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Original research article

Strategies to prevent or minimize missed nursing management as perceived by nurse managers: a nested, qualitative-descriptive study

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Abstract
Introduction: The concept of Missed Nursing Management (MNM) – referring to the functions that nurse managers omit or postpone in their daily practice for various reasons – has recently emerged in the literature. However, no evidence has been published on strategies to reduce or mitigate this phenomenon. The aim of the study was to explore the strategies to avoid missed nursing management as perceived by Italian nurse managers (NMs).
Methods: A nested, qualitative-descriptive study conducted in 2024 by interviewing a sample of 22 nurses. They worked as clinical nurses, nurse managers, nurse executives, nurse educators, and as members of nurse manager associations – at departmental, organisational, educational, and association levels. The audio recordings of the interviews were transcribed verbatim and analysed thematically. The COnsolidated criteria for REporting Qualitative research guidelines were followed.
Results: Six strategic approaches were proposed to prevent or minimise the phenomenon of Missed Nursing Management: (1) Increasing clarity in role definition and task prioritisation; (2) Providing education and development; (3) Ensuring mentoring and promoting reflective practice; (4) Ensuring organisational and system-level support; (5) Promoting policy and cultural change; and (6) Ensuring advocacy and professional support.
Conclusion: Missed Nursing Management can be limited or mitigated using multifaceted strategies at the unit, organisational, and system levels. Overall, implementation of these strategies may help minimise the risk of MNM and strengthen the ability of NMs to contribute effectively to complex healthcare systems. However, their effectiveness should be systematically evaluated.

Keywords: Missed Nursing Management; Nurse Managers; Qualitative study; Strategies

Introduction

It is widely understood that leadership effectiveness in nursing influences the quality of care (Groves, 2025), organisational performance, wellbeing of nursing staff and retention (Grubaugh et al., 2023). However, when managerial functions are not applied in daily practice due to a lack of time or other factors as competitive tasks, the result is a limited and ultimately ineffective form of management.

The phenomenon of Missed Nursing Care – defined as the omission or delay of essential nursing activities in daily practice – has been extensively documented in the literature, first in the USA (Kalisch et al., 2011) and then worldwide in all settings (e.g., Dante et al., 2025). An Italian group (see authors) also translated the Missed Care concept in the context of nursing management (MNM) referring to those management functions that Nurse Managers (NMs) omit or postpone in their daily practice. According to the early evidence available, four important functions of NMs are often missed in daily practice: ensuring 'Systemic planning and monitoring', 'Effective presence in the clinical setting', 'Coordination and continuous alignment of staff with expected goals', and 'Development of the department, staff, and profession'. The reasons for these missed functions have been identified at the (1) macro-level, in the influence of some systemic challenges such as the shortage of nurses, strategic uncertainties, and insufficient recognition of the role of NM; (2) exo-level, in the lack of tailored educational strategies and development opportunities for NM and the limited decision-making autonomy granted to them; (3) meso-level, in the lack of structural, organisational support and coordination; (4) micro-level, in the unclear expectations of the role of NMs, bureaucratic burden, problems with care team cohesion and feelings of loneliness; and (5) at the NM level, such as chronic time pressure and limited experience. The consequences of MNM have been documented for the

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NM themselves (e.g., dissatisfaction), the staff (e.g., increased turnover), the department (e.g., poor performance), and the patients and their families (e.g., poor care).

Despite the progressive clarification of the term, only a few studies have been carried out in the field of MNM. To move research in this area from a purely conceptual approach to action, the aim of this study was to investigate strategies to mitigate or prevent missing nursing management as perceived by Italian nurse managers.

Materials and methods

Research method and questions

A nested, descriptive qualitative study (Sandelowski, 2010) was conducted according to the COnsolidated criteria for REporting Qualitative research guidelines (Tong et al., 2007). The main research question was: *What are the strategies that can prevent or minimise the phenomenon of MNM according to the experiences of NM?*

Participants

A purposive sampling method with maximum variation (Patton, 2002) was used, which provides the greatest variability in participants' experiences of the phenomenon under investigation (Vaismoradi et al., 2013). Four target groups of participants in north-east Italy were included, namely: (a) unit level: NMs, clinical nurses of a large academic hospital (1,000 beds); (b) executive/administrative level: nurse executives of different hospitals in the region (four hospitals); (c) educational level: nurses with responsibility for preparing future NMs working in two universities; and (d) association level: representatives of NM associations in the macro-region.

Data collection

An open-ended, face-to-face interview guide was developed, which included some demographic and professional data (e.g., age, education). The guide was tested with a master's student and an active NM to assess its feasibility and comprehensibility. No changes were suggested. The key question was: *"In your experience, what strategies are effective to prevent or minimise so-called Missed Nursing Management?"* For those who were unfamiliar with the concept of Missed Nursing Management, the definition agreed upon was: *'MNM is a range of management functions that NMs omit or postpone in their daily practice.'*

The researchers approached the participants and explained the aims of the study and the procedure. Written informed consent was then given. Participants were gradually enrolled until data saturation was reached (Vasileiou et al., 2018), which was independently assessed by three researchers (see authors). Data collection was based on the participants' preferences regarding location and time. The duration of each audio-recorded interview was approximately one hour.

Data analysis

The audio recordings were transcribed verbatim immediately after the interview, anonymised, sequentially enumerated, and then read to gain insights and assess saturation. Transcripts were read independently by three researchers (see authors) to gain an overall view and ensure a complete understanding of the text through sentence-by- sentence analysis. Data were categorised thematically by induction according to the main research question and explanatory quotes were identified and extracted (Chun Tie et al., 2019). The thematised strategies were described in terms of their meaning, and a meaningful quote was integrated.

Ethical aspects

Ethical approval for the study was obtained from the Internal Review Board of the University of Udine, Italy (RIF Prot IRB: 049/2022; Tit III cl 13 fasc.8/2022).

Results

A total of 22 NMs were involved (Table 1), aged between 24 and 66 years, predominantly female (13 out of 22), with nursing experience ranging from 2 to 42 years. Their management experience ranged from 1 to 29 years.

To prevent or minimise the phenomenon of MNM, six strategies emerged from the data collection, each targeting different domains of practice and professional development (Table 2), namely: (1) Increasing clarity in role definition and task prioritisation; (2) Providing training and development; (3) Ensuring mentoring and promoting reflective practice; (4) Ensuring organisational and system-level support; (5) Promoting policy and cultural change; and (6) Ensuring advocacy and professional support.

Firstly, participants emphasised that the role of NMs needs to be more clearly defined. Often the responsibilities of NMs are unclear, and they are required to take on non-managerial roles, particularly to compensate for staff shortages. Whilst this flexibility is often necessary, it can dilute their core responsibilities as a manager. Therefore, defining clear roles and responsibilities – along with developing a strong ability to prioritise – is seen as a fundamental step.

A second strategy is to improve training opportunities that are practical and contextualised. While theoretical, knowledge-based training remains important, participants emphasised the need for practise-based learning that is geared to the real-life demands of leadership in complex healthcare facilities. Managerial skills need to be adapted to the specific context in which care is delivered, making on-the-job learning particularly important. Closely linked to this is the third strategy: the provision of mentoring, particularly for newly appointed NMs. As the transition into a managerial role can be challenging, structured mentoring programmes are essential for effective induction and to ensure professional development. Such support helps new NMs navigate the complexities of their role while building their confidence and competence from the outset.

Another important strategy is to encourage reflective practice. Nurse Managers often have little time to step back and critically evaluate their own work. However, encouraging a culture of reflection – using tools such as audits, feedback loops, and reflection groups – can help NMs to identify gaps and continuously improve. This critical reflection is key to preventing management omissions and improving overall leadership effectiveness.

The fifth strategy centres on the need for robust organisational support systems. A hierarchical structure in which upper-level managers actively support NMs is seen as essential. This support should not be sporadic or individual but embedded in the organisational culture. Creating such an environment reinforces the importance of leadership and contributes to a more cohesive and supportive workplace.

Finally, participants emphasised the importance of professional advocacy through associations and external networks. Supporting NMs beyond the immediate organisational envi-

ronment – by promoting their needs and value through professional associations – can help to address systemic barriers and raise awareness more broadly. Advocacy also provides a collective voice to influence policy and drive change that benefits the profession as a whole.

Table 1. Main characteristics of participants

ID	Gender	Age (classes of years)	Current role	Experience as a nurse (classes of years)	Experience in managerial role (classes of years)
1	M	51–60	Nurse Executive	36–40	26–30
2	M	61–70	Nurse Manager	41–45	16–20
3	M	41–50	NM Association	21–25	6–10
4	F	51–60	NM Association	31–35	21–25
5	F	51–60	Nurse Manager	36–40	16–20
6	F	51–60	Nurse Executive	36–40	26–30
7	F	41–50	Nurse Educator	16–20	1–5
8	M	31–40	Nurse Educator	11–15	1–5
9	M	31–40	Nurse Educator	6–10	1–5
10	M	31–40	Nurse Educator	6–10	1–5
11	F	41–50	Nurse Educator	16–20	1–5
12	F	51–60	Nurse Manager	31–35	16–20
13	F	31–40	Nurse Executive	11–15	1–5
14	M	31–40	NM Association	11–15	1–5
15	F	41–50	NM Association	21–25	6–10
16	F	21–30	Clinical Nurse	1–5	–
17	F	41–50	Nurse Manager	26–30	11–15
18	F	21–30	Clinical Nurse	1–5	–
19	M	51–60	Nurse Executive	31–35	26–30
20	M	41–50	Nurse Manager	21–25	11–15
21	F	51–60	Nurse Executive	36–40	11–15
22	F	21–30	Clinical Nurse	6–10	–

Note: F – Female; M – Male; NM – Nurse Managers

Table 2. Domain of the strategies and examples of quotes

Domain	Example of quotes
1. Clear role definition and task prioritisation Strategy: Ensure NMs have well-defined responsibilities and competences to prioritise their functions.	*"I would tell you that it's about having a job description and recognising what the priorities are"* (P20, Nurse Manager). *"There's too much to do and not enough clarity. Sometimes I'm not even sure what should come first"* (P13, Nurse Executive).
2. Education and training Strategy: Provide continuous, practical leadership development focused on real-world NM challenges.	*"… at the management level there are several changes that require ongoing education – things change metaphorically more frequently than for clinical, patient-centred nurses"* (P7, Nurse Educator). *"No one prepared us for dealing with conflict and strategic planning… We learnt it the hard way"* (P9, Nurse Educator).
3. Mentoring and reflective practice Strategy: Use audits, feedback, and self-evaluation tools to identify and learn from missed activities.	*"We don't have time to stop and think about what was missed. That's part of the problem – we're always reacting"* (P17, Nurse Manager). *"So, the real strategy is a work of introspection, i.e., I try to understand and make a comparison between what I expected to do and what I'm doing now"* (P8, Nurse Educator).
4. Organisational and system-level support Strategy: Reduce administrative burden and improve support at all levels of the health system.	*"They are pulled in all directions. The system expects a lot, but it doesn't give you the support you need"* (P4, Nurse Manager Association). *"We are pressured by both the expectations and the shortcomings of the organisation"* (P2, Nurse Manager).
5. Policy and cultural change Strategy: Change professional culture and policies to value and support the nurse manager role.	*"To make them [policy makers, hospital general managers] aware that NMs have a great responsibility towards the nurses who work with them, by making sure that they work well, that they are comfortable … by respecting their time off when they plan the shifts…"* (P19, Nurse Executive). *"There's a culture where care management is just seen as paperwork and not part of patient care"* (P20, Nurse Manager).

Table 2. ***(continued)***

Domain	Example of quotes
6. Advocacy and professional support Strategy: Empower professional associations and networks to advocate for nurse managers' needs.	*"These elements of support need to be in place and then also emotional-psychological support, because it's not easy to deal with devastating situations..., I mean, the NM is alone and therefore needs to be supported in an appropriate way"* (P17, Nurse Manager). *"Being part of the organisation helps. It makes you realise that you are not alone and that you can work together for change"* (P21, Nurse Executive).

Note: NM – Nurse Manager

Discussion

The concept of MNM has recently been defined as those management functions that cannot be provided by NMs or are deferred (*unpublished paper, see authors*). Research in this area remains limited but given the significant impact of MNM on patient outcomes, staff wellbeing (e.g., staff turnover), and organisational performance, practical solutions are expected. For this reason, the present study utilised a nested design to investigate strategies that may mitigate or prevent the occurrence of MNM from the perspective of NMs. Some of the strategies identified are consistent with strategies that have been documented for Missed Care among clinical nurses, such as strengthening support systems and improving prioritisation skills (Abdelhadi et al., 2020). Others are specific to the challenges of NMs. Taken together, these strategies represent a multidimensional approach to strengthening nurses' leadership roles and ensuring that essential leadership functions are consistently performed.

Overall, the first group of strategies focuses on the individual NM and emphasises the importance of education, practice-based training and structured mentoring – not only during induction but also as a continuing education strategy – to enhance key competencies and promote reflective practice. Recently, the need to support the transition of nurses to NMs roles and further development in this role has been emphasised (Cziraki et al., 2014). This transition is often not supported, especially in times when there is a shortage of NMs. In addition, Nurse managers are often subject to a huge workload which reduces time for reflection and therefore limits time for learning (Almost and Mildon, 2022). Tools to support role clarity such as job descriptions and coaching in prioritisation by peer mentors were highlighted as important. Nurse managers can be experts in deciding clinical priorities. Prioritisation decisions at management level may require additional skills (Sist and Palese, 2020), which should be monitored and supported.

The next group of strategies addresses organisational and cultural factors, including the need for supportive leadership structures, clearly defined roles, and a workplace culture that values and empowers NMs. While the support that clinical nurses need is much discussed, the support that Nurse managers need is less frequently documented. In our study, NMs expressed a clear need for greater support, both at an organisational level – particularly within the nursing leadership structure – and at a system level from other healthcare leaders. This reflects existing findings that suggest that NMs often do not feel valued (Miller and Hemberg, 2023).

In addition, the strategies identified in this study call for broader cultural and policy change (Saiani and De Marinis, 2025) and emphasise the need for more advocacy and professional support. Overall, NMs are often not perceived to make a direct contribution to clinical practice, despite being expected to fulfil multiple roles that fill organisational gaps. These dynamic risks diminish the value of their role. Therefore, it is important to increase support from nursing leadership and the broader healthcare system, and to empower NMs through their involvement in professional associations – where they can share strategies and receive peer support – to limit problems (Nurmeksela et al., 2025) that prevent or mitigate MNM. NM Associations can act as powerful platforms to promote visibility of the role, advocate for resources and recognition, and create shared spaces for professional development and peer learning.

Limitations

This study has several limitations. It referred to a group of NMs working in the same macro-region in north-east Italy, thus wider inclusion could be encouraged in future research. The interviews dealt with a new concept that may have been misunderstood, which could have influenced the results. However, a clear and shared understanding of the concept of 'Missed Nursing Management' was established at the initial stage of each interview to mitigate this risk.

Conclusion

Nurse Managers play a critical role in creating a healthy work environment that supports nurses, prevents missed care, and promotes the overall quality of care. However, the expected management function that ensures these important outcomes can be postponed or missed (known as 'Missed Nursing Management'). In this context, this is the first study to attempt to identify practical strategies to prevent/mitigate the occurrence of this phenomenon.

The participating nurse managers identified a range of strategies at both individual level (e.g., training and mentoring) and organisational and system level, namely: (1) Increasing clarity in role definition and task prioritisation; (2) Providing training and development; (3) Ensuring mentoring and promoting reflective practice; (4) Ensuring organisational and system-level support; (5) Promoting policy and cultural change; and (6) Ensuring advocacy and professional support. These strategies are multi-faceted and target different levels to ensure stronger and more consistent support for nursing leadership. They can serve as a basis for developing a structured intervention to prevent dysfunction. They can also be explored and extended through further qualitative studies in other countries, especially as the experiences and perceptions of NMs are highly contextualised and shaped by the professional and cultural environment. The findings could also serve as a basis for the development of intervention studies to understand their effectiveness.

Overall, the implementation of these strategies may help to minimise the risk of MNM and strengthen the ability of NMs to contribute effectively to complex healthcare systems. However, their effectiveness should be systematically evaluated.

Ethical aspects and conflict of interest
The authors have no conflict of interest to declare.

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