Moderate reason

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue V May 2026

3. Too many non-nursing tasks (e.g., clerical work)	2.92	1.073	Moderate reason
4. Lack of support staff (e.g., aides, orderlies)	2.91	1.147	Moderate reason
5. Fatigue from long working hours	3.30	1.026	Moderate reason
6. Inadequate skill mix of staff	3.11	1.132	Moderate reason
7. Prioritizing other tasks first	3.14	1.048	Moderate reason
8. Patient emergencies taking up time	3.20	1.031	Moderate reason
Factor mean	3.16	0.924	Moderate reason
Material Resources			
1. Supplies/equipment not available when needed	3.26	1.110	Moderate reason
2. Medications not available when needed	3.33	1.065	Moderate reason
3. Poor unit layout or long distances	3.06	1.140	Moderate reason
Factor mean	3.22	0.980	Moderate reason
Communication and Teamwork			
1. Poor communication with physicians	3.12	1.057	Moderate reason
2. Tension or conflict with other departments	3.06	1.103	Moderate reason
3. Lack of teamwork within nursing unit	3.17	1.069	Moderate reason
4. Ineffective handoff between shifts	3.23	1.103	Moderate reason
5. Lack of leadership supervision	3.14	1.109	Moderate reason
6. Inadequate policies or unclear procedures	3.16	1.093	Moderate reason
Factor mean	3.15	1.013	Moderate reason
Grand mean	3.17	0.948	Moderate reason

Note: *n=205.*

Legend: 1.00–1.80 is not a major reason, 1.81–2.60 is minor reason, 2.61–3.40 is moderate reason, and 3.41–4.00 is significant reason.

Table 4 shows that the respondents generally viewed the causes of missed nursing care as moderate rather than minor, suggesting that care omissions are influenced by everyday work conditions rather than simple personal lapses. Missed nursing care was associated with staffing adequacy, resource availability, workload, teamwork, and the overall work environment (Nantsupawat et al., 2022; Papathanasiou et al., 2024). Among the three domains, material resources appeared slightly more prominent, indicating that the availability of supplies, medications, and unit setup can significantly affect whether care is completed on time. In practice, delays may occur even when nurses are willing to provide care if equipment or supplies are not immediately accessible. Labor resources were also identified as an important factor, reflecting the influence of staffing patterns, patient acuity, fatigue, and sudden increases in workload. Studies have shown that inadequate staffing, heavy

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue V May 2026

admissions, and urgent patient situations are strongly associated with increased missed care (Mainz et al., 2024; Nantsupawat et al., 2022). Communication and teamwork were likewise viewed as moderate reasons for missed care, emphasizing the importance of clear handoffs, effective coordination, leadership, and collaboration among healthcare professionals. Research confirms that poor communication, weak teamwork, and lack of organizational support contribute significantly to missed nursing care (Kohanová et al., 2024; Kebede et al., 2024). These findings suggest that missed nursing care should be understood as a system-related concern influenced by staffing, resources, and work processes rather than solely by individual nurse performance. Therefore, nursing management should strengthen staffing support, improve resource availability, enhance teamwork and communication, and maintain supportive leadership to help nurses consistently deliver safe and complete patient care.

Table 5 Relationship between demographic profile and level of moral competency

Independent Variables	chi value	*p* value	Cramer's V value	Decision	Interpretation
Age	4.857E2	.000	.770	Reject Ho	Significant
Sex	2.667E2	.000	.807	Reject Ho	Significant
Highest Educational Attainment	2.569E2	.000	.646	Reject Ho	Significant
Years of Service in the Nursing Profession	3.624E2	.000	.665	Reject Ho	Significant
Area of Assignment	1.195E2	.000	.540	Reject Ho	Significant
Work Shift	1.707E2	.000	.527	Reject Ho	Significant

Legend: Significant if *p* value is < .05. Dependent variable: Level of Moral Competency. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

In Table 5 finding shows that moral competence was significantly associated with all the demographic and work-related variables included in the study, suggesting that moral competence among nurses is shaped by personal background, clinical exposure, and workplace conditions rather than by personal values alone. Age, sex, educational attainment, years of service, area of assignment, and work shift all appeared to influence how nurses express ethical judgment, advocacy, teamwork, and professional responsibility in practice. Recent studies support that ethical behavior and moral sensitivity are influenced by work tenure, qualification, gender, workplace context, and training exposure (Ibrahim, 2024; Pang et al., 2024; Yu et al., 2025). Older and more experienced nurses may demonstrate stronger ethical confidence because repeated exposure to difficult clinical situations gradually strengthens moral judgment and advocacy behavior, while nurses with higher educational preparation may show deeper ethical understanding and greater confidence in handling ethical dilemmas and guiding others (Ha et al., 2025). Differences in area of assignment and work shift also suggest that moral competence is influenced by the ethical demands of specific clinical environments and varying shift conditions, particularly in high-acuity or resource-limited settings where nurses are required to make quick and ethically sound decisions. Studies likewise show that work experience, organizational climate, and shift conditions significantly affect ethical sensitivity and competence among nurses (Ahansaz et al., 2024; Ozdoba et al., 2022). These findings imply that moral competence should be understood as a developable professional capability shaped by maturity, education, experience, unit exposure, and workplace support. Therefore, nursing management should strengthen ethics mentoring, ethical debriefing, supportive leadership, and unit-sensitive ethics development programs to help nurses sustain ethical nursing practice across different clinical settings and work conditions.

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Table 6 Relationship between Demographic Profile and Frequency of Missed Nursing Activities

Independent Variables	chi value	*p* value	Cramer's V value	Decision	Interpretation
Age	5.444E2	.000	.815	Reject Ho	Significant
Sex	2.468	.000	.776	Reject Ho	Significant
Highest Educational Attainment	3.172	.000	.718	Reject Ho	Significant
Years of Service in the Nursing Profession	6.542E2	.000	.893	Reject Ho	Significant
Area of Assignment	3.561E2	.000	.932	Reject Ho	Significant
Work Shift	5.134E2	.000	.914	Reject Ho	Significant

Legend: Significant if *p* value is < .05. Dependent variable: Frequency of Missed Nursing Activities. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

In Table 6 shows that the frequency of missed nursing activities was significantly associated with all demographic and work-related variables examined in the study, indicating that missed nursing care is influenced by nurses' personal and professional characteristics as well as their work conditions. Factors such as age, sex, educational attainment, years of experience, area of assignment, and work shift shaped how often nursing tasks were delayed or left undone, supporting the view that missed nursing care is a complex issue influenced by both individual and organizational factors, including staffing conditions, work environment, and nurse competency (Nantsupawat et al., 2022; Mainz et al., 2024). Younger and less experienced nurses were more likely to report higher levels of missed nursing care due to challenges in prioritizing tasks and managing unexpected clinical situations, while experienced nurses demonstrated stronger time-management skills and better continuity of care (Mainz et al., 2024; Kassahun et al., 2024). Educational attainment contributed to improved clinical reasoning, prioritization, and coordination of patient care, emphasizing the importance of professional preparation and continued development in preventing missed care (Nantsupawat et al., 2022). Differences in workload distribution, communication patterns, teamwork dynamics, patient acuity, staffing adequacy, and shift-related pressures also influenced the occurrence of missed nursing care, particularly in high-demand clinical units and during shifts with heavier workloads or reduced staffing (Kebede et al., 2024; Nantsupawat et al., 2022). These findings highlight the importance of structured mentoring, balanced staffing assignments, supportive work environments, and continuous professional development to reduce missed nursing care and improve patient safety and quality of healthcare services.

Table 7 Relationship between Demographic Profile and Reasons for Missed Nursing Cares

Independent Variables	chi value	*p* value	Cramer's V value	Decision	Interpretation
Age	4.531E2	.000	.743	Reject Ho	Significant
Sex	1.437E2	.000	.592	Reject Ho	Significant
Highest Educational Attainment	2.445E2	.000	.630	Reject Ho	Significant
Years of Service in the Nursing Profession	5.747E2	.000	.837	Reject Ho	Significant

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Area of Assignment	2.515E2	.000	.783	Reject Ho	Significant
Work Shift	3.498E2	.000	.754	Reject Ho	Significant

Legend: Significant if *p* value is < .05. Dependent variable: Reasons for Missed Nursing Care. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

The findings revealed that the reasons for missed nursing care were significantly associated with all demographic and work-related characteristics of the nurses, indicating that nurses perceive the causes of missed care differently depending on their age, sex, educational attainment, years of professional service, area of assignment, and work shift. These findings support the view that missed nursing care is a multifactorial issue influenced by both individual nurse characteristics and organizational conditions such as staffing adequacy, teamwork, workload, and work environment (Nantsupawat et al., 2022). Younger and less experienced nurses were more likely to perceive workload pressure, sudden patient deterioration, and interruptions as barriers to care completion, while older and more experienced nurses demonstrated greater understanding of deeper organizational factors such as inadequate staffing and poor task distribution (Kassahun et al., 2024; Mainz et al., 2024). Differences in communication, teamwork dynamics, and workload experiences also contributed to variations in how nurses identified the causes of missed care (Kebede et al., 2024). Nurses with higher educational preparation were more likely to recognize systemic barriers such as workflow inefficiencies, ineffective policies, and lack of support staff, emphasizing the importance of professional competence and continuing education in understanding organizational challenges (Nantsupawat et al., 2022). The work environment, patient acuity, workload intensity, staffing conditions, and shift-related pressures further influenced nurses' perceptions of missed care, particularly in high-demand clinical units and during shifts with limited staffing or increased fatigue (Kebede et al., 2024; Nantsupawat et al., 2022). These findings highlight the importance of mentorship, balanced staffing, effective workload distribution, teamwork, communication, and adequate resource allocation in minimizing missed nursing care and improving patient outcomes.

Table 8 Relationship between Level of Moral Competence and Extent of Missed Nursing Care

Variables	r value	*p* value	Decision	Interpretation
Moral Competency vs. Frequency of Missed Nursing Activities	.170	.015	Reject Ho	Significant
Moral Competency vs. Reasons for Missed Nursing Care	.338	.000	Reject Ho	Significant

Legend: Significant if p value is < .05. Dependent Variable: Extent of Missed Nursing Care. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and –.3 is weak (negative), between –.3 and –.5 is moderate (negative), and less than –.5 is strong (negative).

The findings revealed that moral competency was significantly related to the extent of missed nursing care, both in terms of the frequency of missed nursing activities and the reasons behind those omissions, indicating that the ethical capacity of nurses influences how they experience and respond to care omissions in the hospital environment. Nurses with stronger moral competence tend to be more attentive to patient needs, more aware of the importance of completing essential nursing interventions, and more committed to delivering safe and patient-centered care (Tang et al., 2024; Wiisak et al., 2024). Ethical awareness appeared to influence how nurses approached daily patient care responsibilities, particularly in ensuring that essential activities such as patient monitoring, hygiene care, communication, emotional support, and holistic care were not neglected despite workload pressures. Studies have shown that nurses with higher ethical competence and moral sensitivity demonstrate greater responsibility in their clinical duties and stronger commitment to quality care (Tang et al., 2024). However, missed nursing care may still occur even among ethically committed nurses when organizational barriers such as staffing shortages, heavy workload, and limited resources are present (Nantsupawat et al., 2022).

The relationship between moral competence and the perceived reasons for missed nursing care was stronger, suggesting that morally competent nurses were more capable of identifying organizational and systemic factors contributing to care omissions. Nurses with stronger ethical awareness were more reflective about their practice and more attentive to barriers such as insufficient staffing, heavy patient load, lack of supplies, ineffective communication, teamwork issues, and poor work environments that affect patient care delivery (Kebede et al., 2024; Nantsupawat et al., 2022). Morally competent nurses also demonstrated heightened awareness of the gap between the care that should be provided and the care that was actually delivered, leading them to recognize ethical challenges and workplace barriers more honestly (Ahansaz et al., 2024). These findings highlight important implications for nursing management, emphasizing that strengthening ethical competence through ethics training, reflective practice, and mentoring programs should be combined with organizational improvements in staffing adequacy, workload distribution, teamwork, and resource availability. Supporting both ethical development and favorable work environments can help reduce missed nursing care and improve the quality, safety, and completeness of patient care.

CONCLUSION AND RECOMMENDATIONS

Conclusion. In conclusion, the results of the study show that nurses' moral competence and missed nursing care are significantly related to certain demographic characteristics, suggesting that factors such as years of experience, work assignment, and clinical exposure may influence how nurses make ethical decisions and carry out their responsibilities in patient care. The significant relationship between moral competence and the extent of missed nursing care also indicates that nurses who demonstrate stronger ethical awareness and professional responsibility are less likely to overlook or delay necessary nursing interventions. This highlights the important role of ethical competence in guiding nurses as they prioritize and deliver care in often demanding clinical environments.

Recommendations. The study recommends the implementation of the proposed Nursing Care Improvement Plan in the hospital where the study was conducted to sustain the high level of moral competence among nurses and maintain the very low frequency of missed nursing care observed in the findings. Hospital administrators and nurse managers are encouraged to strengthen staffing support, communication systems, and resource availability to address organizational factors contributing to missed nursing care, while other healthcare institutions may adopt or adapt the proposed plan according to their clinical settings and organizational needs. The findings may also be integrated into nursing education, particularly in nursing ethics, professional practice, leadership, patient safety, research methodology, statistical analysis, and ethical principles, to strengthen ethical decision-making and responsible nursing practice among students. In terms of nursing policy, healthcare institutions may develop or strengthen policies related to ethics training, staffing review, monitoring of missed nursing care, communication among healthcare teams, and patient safety initiatives to ensure consistent delivery of quality nursing care. The study may further be disseminated through publication in refereed journals and presentation in research conferences, while future researchers are encouraged to explore moral competence and missed nursing care in different hospital settings using larger sample sizes, mixed-method designs, and qualitative approaches focusing on nurses lived experiences in preventing missed nursing care.

Clinical Performance Enhancement Plan

Rationale

The study revealed that nurses demonstrated high moral competence and a very low frequency of missed nursing care, indicating strong ethical awareness, professional responsibility, and commitment to patient-centered care. However, organizational factors related to staffing, material resources, communication, and teamwork were found to moderately contribute to missed nursing care. Significant relationships were also identified between demographic variables and missed nursing care, suggesting that nurses' experiences may differ according to age, work experience, educational preparation, area of assignment, and work shift. In addition, moral competence was significantly related to missed nursing care, indicating that nurses with stronger ethical awareness may be more attentive to care omissions and barriers affecting patient care. Although the hospital maintains a good level of nursing care delivery, continuous improvement remains necessary to sustain patient safety and quality care. Therefore, the Missed Nursing Care Reduction Plan is proposed to sustain high moral competence among nurses,

maintain the very low frequency of missed nursing care, and address organizational factors contributing to care omissions in the hospital.

General Objective

To sustain high moral competence among nurses, maintain the very low frequency of missed nursing care, and address organizational factors contributing to care omissions.

Specific Objectives

Specifically, the plan aims to achieve the following objectives:

a. Sustain the high level of moral competence among nurses in clinical practice.

b. Maintain the very low frequency of missed nursing care activities among nurses.

c. Reduce the organizational factors contributing to missed nursing care, particularly those related to staffing, resources, and teamwork.

d. Strengthen teamwork, communication, and coordination among healthcare professionals.

e. Provide appropriate support for nurses across different clinical areas, levels of experience, and work shifts.

Areas of Concern	Objectives	Key Activities	Persons Responsible	Time Frame	Success Indicators
Sustaining moral competence among nurses	Sustain high moral competence in nursing practice	Conduct ethics seminars, ethical case discussions, reflective practice sessions, and annual moral competence assessment	Staff Nurses, Nurse Supervisors, Chief Nurse, Nursing Education Unit, Hospital Ethics Committee	2025–2026	Improved ethical awareness and participation in ethics activities
Sustaining the very low frequency of missed nursing care	Maintain the very low level of missed nursing care	Conduct seminars on missed nursing care prevention, nursing care audits, bedside rounds, and reassessment every six months	Staff Nurses, Nurse Supervisors, Chief Nurse, Nursing Education Unit	2025–2026	Sustained very low missed nursing care and completed nursing audits
Organizational factors affecting missed nursing care	Reduce staffing, resource, and communication barriers	Review staffing patterns, ensure availability of supplies, improve teamwork and communication, and establish feedback mechanisms	Staff Nurses, Nurse Supervisors, Chief Nurse, HR Department, Hospital Administration	2025–2026	Reduced supply shortages and improved staff feedback
Differences in experience, area, and work shift	Provide support across different experience	Establish mentoring programs, clinical coaching, workload	Staff Nurses, Nurse Supervisors, Chief Nurse, Nursing Education Unit	2025–2026	Established mentoring program and reduced

	levels and shifts	monitoring, and shift-based support meetings			workload complaints
Relationship between moral competence and missed nursing care	Strengthen ethical awareness and accountability	Conduct ethics-focused continuing education, ethical reflection sessions, and open reporting of care barriers	Staff Nurses, Nurse Supervisors, Chief Nurse, Hospital Ethics Committee	2025–2026	Increased participation in ethics programs and improved ethical awareness

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