

Proactive Huddles to reduce Missed Nursing Care: The Mediating Roles of Personal Situational Awareness and Rational Coordination

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Background & Aims

Missed nursing care, defined as the failure to deliver essential patient care, has adverse effects on patients, nurses, and healthcare organizations. While efforts to reduce missed care exist, few interventions have been fully evaluated, and the mechanisms through which these interventions work remain poorly understood.

This study aimed to develop, implement, and evaluate proactive huddles as a process to reduce missed nursing care in hospital inpatient wards. Additionally, the study examined the mediating role of personal situational awareness (cognitive mechanism) and relational coordination (motivational mechanism) in the relationship between proactive huddles and missed care.

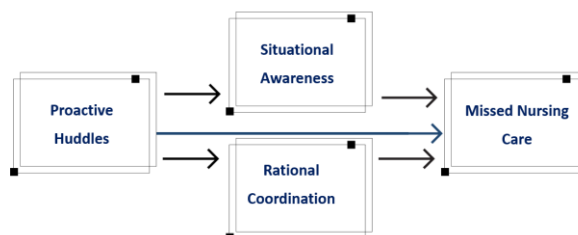
Methodology

- A randomized controlled design with a repeated-measures pretest–posttest structure.
- Wards were randomized into intervention (n = 85) and control (n = 95) groups.
- Nurses in the intervention group participated in daily huddles over three months, while those in the control group continued with standard care practices.
- The MISSCARE survey, Relational Coordination Survey, Situational Nursing Awareness Probe – Missed Nursing Care Edition (SANP-MNC), National Aeronautics and Space Administration (NASA) Task Load Index, and sociodemographic characteristics were assessed pre- and post-intervention.
- Mediation models were analyzed using mixed-linear model analyses.

Conclusion

Proactive huddles were effective in reducing missed nursing care by improving team communication and collaboration. Although situational awareness increased, the high workload and limited resources may have hindered nurses' ability to act on this awareness. For proactive huddles to maximize their potential, additional support systems are needed to enable nurses to address care challenges effectively.

Figure 1. Conceptual framework



Results

The proactive huddle intervention significantly reduced missed nursing care ($\beta = 0.123$, $p < 0.001$), with partial mediation observed through improved relational coordination ($\beta = -0.125$, $p < 0.001$). However, while the intervention increased personal situational awareness ($\beta = -0.142$, $p < 0.001$), this cognitive mechanism did not mediate the relationship between the intervention and missed care (Figure 2).

Figure 2. Effect of the interaction between time (pre vs. post) and group (intervention vs. control) on missed nursing care

