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# Understanding Antecedents of Missed Nurse Care in Pediatric Ward Towards Nurse Outcome: A Descriptive Study in Indonesia

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Self-efficacy, collective efficacy, resilience, empathy, patient safety

**Abstract**

This research aims to examine the relationship between empowering leadership, performance-based evaluation, and resilience on nurse outcomes through self-efficacy, teamwork efficacy, and missed nursing care in paediatric wards, with the moderating role of cognitive empathy. This descriptive research was conducted during October 2024, utilising self-reported questionnaires. The research included 180 paediatric ward nurses, each with at least one year of working experience in paediatric wards where children were admitted. These nurses were selected from four private hospitals in one of the most populous provinces in Indonesia, West Java. The proposed model was tested using partial least squares structural equation modelling. The findings indicate that resilience, empowering leadership, and performance-based evaluation are significantly associated ($p < 0.05$; 95% CI) with paediatric nurses' outcomes from the nurses' perspective, mediated by nursing profession self-efficacy, nursing teamwork efficacy, and missed nursing care. As a moderating variable, cognitive empathy demonstrated a significant moderating role in the relationship between self-efficacy and missed nursing care ($\beta = -0.218$) but was not significant for teamwork efficacy ($\beta = 0.143$). The proposed model demonstrated adequate prediction of paediatric nurse outcomes as the dependent variable ($R^2 = 0.453$). This research highlighted the importance of leadership styles that empower paediatric nurses, resilience-building programmes, and initiatives that enhance individual and team efficacy to mitigate missed nursing care in the paediatric ward. Hospital managers should prioritise strategies to improve leadership, resilience, and teamwork to enhance paediatric patient safety, care quality, and paediatric nurse well-being in hospital settings.

## INTRODUCTION

The World Health Organization (WHO) reports that 60% of errors in healthcare can be traced to missed nursing care (World Health Organization, 2020). In hospitals with high workloads, especially in developing countries, the incidence of Missed Nursing Care (MNC) increases up to 30% higher than in developed countries (Imam et al., 2023). This condition not only threatens patient safety but also creates significant emotional stress on nurses, increasing the risk of burnout and turnover (Antonio et al., 2024).

The current challenge in hospital management is to improve nurses' performance in order to enhance nurse outcomes and decrease the risk of missed nursing care (Chen et al., 2020), specifically in paediatric wards where paediatric patients are more vulnerable and at higher risk. Furthermore, hospitals are often faced with high patient volumes and workforce shortages. As highlighted in The Lancet, nurses are known to play a pivotal role as essential resources

(McHugh et al., 2021), representing over half of the global skilled healthcare workforce. The scope of nurse outcomes does not revolve around job satisfaction alone but also involves work commitment, thus raising their outcomes will improve quality of care, linked with increased patient safety (Dinc et al., 2018).

Nurse outcomes are essential as they reflect the overall well-being, satisfaction, and commitment of nurses, which directly impact the quality of care provided, particularly in high-stakes settings like paediatric wards. It is important for hospital management to focus on long-term nurse outcomes, for they are essential not only for enhancing patient safety but also for building a resilient healthcare workforce capable of maintaining high-quality care (McHugh et al., 2021). However, few studies have examined the aspects that precede nurse outcomes, particularly missed nursing care, which directly reflects nursing performance (Kalisch, 2006).

Patient safety has emerged as a critical global public health concern and is recognised as a cornerstone of healthcare quality, underpinning efforts to deliver effective, equitable, and reliable care across all health systems. However, patient safety serves as a broad metric encompassing various healthcare roles, including physicians and patients themselves; therefore, it does not distinctly highlight the specific contributions and responsibilities of nurses. To address this gap, Kalisch introduced Missed Nursing Care (MNC) (Kalisch, 2006; Kalisch et al., 2010) as an objective framework for evaluating nursing performance, which has been used in many healthcare facilities across different countries. However, there is insufficient research linking MNC with nurse outcomes, whilst nurse outcomes are essential to assure quality care in the long term—a disruption to nurse outcomes may directly compromise care quality and continuity (Jones et al., 2015; Bragadóttir et al., 2017). Moreover, the assessment of MNC in paediatric settings is frequently overlooked (Kohanová et al., 2023). On average, paediatric nurses fail to perform approximately 1.5 essential care activities (Lake et al., 2017). Delivering high-quality nursing care in paediatric units plays a crucial role in reducing mortality and morbidity rates amongst children (Ogboenyiya et al., 2020).

Paediatric nurses, as a professional group, are deeply committed to making a meaningful difference in their patients' lives. However, their inability to deliver the required care often results in higher levels of job dissatisfaction compared to other healthcare professions (Özer, 2024). From their perspective, missed care encompasses various dimensions, such as psychological support, communication, education, assessment, medication administration, and infection control. This not only contributes to dissatisfaction amongst mothers but also negatively affects the child's recovery process and poses detrimental consequences for the nurses themselves (Dadgari et al., 2023).

MNC focuses explicitly on the tasks nurses must fully execute to deliver optimal patient care, offering a clear and measurable approach to assessing the impact of nursing practices on patient outcomes (Andersson et al., 2021). Evaluating MNC in relation to nurse outcomes is critical, given its profound implications for healthcare quality and patient safety. Studies indicate that when nurses experience high workloads or lack sufficient support, MNC incidents rise, directly compromising care quality and continuity (Jones et al., 2015; Bragadóttir et al., 2017). Additionally, consistent exposure to MNC is related to negative nurse outcomes, such as decreased job satisfaction, burnout, and turnover intentions, which can create a cycle of care deficits and staffing issues (Imam et al., 2023; Alsubhi et al., 2020).

However, MNC-related research tends to focus more on the working environment rather than integrating teamwork with self-efficacy of nurses, where both can collectively shape nurses' ability to perform effectively under high-stress conditions (Wang et al., 2017; De Miguel et al., 2023). Self-efficacy is essential in developing nursing competence, highlighting the need to emphasise patient safety in nursing education. It is crucial for nurses to cultivate an understanding of their roles and responsibilities, particularly in responding effectively when incidents occur (De Miguel et al., 2023; Harsul et al., 2020). International studies have highlighted a strong relationship between nursing staff teamwork and MNC, demonstrating that effective teamwork significantly reduces the incidence of MNC (Papathanasiou et al., 2024). Without a shared sense of responsibility and group motivation, nurses may overlook the needs of their colleagues' patients, leading to increased instances of unmet care and threatening patient safety (Smith et al., 2017). Furthermore, the work environment and nurse staffing specific to paediatric care have been significantly less studied compared to their counterparts in adult care settings (Lake et al., 2017).

Previous research that integrates elements emerging from self-efficacy and teamwork efficacy, also known as collective efficacy, still needs to be explored. One study has extensively investigated MNC as a critical indicator of patient safety and quality of care (Kalisch, 2006). Another study introduced MNC as an essential framework for understanding care omissions, linking it to adverse outcomes such as medication errors, delays in treatment, and increasing patient mortality (Kalisch, 2006). Another study emphasised the role of teamwork efficacy in reducing MNC (Papathanasiou et al., 2024), whilst others have highlighted resilience as a key factor in equipping nurses to manage high-stress environments effectively (Yu et al., 2019). Although previous studies provide valuable insights in reducing MNC, many focus on isolated variables or fail to account for the complex interplay between individual and team dynamics, leadership, and organisational factors.

Therefore, this study aims to examine the relationship between empowering leadership, performance-based evaluation, resilience, and nurse outcomes in paediatric wards; analyse the mediating role of self-efficacy, teamwork efficacy, and missed nursing care; and test the moderating role of cognitive empathy on the relationships between self-efficacy and missed care as well as between teamwork efficacy and missed care. By achieving these objectives, this research is expected to provide evidence-based recommendations to improve paediatric nurse outcomes, reduce missed nursing care, and enhance patient safety and care quality. To that end, in order to improve the quality of care delivered by paediatric ward nurses, this study assumes that the interplay between self-efficacy and teamwork efficacy must be achieved first to deliver quality care through decreasing MNC. This approach is expected to fill the gap and contribute new insights to hospital management. Furthermore, this research also explores antecedents that may have the potential for intervention of Nursing Profession Self-Efficacy (NSE) and Nursing Teamwork Efficacy (NTE), which include Empowering Leadership (EML), Performance-Based Evaluation (PBE), and Resilience (RES). This study is believed to be a new approach that can provide a long-term orientation of what ideal nurse outcomes should look like, whilst providing room for improvement in patient safety. To achieve this, three research questions that still need to be explored in nursing practice in paediatric wards have been formulated.

## METHOD

This descriptive study was conducted in October 2024, using a self-reported questionnaire at four private hospitals with more than two hundred beds accredited in West Java, Indonesia. The Research Committee Ethic Pelita Harapan University (No: 026/MARS/EC/IX/2024) granted ethical approval for this study. All participants voluntarily completed the questionnaire.

Ethics statement: This study was approved by the Research Committee Ethic of Pelita Harapan University (No: 026/MARS/EC/IX/2024). Informed consent was obtained from all participants.

### Statistical Analyses

The PLS-SEM approach was chosen for its ability to test complex models in explanatory survey research. The PLS-SEM approach was advised when the investigation focused on the model's predictive power.29 SmartPLS ® version 4.1.0.2 was used for the PLS-SEM analysis, as it offered a bootstrapping menu for significance testing. The primary models used in PLS-SEM were the measurement model (outer model) and the structural model (inner model). The validity and reliability of the connections between the indicators and constructs were evaluated using the measurement model. The structural model was used to assess the critical association between each component in the study model.

## RESULTS AND DISCUSSION

A total of 180 respondents who fulfilled the study's requirements were included in the research. The demographic profile (Table 1) displays the characteristics of the research participants. According to their demographic profile, most respondents (85.56%) were female. According to the age group, half of the respondents (49.44%) were in the age range of 28–43 years, suggesting a level of emotional maturity. This demographic characteristic indicates that respondents were likely capable of fully understanding and accurately responding to the questionnaire items. Regarding marital status, slightly more than half (56.67%) are married, which may indicate a balance in personal responsibilities that could be linked with work-life dynamics. Regarding work experience, the distribution shows that more than half of the respondents (55.56%) have 1–5 years of experience, and most of the respondents (71.11%) are registered nurses. This demographic variety supports the robustness of the study by reflecting the diverse backgrounds and experiences of nurses in four private hospital settings.

Conducting an outer model analysis is the first step in this study. This study's outer loading (OL) values for individual items ranged between 0.454 and 0.944, mostly above 0.7, further supporting the reliability and validity. These results indicate that the measurement model is well-specified, providing a solid foundation for subsequent structural analysis. All variables achieved high internal consistency, with Cronbach's alpha (CA) values exceeding the threshold of 0.7, ranging from performance-based evaluation (0.640) to nursing profession self-efficacy (0.974). Composite reliability (Rho_c) values also demonstrated strong reliability, with scores ranging from 0.755 to 0.978.

Convergent validity in the study was ensured by evaluating the average variance extracted (AVE) value. AVE values mostly exceeded 0.5 for all variables, confirming adequate convergent validity.

The discriminant validity test was determined using the Heterotrait–Monotrait ratio (HT/MT) since it was more accurate in identifying discriminant validity issues. Given that every indicator in the research model had been adequately differentiated to allow the assessment of each construct, all constructs in this study's validity test had values less than 0.9. The highest HTMT values were observed between RES and NSE (0.816), RES and NTE (0.806), and NTE and NSE (0.785), demonstrating strong but acceptable correlations. Lower HTMT values, such as between RES and EML (0.466) and MNC and EML (0.473), reflect minimal overlap between these constructs. These results confirm that the constructs are distinct from one another, supporting the validity of the measurement model.

The evaluation of the model fit in Partial Least Squares Structural Equation Modelling (PLS-SEM) revealed a Standardized Root Mean Square Residual (SRMR) of 0.079 for the saturated model and 0.111 for the estimated model. Both values fall within acceptable thresholds, with the saturated model indicating a better fit. These results suggest that the structural relationships in the model are reasonably well-specified, providing a solid foundation for further analysis.

$R^2$ determined the structural model's explanatory strength. The results of this study model indicate that the NSE and NTE variables' $R^2$ values were classified as having moderate to strong predictive accuracy at 0.661 and 0.688, respectively, as seen in Figure 2. The MNC and Nurse Outcome $R^2$ scores of 0.477 and 0.453 subsequently indicate a weak to moderate level of predictive accuracy. These findings indicate that this model has adequate explanatory power.

The standard method bias (CMB) caused by errors or biases in the measurement process was previously evaluated using the inner variance inflation factor (VIF). The results of this investigation suggest that there is no standard method bias in this model, as all constructs have inner VIF values below the threshold of 5, indicating no significant multicollinearity issues. The highest VIF was observed for NSE → MNC (3.396), followed by cognitive empathy → MNC (2.601) and NTE → MNC (2.552). Other predictors, such as EML, PBE, and RES, showed VIF values ranging from 1.562 to 1.939, reflecting low collinearity. These results confirm the reliability of the constructs in the structural model, ensuring the robustness of the path coefficients.

The variable MNC has the largest effect size on Nurse Outcome with an $f^2$ value of 0.828, followed by RES, which also has a large effect size on NSE and NTE with $f^2$ values of 0.697 and 0.538, respectively. Results indicate that the model demonstrates an adequate effect size.

This empirical study has demonstrated that, in paediatric ward settings in private hospitals, MNC has a negative significant effect on Nurse Outcome (−0.673). Whilst NSE and NTE showed negative significant effects towards MNC. MNC showed a negative effect on Nurse Outcome, contributing $R^2$ values of 0.477 and 0.453, categorised as substantial. This confirms the detrimental impact of care omissions on job satisfaction, motivation, and overall well-being. This finding is also aligned with a previous study showing that nurses who frequently encounter MNC are more likely to experience burnout and decreased engagement, perpetuating a cycle of diminished care quality (Alsubhi et al., 2020). These findings highlight the urgent need for interventions that prioritise reducing MNC, not only to improve paediatric patient safety but also to create a supportive work environment that enhances paediatric nurses' retention and performance.

Simultaneously, NSE and NTE have negative effects on MNC. These two variables contribute $R^2$ values of 0.661 and 0.688, categorised as moderate to strong explanatory power. In that regard, both NSE and teamwork efficacy play significant mediating roles in the relationship between their antecedents and Nurse Outcome through MNC. This finding is consistent with previous studies demonstrating that high self-efficacy enables paediatric nurses to confidently complete their responsibilities, minimising care omissions, whilst effective teamwork fosters a shared sense of responsibility that reduces task neglect and improves paediatric patient outcomes (Papathanasiou et al., 2024; Smith et al., 2017). These findings underscore the importance of both individual and team-level competencies to mitigate MNC and ensure better patient care. Hospital management should integrate planned, efficient processes with compassionate care to achieve higher paediatric nurses' job satisfaction to ensure better health outcomes and higher paediatric patients' satisfaction. This can be achieved by implementing social support groups amongst paediatric nurses, organising healthcare workers' family gatherings, and establishing coaching or mentoring programmes for paediatric nurses to increase self-efficacy and teamwork within their unit.

From the model analysis, there are eleven paths from three independent variables, one moderating variable, and three partial mediating variables, of which one out of eleven is insignificant. One path regarding the moderating variable (CGE × NTE → MNC) does not have sufficient evidence to conclude significance. The absence of a significant moderating effect of cognitive empathy on teamwork efficacy suggests contextual limitations, such as workload pressures or team dynamics, that might dilute its influence. On the other hand, this study reveals that cognitive empathy marginally moderates the relationship between NSE and MNC. This indicates that nurses with high cognitive empathy are better able to translate their self-confidence into effective care delivery. These findings partially align with a previous study which highlighted the complex interplay between empathy and care quality (Brett et al., 2022). Future research should further investigate these nuanced relationships, particularly in hospital settings.

This study also finds that RES (0.607) shows the largest connection with NSE, followed by EML (0.241) and PBE (0.095). Similarly, RES (0.512) also shows the largest relationship with NTE, followed by EML (0.271) and PBE (0.203). The study's findings suggest a high probability that paediatric ward nurses believe that RES significantly contributes to Nurse Outcome improvement through NSE and NTE. As a conclusion from this study, resilience emerged as a vital factor, showing a strong positive association with self-efficacy and teamwork efficacy in paediatric ward nurses. This finding also shows that resilient paediatric ward nurses are better equipped to navigate high-pressure environments, maintaining both individual and team effectiveness, as supported by previous studies (Yu et al., 2019). These findings suggest that resilience-building programmes such as mentoring should be a strategic focus for private hospitals to enhance paediatric nurses' performance in order to increase patient care quality.

Similarly, this study also demonstrates that EML and PBE positively influence both NSE and NTE, highlighting their critical role in nurse confidence and collaboration. This aligns with previous studies which emphasise that empowering leadership (Cziraki et al., 2020) and performance-based evaluation promote both individual (Wang et al., 2017; De Miguel et al., 2023; Harsul et al., 2020) and team performance (Smith et al., 2017; Cho et al., 2019).

However, this research also notes a few limitations regarding generalisation. This may relate to heterogeneity that needs to be confirmed further. A primary limitation of this study is the unobserved heterogeneity of the data, such as the occurrence of internal orientation and personality diversity. Heterogeneity based on personality is considered important; for example, collaboration between an introvert and an extroverted person will produce different outcomes regarding their teamwork ability. Several other issues, such as the four hospitals' different management policies and values, can also affect the results. The distribution of healthcare professionals who participated in this study also had different proportions, and the number of respondents from each hospital also varied. The differences in work experience are also related to the results. Future research should aim to replicate this model in diverse healthcare settings and explore other potential moderating factors, such as workload and staffing levels, that might clarify the complex relationship between cognitive empathy and care quality. These insights underscore the need for tailored leadership strategies and resilience-building interventions, which may improve both patient outcomes and job satisfaction for nursing professionals.

## CONCLUSION

This study highlights that the interplay between NSE and NTE significantly reduces MNC, which in turn positively impacts paediatric ward nurses' outcomes. An increase in both NSE and NTE leads to a decrease in MNC and an improvement in nurse outcomes, emphasising the need to integrate these factors to achieve the hospital's long-term goals related to patient and staff outcomes. Among the independent variables, resilience demonstrates the strongest association with both self-efficacy and teamwork efficacy, underscoring its critical role and the need for prioritisation by hospital administrators.

Reducing MNC is pivotal for improving nurse outcomes, such as job satisfaction and overall performance. Managerial strategies should focus on enhancing resilience through targeted interventions like supervision, coaching, and fostering social support in the work environment to increase nurses' sense of personal accomplishment. Hospitals should implement regular resilience training programmes to prepare nurses for workplace challenges, specifically in the paediatric wards, and help them respond effectively to stressors without feeling overwhelmed. This can be complemented by creating a supportive organisational culture where leaders adopt an empowering leadership style, enabling open communication and collaboration amongst team members in the paediatric ward.

Additionally, performance-based evaluation systems must focus on not only assessing outcomes but also providing constructive feedback and recognition to boost self-efficacy and teamwork efficacy. Structured team-building activities and workshops can further strengthen teamwork and reduce interpersonal conflicts. Managers should monitor emotional exhaustion and implement stress management programmes, such as mindfulness training or access to counselling services, to safeguard nurses' well-being, especially in paediatric wards where high-level healthcare services with meticulous care delivery are required. By understanding how NSE, NTE, and MNC interact, hospital management can take preventive steps and implement targeted interventions to improve paediatric ward nurses' outcomes, enhance paediatric patient satisfaction, and maintain patient safety. A well-supported nursing workforce ultimately contributes to a more resilient healthcare system and better overall hospital performance.

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