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Rulings convicting nurses for care omissions in the Italian supreme court: A qualitative document analysis

Massimo Noacco [a], Stefania Chiappinotto [b,*], Paco D'Onofrio [c], Alvisa Palese [b]

[a] Department of Oncology, Azienda Sanitaria Universitaria Friuli Centrale, Udine, Italy
[b] Department of Medicine, University of Udine, Udine, Italy
[c] Department of Science for the Quality of Life, University of Bologna, Bologna, Italy

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ABSTRACT

Background: The phenomenon of Unfinished Nursing Care raises important questions from theoretical and empirical perspectives, as well as legal and forensic implications that have not been considered in the available literature to date. The analysis of rulings issued in a given country may expand available knowledge by introducing a legal-forensic lens into this field of research, enabling the identification of unlawful behaviors attributed to nurses, the types of omissions recognized by judges, and the judicial reasoning underlying the attribution of individual criminal responsibility.

Objective: To analyze and synthesize criminal rulings issued by the Italian Supreme Court of Cassation in which registered nurses were convicted for omissions or delays in the provision of nursing care.

Methods: A qualitative document analysis was conducted. Supreme Court of Cassation rulings involving nurses held responsible for adverse outcomes in patients due to episodes of poor care attributable to Unfinished Nursing Care were considered. The DeJure database was searched. Extracted data were synthesized in narrative form, focusing on the main characteristics of the rulings, their consequences for patients, nurses, and the health care system, the omitted or delayed interventions sanctioned, and the concurrent reasons underlying such omissions.

Results: Between December 2004 and October 2022, the Italian Supreme Court of Cassation issued 10 rulings. In eight cases, the patients died; in the remaining cases, the patients suffered permanent consequences. The most reported omissions included failure to monitor vital signs and postoperative care, inadequate patient monitoring, failure to document notes and allergies, neglect of basic care, failure to check surgical sites, and delays in response time. The rulings identified reasons ranging from a single cause to multiple concurrent factors at the individual nurse, unit, and system-wide levels.

Conclusions: This is the first document analysis of Italian case law on Unfinished Nursing Care, offering a forensic perspective based on legally documented omissions rather than self-reported data. Omissions leading to criminal convictions most often concerned patient monitoring, postoperative surveillance, documentation, and basic nursing care. Omissions or delays in nursing care may lead to severe patient harm while also exposing individual nurses to criminal liability, despite the inherently multidisciplinary and system-based nature of care delivery.

What is already known

- The responsibility and autonomy of registered nurses have increased over time, introducing new areas of professional liability.
- With nurses' expanded responsibilities, judges have begun convicting nurses in cases of delays or omissions in providing care.
- Alongside increased theoretical and empirical knowledge, no studies have summarized the rulings that convince nurses about episodes of Unfinished Nursing Care.

What this paper adds

- This study presents the first analysis of Supreme Court rulings issued to nurses in a country, offering lessons from legally documented omissions in nursing care.
- Findings complement theoretical and survey-based research by examining real-world extreme cases and their legal consequences for nurses.

* Corresponding author at: University of Udine, Department of Medicine, via Colugna 50, 33100, Udine, Italy.
E-mail address: stefania.chiappinotto@uniud.it (S. Chiappinotto).

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- Legal accountability for omitted care primarily rests with nurses, even when systemic and organizational factors contribute to failures.

1. Background

Conceptually, "errors of omission," defined as any aspect of necessary patient care that is wholly or partially omitted or delayed (Kalisch et al., 2009), have been described in the nursing discipline as Missed Nursing Care (Kalisch, 2006), Implicit Rationing of Nursing Care (Schubert et al., 2007), and Tasks Left Undone (Sochalski, 2004), all recently incorporated into the overarching term Unfinished Nursing Care (Jones et al., 2015). Encouraging patient mobility, turning patients, participating in interdisciplinary meetings, and providing oral care, education, and emotional support have been reported as the most frequently unfinished nursing activities. In contrast, ensuring admission and discharge procedures, monitoring vital signs and blood glucose levels, and assessing patient needs at each shift have been documented as the least frequently omitted activities (Bayram et al., 2024).

Since its establishment and development in the United States (Kalisch, 2006; Jones et al., 2015), omissions in nursing care have been linked to safety and quality-of-care concerns, both conceptually and empirically (e.g., Aiken et al., 2011; Alsubhi et al., 2020; Cho et al., 2020). Conceptual studies on Unfinished Nursing Care have increased globally (Kohanová et al., 2025), while numerous empirical investigations have measured its occurrence using validated instruments (Palese et al., 2021), established its antecedents (Chiappinotto et al., 2022), and identified its consequences (Griffiths et al., 2018; Moura et al., 2020; Witczak et al., 2021).

Recent studies have documented Unfinished Care prevalence ranging from 6.8% to 98.1% across countries and settings (Gong et al., 2025). From the patients' perspective, Unfinished Care has been associated with adverse health outcomes (Kalánková et al., 2020), including increased risk of falls and hospital-acquired infections (Ausserhofer et al., 2014; Kalisch et al., 2014; Nelson and Flynn, 2015), medication errors (Dehghan-Nayeri et al., 2018), pressure ulcers (Valles et al., 2016), and both postoperative and inpatient mortality (Andersson et al., 2018; Ball et al., 2018; Schubert et al., 2012). Nurses unable to provide the required level of care have been documented to experience negative professional outcomes, including stress, moral distress, frustration, feelings of helplessness, and increased intention to leave the profession (Alsubhi et al., 2020; Chiappinotto et al., 2021; White et al., 2019). At the healthcare system level, omissions in nursing care have been associated with longer hospital stays, increased complications, and higher costs, including those related to medico-legal consequences (Andersson et al., 2015; Dehghan-Nayeri et al., 2015).

Many studies have been conducted to better understand the underlying causes of Unfinished Nursing Care, resulting in the development of several interpretative models. Evidence indicates that its antecedents operate at multiple levels, including the individual nurse level (e.g., inadequate prioritization skills), the unit or team level (e.g., inefficient ward routines), and the organizational level (Sist and Palese, 2020). From this perspective, nurses' prioritization processes are influenced not only by individual competencies but also by the philosophy of care at the micro level (Barasa et al., 2015; Suhonen et al., 2018), as well as by broader policies and constraints at the meso level (e.g., investment in nursing resources), the exo level (e.g., lack of education on prioritization), and the macro level (e.g., prevailing social and professional cultures) (Jones et al., 2019; Srulovici and Drach-Zahavy, 2023). Overall, the socio-economic model of Unfinished Nursing Care conceptualizes this phenomenon as the result of the interaction between two main social structures: individual nurses, regarded as autonomous agents responsible for care decisions, and the broader organizational and societal context, which shapes the time and resources available for care delivery (Jones et al., 2019).

Despite the growing body of research in this field (e.g., He et al., 2025), the legal implications of omissions in nursing care, particularly concerning nurses' professional liability and the protection of patients' rights (Billotta, 2024), have largely been neglected. Nurses' professional autonomy and responsibility have progressively expanded, evolving from roles under constant medical supervision to those of independent healthcare professionals operating within their own disciplinary scope. In parallel, studies summarizing unprofessional conduct leading to disciplinary decisions have been conducted (Papinaho et al., 2022), although these episodes have not been linked to Unfinished Nursing Care. However, Unfinished Nursing Care, as conceptualized within nursing science, does not constitute a legal category per se. Within the criminal law framework, liability is not assessed based on theoretical or systemic models, but rather through the evaluation of specific omissions of legally required conduct, the existence of a position of guarantee, the foreseeability and avoidability of the harmful event, and the establishment of a causal link between the omission and the outcome. While nursing research adopts a systemic and probabilistic approach aimed at understanding and preventing care omissions, criminal law focuses on individual responsibility, assessed on a case-by-case basis and established beyond reasonable doubt.

Nevertheless, a point of convergence between these perspectives can be identified ex post. Analyzing judicial rulings on extreme cases of omitted or delayed nursing care that result in criminal convictions may deepen understanding of the circumstances in which such omissions occur. This perspective may, in turn, inform organizational and preventive strategies, without conflating systemic explanations with individual criminal accountability. By adopting a legal-forensic perspective, this study seeks to complement existing research on Unfinished Nursing Care by analyzing rulings concerning nursing care omissions, while preserving the distinct epistemological foundations of nursing science and criminal law.

1.1. Aim

The aim was to analyze and synthesize criminal rulings issued by the Italian Supreme Court of Cassation in which registered nurses were convicted for omissions or delays in providing nursing care. The research questions were as follows:

(a) What are the main characteristics of Italian Supreme Court of Cassation rulings involving failures in nursing care, in terms of clinical settings, professionals involved, types of offenses, and consequences for patients?
(b) What are consequences for nurses involved in cases of omitted or delayed nursing care, as reported in the included rulings?
(c) What types and characteristics of omitted or delayed nursing care interventions are identified in the included rulings?
(d) What concurrent factors contribute to omitted or delayed nursing care, as identified in the included rulings?

2. Methods

A qualitative document analysis (Bowen, 2009) was conducted on rulings issued by the Italian Supreme Court of Cassation. This systematic procedure, which involves reviewing and analyzing documents to elicit meaning and gain new understanding (Bowen, 2009, p. 1), was chosen because it allows: (a) the analysis of pre-existing texts concerning extreme clinical cases, which would otherwise not be possible to examine, including from an ethical perspective, in real life or with other methodologies; and (b) the analysis of authentic, credible, exemplary, and meaningful cases (Morgan, 2022) that have occurred in nursing practice. Overall, the following four-step process was followed: (1) document identification, (2) selection, (3) data extraction, and (4) analysis (Bowen, 2009).

2.1. Document identification

First, the *DeJure* database (https://www.lefebvregiuffre.it/it/prodotto/dejure), a subscription-based, comprehensive, customizable, and continuously updated online legal information system, was identified. This database enables targeted research and supports legal professionals in precisely identifying rulings relevant to their purposes, allowing accurate searches for Italian Supreme Court of Cassation rulings in civil matters (from 1986) and in criminal matters (from 1995). Its content includes principles and rulings issued by courts of various instances (e.g., Courts of Appeal and the Supreme Court of Cassation) concerning facts and circumstances evaluated by the judicial system.

Second, as *DeJure* employs a semantic search engine that allows text-based queries, a search string was constructed. Following Kalisch's definition of Unfinished Nursing Care as "any aspect of required patient care wholly or partially omitted or delayed" (Kalisch et al., 2009), the keywords "omission" ("*omissione*" in Italian) and "nurse" ("*infermiere/a*" in Italian) were combined using the Boolean operator "AND." No additional search terms were used, as no exact phrases or alternative combinations relevant to the phenomenon of Unfinished Nursing Care could be entered into the database. Moreover, no temporal restrictions were applied to allow comprehensive inclusion of all relevant rulings.

Third, rulings issued by the Supreme Court of Cassation were considered eligible. As the final act of judicial proceedings, these rulings provide a transparent account of the judges' reasoning, grounded in the assessment of evidence and in compliance with applicable law and legal principles. Supreme Court of Cassation rulings may confirm, overturn, or remit lower-court decisions for reconsideration (Acierno et al., 2020).

Accordingly, rulings involving registered nurses (holding a diploma or a bachelor's degree, hereinafter nurses) who were held responsible for harmful patient outcomes due to omissions or delays in care were included. Such rulings were classified as instances of Unfinished Nursing Care when the conduct was characterized as "omissive conduct" or, in line with Kalisch et al. (2009), as elements of patient care that were wholly or partially omitted or delayed. Inclusion decisions were made by two researchers (MN and SC), under the supervision of a third expert researcher (AP), who independently analyzed each eligible ruling in relation to the conceptual definition of Unfinished Nursing Care. Rulings concerning health care professionals other than nurses, or not involving omissions in nursing care, were excluded. The search was conducted on 31 January 2025 and included all rulings documented in the database up to that date.

2.2. Document selection

All rulings retrieved from the *DeJure* database were initially screened by title and summary. The first researcher (MN) identified rulings potentially relevant to the study, and a second researcher (SC) independently verified both included and excluded rulings. Full texts of the selected rulings, ranging from four pages (Supreme Court of Cassation, 2012, 2015) to 41 pages (Supreme Court of Cassation, 2019b), were then examined for eligibility against the established inclusion criteria, assessing whether they addressed (a) omissions or delays in nursing care, as defined by Kalisch et al. (2009), and (b) cases involving nurses held responsible for harmful patient outcomes due to omissions or delays in care. Any disagreements between the two primary reviewers were resolved through discussion, with a third reviewer (AP, expert in Unfinished Nursing Care, or PDO, expert in forensic matters) consulted when necessary.

2.3. Document data extraction

A data extraction grid was developed to systematically capture elements from the rulings relevant to the study aim. The grid was piloted on one ruling by two researchers (MN and SC), and no modifications were required.

The following data were extracted: (a) identification of the ruling, including key dates (date of adjudication, date of issuance, and issuing court); (b) setting of the case (e.g., surgical unit), professional profile of the healthcare personnel involved (e.g., nurses only or other professionals), and main characteristics of the patient (e.g., undergoing surgery); (c) the legal principle established by the Supreme Court of Cassation in the ruling, serving as a reference for the resolution of future analogous cases; (d) documented consequences for the patient (e.g., death), the nurses (e.g., disqualification from professional practice), and the healthcare system (e.g., payment of costs); (e) the omitted nursing intervention(s); and (f) the underlying concurrent reasons for the omission, as documented in the ruling.

2.4. Document analysis

All rulings were read in full by the research team to ensure comprehensive familiarity with their content. The extracted data were then synthesized according to the established research questions using different procedures.

The main characteristics of the included rulings and the consequences documented for the nurse(s) were summarized in narrative form (Lisy and Porritt, 2016). Then, the omitted or delayed nursing interventions sanctioned by the Italian Supreme Court of Cassation were both narratively summarized (Lisy and Porritt, 2016) and categorized deductively using the well-established framework that describes nursing care as comprising direct and indirect interventions. The first refers to the time spent in face-to-face interactions with patients and their families (e.g., administering medications), and the second refers to all professional activities carried out away from the patient but essential to ensuring continuity and quality of care (e.g., documenting care, collaborating with staff, other professionals, and students) (Wolf, 1997). The concurrent reasons underlying such omissions, as reported in the rulings, were identified and categorized according to the available literature regarding the multiple factors influencing Unfinished Nursing Care (Chiappinotto et al., 2022). Without addressing the merits of the judicial decisions, the researchers identified, within the reasoning of the rulings, the presence of any concurrent reasons beyond the nurse's individual conduct, as expressly acknowledged by the Supreme Court of Cassation, and then categorized them as factors operating at the unit level (i.e., the specific ward) or at the systemic level (i.e., the broader healthcare system).

Two researchers, both experts in nursing care (MN, SC), initially performed the data categorization then compared their results. Discrepancies were discussed between the two researchers and resolved with the assistance of a third researcher (AP).

2.5. Methodological rigor

To ensure trustworthiness and representativeness (Morgan, 2022), selecting appropriate documents for analysis is essential. Therefore, to include only definitive rulings, ensure authenticity, and minimize the risk of errors in the findings or their interpretation, only those issued by the Supreme Court of Cassation, the highest court in the Italian judicial system, were considered eligible (Table 1). The Italian Supreme Court of Cassation intervenes after first- and second-instance rulings issued by the Courts of Appeal to ensure the uniform and correct application of the law nationwide and to prevent errors resulting from misinterpretation of legal norms by lower court judges (Acierno et al., 2020). The Supreme Court of Cassation does not intervene on its own initiative to ensure consistent application and interpretation of the law, but only when one or both parties challenge the decision of the Court of Appeal.

To ensure credibility (Morgan, 2022), each step of the process was independently performed by one researcher and then reviewed collectively, with findings confirmed through discussion and consensus (Wood et al., 2020). The involvement of two expert researchers, one in Unfinished Nursing Care and one in the forensic field, ensured the accuracy of

Table 1
Liability of Registered Nurses under Italian law: a brief summary.

In the Italian legal system, the professional liability of registered nurses is governed by specific regulations that define their duties and responsibilities as healthcare professionals (Benci, 1999). Liability may be criminal, civil, administrative, or disciplinary. Available data indicate that in criminal proceedings, registered nurses are most frequently charged with manslaughter (30%), followed by embezzlement (15.5%), sexual assault (13.6%), and negligent assault (10.9%) (Ferrari and Sponton, 2018). In civil law, manslaughter is also the most common offense (58%), while the remaining 42% includes voluntary manslaughter, unauthorized practice of nursing, refusal or failure to perform official acts, administration of expired medication, and endangering patient safety (Ferrari and Sponton, 2018).

From a doctrinal and judicial perspective, nurses, in collaboration with other healthcare professionals, are bound by two fundamental principles essential for ensuring adequate care: the principle of professional certainty (in Italian: *principio di certezza*) and the principle of veracity (in Italian: *principio di fiducia*). The principle of professional certainty involves protecting the rights of the person receiving care, guaranteeing safe, effective, evidence-based interventions delivered by qualified professionals. The principle of veracity arises from the confidence that patients place in the nursing staff and the healthcare system as a whole. It requires nurses to provide services competently, deliver clear and transparent information regarding diagnoses, treatment options, and associated risks and benefits, and, in team-based interventions, monitor the proper execution of care and intervene when necessary to prevent errors or omissions (Fiocardi et al., 2017).

Historically, courts often regarded nurses as mere executors of medical orders, lacking autonomy and critical judgment (Ferrari and Sponton, 2018). Only in recent years, with the development of professional recognition and autonomy, have nurses been held accountable as independent legal subjects. Contemporary jurisprudence, particularly in criminal law, has progressively recognized nurses' responsibility toward patients as an integral part of their professional practice. Courts now interpret registered nurses as autonomous providers of interventions, capable of assessing care and treatment needs, planning and implementing interventions, and evaluating their effectiveness. Consequently, judges are increasingly willing to sanction unlawful conduct by nurses, reflecting their professional and legal accountability (Billotta, 2024).

Excluding cases involving malicious intent, the most commonly adjudicated conduct concerns omissions or negligent conduct arising from negligence, recklessness, inexperience, or delayed interventions that hinder timely patient care (Arria et al., 2007). These cases highlight the intersection between nursing discipline – focused on the delivery of safe, competent, and timely care – and forensic evaluation, which examines whether the standard of care mandated by law and professional codes has been breached.

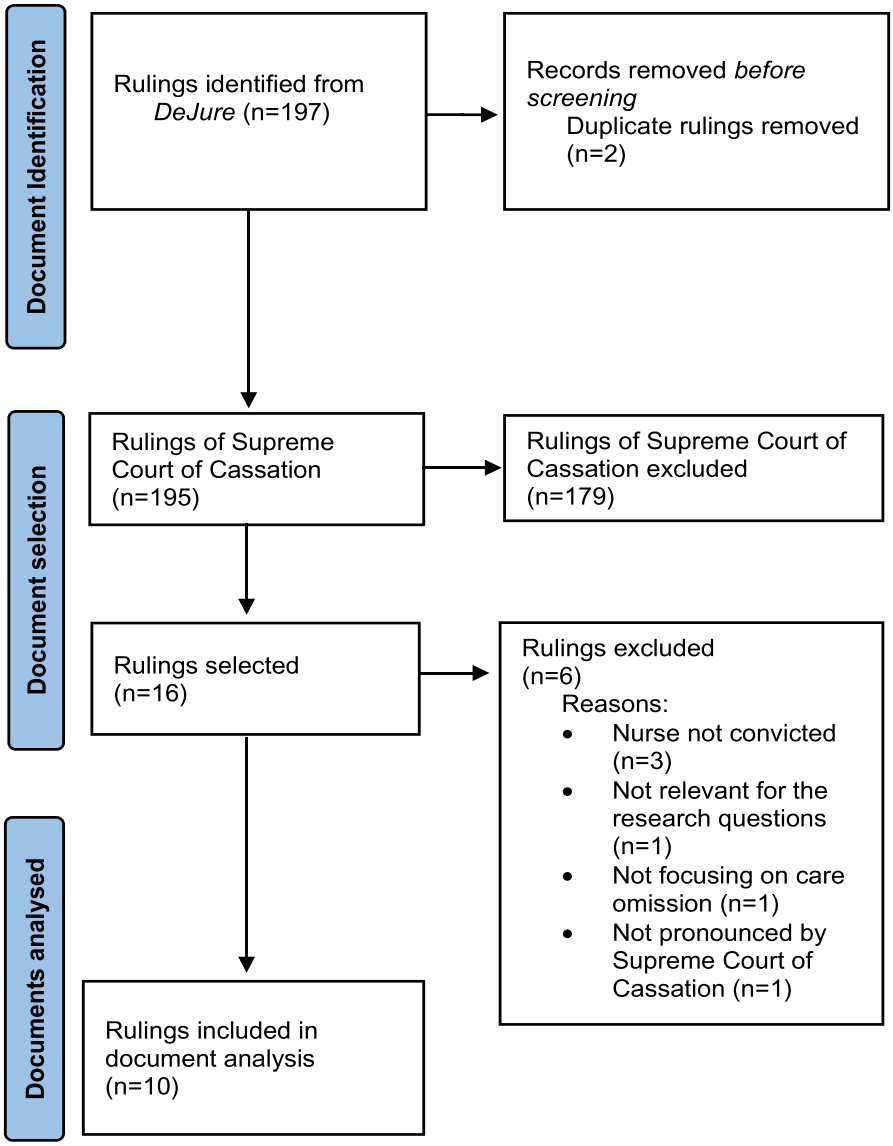

Fig. 1. Flow Diagram of rulings identification, selection and analysis: a modified Preferred Reporting Items for Systematic reviews and Meta-Analyses flow chart (Page et al., 2021).

the process.

To ensure reliability of meaning (Morgan, 2022) when translating specific legal-doctrinal terminology into English, a dedicated translation procedure was followed (World Health Organization, 2017), involving an expert in the field. Confirmability was ensured by describing the data extraction and synthesis process in detail and by accurately reporting extracts from rulings. Finally, transferability was promoted by describing the Italian context (Table 1) and by extracting contextual data for each ruling, thus allowing an understanding of the characteristics of the situation, as well as identifying elements for transferring the findings to other contexts.

3. Results

A total of 197 rulings were initially identified and screened based on the relevance of their titles and abstracts. Of these, 16 rulings met the inclusion criteria. After a full-text review, 10 rulings were included in the final analysis, as shown in Fig. 1.

3.1. Main features of the rulings

The 10 rulings were issued by the Italian Supreme Court of Cassation between December 2004 and October 2022 for events that occurred between 1995 and 2013 (n = 8 rulings did not report the date). All rulings involved registered nurses in situations where failures to provide care were documented (Table 2). The decisions were initially issued by first- and second-instance courts and later reviewed by the Supreme Court of Cassation, Criminal Sections III and IV, in Rome, the highest judicial authority in Italy. The courts of first and second instance included the Ordinary Courts of Agrigento, Bari, Massa, Rome, and Palermo, as well as the Courts of Appeal of Bologna, Catania, Catanzaro, Naples, and Palermo.

The rulings mainly concerned events that occurred in hospital settings (n = 8), mostly in surgical units (n = 4; Supreme Court of Cassation, 2004, 2010, 2022a, 2022b). The remaining cases involved cardiac intensive care units (Supreme Court of Cassation, 2021b), emergency rooms (Supreme Court of Cassation, 2019a), medical oncology (Supreme Court of Cassation, 2019b), and gastroenterology units (Supreme Court of Cassation, 2015). Only one ruling concerned an event in a nursing home (Supreme Court of Cassation, 2021a).

Three cases involved urgent hospital admissions through the emergency department, due to severe pulmonary injury (Supreme Court of Cassation, 2019a), domestic injury (Supreme Court of Cassation, 2004), and the need for critical treatments such as blood transfusion (Supreme Court of Cassation, 2012). The remaining seven cases occurred in the context of planned care, including scheduled surgery (Supreme Court of Cassation, 2022b), adenotonsillectomy (Supreme Court of Cassation, 2010), endoscopy (Supreme Court of Cassation, 2015), laparotomy (Supreme Court of Cassation, 2022a), medication administration for hematological conditions (Supreme Court of Cassation, 2019b), nursing care after implantation of a cardioverter defibrillator (Supreme Court of Cassation, 2021b), and care provided in a nursing home (Supreme Court of Cassation, 2021a).

In four rulings, the defendants were exclusively nurses (Supreme Court of Cassation, 2012, 2015, 2019a, 2022a), while in the remaining cases, the defendants included various members of multidisciplinary healthcare teams. One ruling involved medical students (Supreme Court of Cassation, 2004).

Two rulings documented severe, non-fatal consequences for patients (Supreme Court of Cassation, 2015, 2021a), while in the remaining eight cases, the patients died. Poor quality of care was documented in four cases (Supreme Court of Cassation, 2012, 2021a, 2021b, 2022a), and diagnostic tests and procedures that were either not performed or performed incorrectly were reported in two cases (Supreme Court of Cassation, 2019a, 2022b).

Nurses were found guilty of gross negligence (n = 2; Supreme Court of Cassation, 2010, 2012) in the exercise and conduct of the nursing profession, characterized by recklessness, negligence, and lack of skill; general negligence (n = 5; Supreme Court of Cassation, 2019a, 2019b, 2021a, 2021b, 2022a); and specific negligence (n = 1; Supreme Court of Cassation, 2022a), resulting from failure to take charge of the patient. One ruling concerned negligence in eligendo (n = 1; Supreme Court of Cassation, 2004), relating to the responsibility of those who select, appoint, or delegate tasks to another person without ensuring adequate training and qualification. Convictions also included manslaughter (n = 1; Supreme Court of Cassation, 2022b) and culpable conduct (n = 1; Supreme Court of Cassation, 2015).

3.2. Nurses' consequences

Nurses were sentenced to imprisonment in four cases (Supreme Court of Cassation, 2004, 2010, 2019b, 2021b) or ordered to pay compensation for damages to civil parties - either patients or, in the most serious cases resulting in patient death, family members - in five cases (Supreme Court of Cassation, 2004, 2010, 2019a, 2019b, 2022a). Additional outcomes included repercussions for nurses and other healthcare professionals, such as disqualification from the nursing profession, as well as claims for compensation by injured parties (n = 4), covering medical expenses, loss of income, and, in the most serious cases resulting in patient death, compensation for family members (Supreme Court of Cassation, 2019b, 2021a, 2022a, 2022b), when the omission of care constituted a criminal offense and a violation of the Criminal Procedure Code. Other costs included legal fees and related expenses (n = 4; Supreme Court of Cassation, 2004, 2012, 2015, 2021b).

3.3. Omitted nursing care interventions

Overall, omissions were identified in monitoring vital signs and in post-operative care, patient supervision, documentation of notes and allergies, provision of basic care, checking surgical sites, and delays in response times (n = 9; Supreme Court of Cassation, 2004, 2010, 2012, 2015, 2019b, 2021a, 2021b, 2022a, 2022b). Additionally, errors in assigning priorities and priority codes were documented (n = 1; Supreme Court of Cassation, 2019a).

By categorizing interventions as direct and indirect, most omissions regarded direct care, such as medication administration; monitoring vital parameters, including pulse, blood pressure, and temperature (Supreme Court of Cassation, 2004, 2010); clinical, laboratory, and instrumental monitoring (Supreme Court of Cassation, 2022a, 2022b); failures in assessment or monitoring activities (e.g., "*checking the patient's condition*," Supreme Court of Cassation, 2004, 2010, 2012, 2019a, 2021b, 2022b); and meeting basic patient needs, such as assistance with personal care (e.g., "*it was her job to undress, wash, and change her*," Supreme Court of Cassation, 2021a). Failures in implementing internal rules were also reported, such as when a "*professional nurse, who was responsible for the actual administration, reported to her that on previous occasions the procedures had been different*" (Supreme Court of Cassation, 2019b), as well as failures in procedures (e.g., "*of the two nurses who had omitted to restrain the patient at the beginning of the diagnostic-therapeutic procedure*," Supreme Court of Cassation, 2015) or guidelines (Supreme Court of Cassation, 2022b). Among indirect activities, omissions included failing to alert doctors, where "*the doctor should have gone to the patient's bedside only if expressly called by the nurse*" (Supreme Court of Cassation, 2010, 2019a), and failures to seek clarification regarding care ("*omitted to consult a permanent physician to clarify the dosage*," Supreme Court of Cassation, 2019b).

Some episodes extended beyond specific interventions and involved the entire care process (Supreme Court of Cassation, 2004, 2012, 2015, 2019a, 2021a, 2022a), such as cases in which staff "*lose sight of the patient*" (Supreme Court of Cassation, 2015), or situations amounting to abandonment: the patient "*was left untreated in the corridors of the emergency ward*" (Supreme Court of Cassation, 2019a), or "*left alone*"

Table 2
Rulings main characteristics (n = 10).

Rulings				Contents	
Judgment, date Incident, date Description Offense Court	Unit Profile of the professional(s) Patient main description	Principle	Consequences -For the patient -For the professionals -For the organization	Interventions omitted or delayed	Concurrent reasons
Supreme Court of Cassation, 2004 Supreme Court of Cassation (criminal division) section IV, 01/12/2004, no.9739 07/11/1995 "failed to check the patient's vital parameters" "for negligence aggravated by recklessness and inattention (...) and culpa in eligendo" Court of Bari	Emergency surgery, plastic surgery, and reconstructive surgery Nurse Interdivisional on-call physician Trainee physician A person admitted for a domestic injury in which he had sustained extensive burns to about 50% of the body surface underwent two surgeries	"The head physician or team leader is the holder of a position of guarantee, which requires not only providing the medical and paramedical staff with appropriate instructions for patient care, but also ensuring that measures are in place so these instructions are followed. Therefore, in the event of the patient's death, due to inadequate postoperative care, both the staff responsible for providing care and the head physician who failed to give adequate instructions must be held accountable for such fact."	"(...) death from terminal cardiac arrest in a subject suffering from infectious or hypovolemic shock, following massive bleeding from a gastric or intestinal ulcer" "(...) sentencing them, considering general extenuating circumstances, to four months of imprisonment each, as well as to pay damages to the civil parties, to whom provisional compensation and reimbursement of litigation costs were assigned" Not available	"(...) left alone" "(...) occurred later in that 'care desert'" "Omission to apply the therapy indicated by the operator, (...) and the prescribed drug therapy" "(...) omitted to check the patient's vital signs" "the anesthesiologist ordered a chest X-ray and urgent postoperative examinations to be performed upon arrival in the ward; these were not promptly carried out" "left alone also due to the disinterest of both the only on-call physician during the night shift and the completely unqualified and absent paramedical staff" "(...) so much so that none of this was done (...) either immediately or at any time during the night" "The (...) prescribed intravenous drug therapy was not fully administered; no monitoring of pulse, blood pressure, or temperature was performed"	"(...) during the night shift (...) the medical and paramedical staff in the hospital wards (...) are considerably less alert to emergencies than during the day" "(...) in the absence of a nursing diary" "(...) not having given strict written or oral instructions (...) regarding postoperative management". "(...) in omitting to provide the necessary 'written and oral' instructions to the medical and paramedical staff"
Supreme Court of Cassation, 2010 Supreme Court of Cassation (criminal division) section IV, 14/07/2010, no.34845 Not available "for omitting (...) to provide care in the post-operative phase (...), and for omitting to notify medical personnel of the patient's deteriorating condition" "Gross negligence for contributing to the death of the minor, (...) for having omitted (...), to provide care" Court of Agrigento	Otolaryngology Nurse Ward physician Person undergoing adenotonsillectomy surgery	"The defendants were charged with recklessness, negligence, and inexperience, causing the death of (...), in a child undergoing adenotonsillectomy surgery (...), as the patient had not been adequately observed and assisted during the postoperative phase"	"(...) resulting in the patient's death, which was caused by cardio-circulatory arrest as a consequence of hypoxia" "The sentence imposed, with the granting of general extenuating circumstances, was one year and two months of imprisonment" "(...) were also ordered, jointly and severally, (...) to pay damages to the constituted civil parties (...) a sum determined and liquidated in 145,000 euros as moral damages for each, 10,000 euros as pecuniary damages for each, and 500 euros as hereditary damages for each" Not available	"(...) omissive conduct of the nurse who failed to warn the doctor in time about the child's condition" "(...) that the patient was not adequately observed or assisted during the postoperative phase" "as the doctor should have gone to the patient's bedside only if expressly called by the nurse" "(...) regarding the nurses, if they had assessed the symptoms presented by the patient (vomiting, drowsiness, sweating) in light of the time frame in which they occurred, they should have recognized that the postoperative course was not normal" "As for the nurse (...) the child's relatives, alarmed by the child's condition, repeatedly called him and urged him to call the doctor, but he approached the child's bed only once, without examining the vomit or even touching the patient, who was already soporific and having	"(...) during the night shift" "(...) monitoring the patient could not be left to the nurse alone"

(*continued on next page*)

Table 2 (*continued*)

Rulings				Contents	
Judgment, date Incident, date Description Offense Court	Unit Profile of the professional(s) Patient main description	Principle	Consequences -For the patient -For the professionals -For the organization	Interventions omitted or delayed	Concurrent reasons
				difficulty breathing. The same nurse did not warn the doctor, although he assured the child's relatives that he had done so" "(...) without the nurse making any effort to alert the doctor (...) despite the alarmed parents continually urging the nurse to do so"	
Supreme Court of Cassation, 2012 Supreme Court of Cassation (criminal division) section IV, 05/06/2012, no.37331 Not available "by omitting to perform timely and consistent monitoring while the patient was undergoing a blood transfusion, he negligently caused her death" "Gross negligence" Court of Appeal of Catania	Not available Nurse Person who was to receive a blood transfusion	Not available	"(...) culpably caused her death, which resulted from irreversible arrest of vital functions following hemorrhagic shock" "(...) the sentence (...) to pay the court costs and an amount, which is considered fair to set at 1000 euros" Not available	"(...) had not properly monitored the hemotransfusion procedure as required" "(...) was left alone, unassisted and unsupervised, for at least 50 min" "despite the only inpatient undergoing a high-risk therapeutic procedure, and with the operation in its final stage – when intensified monitoring was especially necessary" "(...) that the delicate therapeutic treatment was performed on the elderly woman not through a peripheral vessel, as is usually and preferably done for safety, but (...) through the femoral artery" "had started the shift at 9 p.m., and death was pronounced at 10:20 p.m."	"The malfunction of the device, such as a possible fastening error by the previous operator" "(...) in any case, at fault for not prioritizing transfusion monitoring over administering nonemergency therapies to other patients"
Supreme Court of Cassation, 2015 Supreme Court of Cassation (criminal division) section IV, 06/02/2015, no.30991 Not available "omission to monitor and supervise a patient who, after receiving anesthesia in preparation for a later operation, fell from the bed because she was not properly restrained" "Culpable conduct" Court of Appeal of Palermo	Gastroenterology, service in the X-ray examination room General nurses Patient undergoing endoscopy for biliary calculi and choledochal stones	"Every healthcare professional is required, in addition to complying with the standards of diligence related to their specific tasks, to observe the obligations arising from the convergence of all activities toward the common and singular goal. Therefore, no healthcare professional can exempt themselves from knowing and evaluating the previous or concurrent activity carried out by another colleague, even if that colleague is a specialist in another discipline, and from checking its correctness, if necessary remedying errors by others that are obvious and not specific to a particular field, and that are detectable and correctable with the common scientific knowledge of an average professional"	"(...) personal injuries to the said person (...), consisting of a head injury with occipital subdural, frontal, and temporal hemorrhage from a lacerated contusion wound, as a result of the ruinous fall to the ground" "(...) orders the plaintiffs to pay court costs" Not available	"(...) of the two nurses who had omitted to restrain the patient at the beginning of the diagnostic-therapeutic procedure" "omission to monitor and subsequently supervise her during the waiting period before the procedure began" "(...) that is, they were required not to lose sight of the patient"	"(...) once the procedure had begun, none of those present, assigned to perform their specific duties, could claim the unpredictability of others' behavior" "(...) behavior of the anesthesiologist that was completely abnormal and unpredictable" "(...) while the others (...) were still engaged in preparing for the surgery and setting up the instruments"
Supreme Court of Cassation, 2019a Supreme Court of Cassation (criminal division) section IV - 19/02/2019, no. 18352	Emergency room Nurse Person who presented with a severe pulmonary infection	Not available	"The (...) was found by staff unconscious and without vital signs. He was pronounced dead." "sentences the defendant, jointly and severally with the civilly responsible	"(...) was left untreated in the corridors of the emergency ward" "(...) omission to properly alert medical personnel to the rapidly worsening situation and the need for prompt action"	"(...) incompatible with any best practice, and even more so with the guidelines currently in force in the Emergency Department"

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Table 2 (*continued*)

Rulings				Contents	
Judgment, date Incident, date Description Offense Court	Unit Profile of the professional(s) Patient main description	Principle	Consequences -For the patient -For the professionals -For the organization	Interventions omitted or delayed	Concurrent reasons
26\02\2009 "Liability of the nurse in triage activities in the Emergency Department - Error in assigning the priority code" "Manslaughter and culpable injury characterized by slight negligence" Court of Rome			party (...), to reimburse the costs incurred by the civil parties (...), set at a total of 3500 euros, plus legal accessories as per law" Not available	"(...) in the present case, the nurse did not even consider carrying out such a check"	
Supreme Court of Cassation, 2019b Supreme Court of Cassation (criminal division) section IV - 06/03/2019, no. 20270 16\12\2011 "Omissions regarding reporting in the notes" "culpable conduct for, in multidisciplinary cooperation and based on the principle of reliance for each defendant, (...) acting with negligence, recklessness, and inexperience in the administration of intravenous drug therapy" Court of Palermo	Medical oncology Nurse Permanent physician Medical student Resident physician Clinic Director A person with stage II Hodgkin's lymphoma, who, during chemotherapy, was administered a 90 mg dose of Vinblastine instead of the planned 9 mg dose	Not available	"Admitted on (...) to the intensive care unit, where she died of cardiac arrest on (...)" "(...) reduced the sentence to 2 years and 10 months of imprisonment" "(...) disqualified from the nursing profession" "(...) ordered the latter to pay the costs incurred by the civil parties in this trial of legitimacy, set at 4000 euros plus legal accessories, (...) 3000 euros plus legal accessories in favor of (...)" Not available	"(...) omitted to consult a permanent physician to clarify the dosage" "(...) professional nurse, who was responsible for the actual administration, reported to her that on previous occasions the procedures had been different and that a syringe had been used" "(...) omission to use the nursing form for the administration of drug therapy"	"(...) lack of adequate nurse training" "(...) failure to address the patient's questions just before administration" "(...) dichotomy between medical and nursing staff" "(...) complete absence of interaction" "(...) communication failures" "(...) unclear authorization for prescribing, preparing, and administering drugs" "(...) absence of a countersignature system for prescriptions" "(...) lack of communication between university and hospital residents; confrontational atmosphere" "(...) cramped facilities requiring the same person to prepare medications and answer the phone" "(...) lack of effective procedures for patient care and communication"
Supreme Court of Cassation, 2021a Supreme Court of Cassation (criminal division) section IV - 29/01/2021, no. 16132 Not available "Omission of essential nursing care for inpatients at a nursing home" "Crime of improper omission – legal duty to prevent the event – fault –	Elderly nursing home Nurse Nursing aide Inpatient at the facility who appeared increasingly absent, with obvious swelling in her legs and poor sanitary conditions	Not available	"(...) caused her serious bodily injury, (...) conditions that endangered the life of the victim" "(...) ordering the plaintiffs to pay court costs and the sum of two thousand euros each in favor of the 'Cassa delle Ammende'[28]" Not Available	"(...) omission of care" "(...) omitting to look after the patient with care and attention" "(...) omitting to provide proper information to the doctor or those in charge of the residential facility" "(...) reprimanded for omitting to pay due attention to the condition of (...), whose gradual worsening over the twenty days she spent in the facility was so evident that even laypersons could notice it" "The defendant had never received	"(...) the extremely serious understaffing situation in which the defendant was operating" "(...) had to manage, with only two other nurses, as many as 41 patients" "(...) that health workers find themselves working without instruments and instructions"

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Table 2 (*continued*)

Rulings				Contents	
Judgment, date Incident, date Description Offense Court	Unit Profile of the professional(s) Patient main description	Principle	Consequences -For the patient -For the professionals -For the organization	Interventions omitted or delayed	Concurrent reasons
negligent personal injury – negligent liability in healthcare." Court of Massa				any reports (...); it was her job to undress, wash, and change her"	
Supreme Court of Cassation, 2021b Supreme Court of Cassation (criminal division) section III – 03/11/2021, no. 1 Not Available "Deactivation of the alarm for patients' illnesses resulted in a delay in response time to a crisis" "for having, in culpable cooperation with others, caused the patient's death due to his inexperience, recklessness, and negligence" Court of Appeal of Bologna	Cardiac intensive care Nurses Ward physician Person scheduled for cardiac surgery whose implantable cardioverter-defibrillator had been deactivated	"Regarding professional negligence, when the hypothesis of multidisciplinary cooperation occurs – even if not simultaneously – each healthcare professional, including paramedical staff, is required not only to adhere to the standards of diligence and prudence related to their specific duties, but also to fulfill the obligations arising from the convergence of all activities toward the common and singular goal. The principle of reliance cannot be invoked by a party who has failed to observe a precautionary rule that underlies the negligent conduct of others, as their responsibility remains based on the principle of equivalence of causes, except in cases where the exclusive effectiveness of a subsequent cause can be established, provided that this cause is exceptional and unforeseeable"	"(...) resulted in a delay in care provided to the patient during his fatal cardiac crisis" "(...) reduced her sentence from 2 years' imprisonment, as established by the Court of Bologna, to 1 year of imprisonment, with the remainder suspended" "(...) condemns the plaintiff to pay court costs and the sum of 3000 euros to the 'Cassa delle Ammende'"[a] Not available	"(...) fatally delayed surgery for a patient experiencing a cardiac crisis" "(...) that the nurse felt the need to 'avert' during the night what she had described as 'noise pollution,' and, together with the other colleague on night duty, took steps to silence the intercom bells that allowed patients to contact on-call nurses, "so that patients had to shout to call for help"" "and by omitting to either reactivate the alarm at the end of their night shift or inform the nurses taking over on the day shift of this action" "(...) the cardiac crisis that had affected ... was not detected immediately"	"(...) limited staff at the time the emergency occurred, as they were busy with other activities"
Supreme Court of Cassation, 2022a Supreme Court of Cassation (criminal division) section IV – 25/05/2022, no. 21449 24\04\2011 "Responsibility for failing to take charge of the patient and omitting medical services for the aforementioned patient, specifically regarding postoperative monitoring of vital functions, demonstrates conduct that qualifies as total inaction" "Generic and specific negligence" Court of Appeal of Catanzaro	General surgery Nurses General nurse Patient admitted after undergoing exploratory laparotomy for intestinal occlusion caused by multiple adhesions resulting from several previous surgeries	Not available	"(...) to have caused, in cooperation with each other, the death of the aforementioned patient" "(...) orders the plaintiffs to pay the court costs and the sum of 3000 euros each in favor of the 'Cassa delle Ammende'[a] as well as to reimburse the costs incurred by the civil parties as follows: 3600 euros plus legal accessories in favor of (...), and 3000 euros plus legal accessories" Not available	"(...) for completely omitting to perform clinical, laboratory, and instrumental monitoring" "(...) the total absence of patient care by nurses" "omission to detect parameters specific to the cardiac, respiratory, and renal condition" "(...) the omission to (...), rapidly provide the ward on-call physician with an accurate picture of the clinical conditions, adequately and promptly alerting him" "(...) the parents had called the nurses on duty, (...), who merely reassured them that it was a normal postoperative course and gave them gauze to clean the patient, who was foaming at the mouth, without ever approaching him"	"(...) the negligent and wholly inadequate conduct of the nurses, who failed to fulfill their responsibilities" "(...) the general nurse, (...), who was legitimately unaware of the need to monitor a patient presenting an alarming clinical picture" "(...) of having provided wholly inadequate care to the patient, demonstrating complete inaction"
Supreme Court of Cassation, 2022b Supreme Court of Cassation (criminal division) section IV – 11/10/2022, no. 578	General surgery Nurse On-call physician	Not available	"The patient's death was caused by cardiorespiratory shock resulting from severe hemorrhage" "(...) sentenced jointly and severally	"(...) omitted clinical, laboratory, and instrumental monitoring" "(...) omitted the required checks specified by the guidelines for the postoperative phase (monitoring	"(...) despite requests from (...) who was caring for the patient, (...) without receiving adequate feedback" "(...) no information about

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Table 2 (*continued*)

Rulings			Contents		
Judgment, date Incident, date Description Offense Court	Unit Profile of the professional(s) Patient main description	Principle	Consequences -For the patient -For the professionals -For the organization	Interventions omitted or delayed	Concurrent reasons
03\07\2013 "Omission to perform the required checks according to postoperative guidelines" "Accessory to manslaughter to the detriment of the patient." Court of Appeal of Naples	Person undergoing partial gastrectomy surgery		to pay compensation for damages, to be determined in civil proceedings, with an enforceable provisional compensation of 20,000 euros awarded to the civil parties" Not available	blood pressure, heart rate, and drainage) to assess blood loss and any ongoing bleeding, which should be performed at least every hour" "(…) due to the lack of careful evaluation (…) and gaps in the medical records" "(…) for not having monitored the patient as usual" "(…) as a result of considering all clinical emergencies present at the time"	ongoing critical situations in the ward had been provided to him by the operator on the previous shift or by the on-call doctor" "(…) due to prolonged inaction and a wait-and-see attitude until the patient died" "(…) disinterest, superficiality, and omission to perform basic checks in response to increasingly alarming symptoms had been the common denominator of both nurses on duty in the ward"

[a] Cassa delle Ammende: legal entity that finances reintegration programs for prisoners and inmates and their families and prison construction projects aimed at improving prison conditions.

(Supreme Court of Cassation, 2004), described as a "*care desert*" (Supreme Court of Cassation, 2004).

Partial omissions were also identified, including interventions not fully performed (e.g., "*was not fully administered*," Supreme Court of Cassation, 2004), not performed the expected number of times ("*he approached the child's bed only once*," Supreme Court of Cassation, 2010), or not performed in a timely manner ("*urgent postoperative examinations to be performed upon arrival in the ward; these were not promptly carried out*," Supreme Court of Cassation, 2004; "*was left alone, unassisted and unsupervised, for at least 50 minutes*," Supreme Court of Cassation, 2012). Some omitted interventions had been prescribed by other healthcare professionals, resulting in failures of application (e.g., "*apply the therapy indicated by the operator*," Supreme Court of Cassation, 2004). Only one ruling concerned the omission of an emotional or relational intervention, described as the absence of "*touching the patient*" (Supreme Court of Cassation, 2010).

3.4. Concurrent reasons for omitted nursing care

At the nurse level, the rulings documented deficiencies in both the training and professional behavior or attitudes of nurses (Supreme Court of Cassation, 2010, 2015, 2019b, 2022a, 2022b). These shortcomings were attributed either to an individual nurse, as in cases citing a "*lack of adequate nurse training*" (Supreme Court of Cassation, 2019b), or to the entire nursing staff, described as displaying "*disinterest, superficiality, and omission to perform basic checks in response to increasingly alarming symptoms, which had been the common denominator of both nurses on duty in the ward*" (Supreme Court of Cassation, 2022b). In addition, inappropriate clinical-care priorities were identified, such as a lack of trust in patients' reports, exemplified by cases in which nurses were sanctioned for the "*failure to address the patient's questions just before administration*" (Supreme Court of Cassation, 2019b).

At the unit level, three main concurrent reasons were documented: (1) shortages in human resources (Supreme Court of Cassation, 2021a, 2021b), as in situations where nursing staff "*had to manage, with only two other nurses, as many as 41 patients*" (Supreme Court of Cassation, 2021a); (2) deficiencies in work processes and procedures, or problems in implementing established ones (Supreme Court of Cassation, 2004, 2019b, 2021a), for example, "*in the absence of a nursing diary*" (Supreme Court of Cassation, 2004); and (3) failures in communication (Supreme Court of Cassation, 2019b, 2022b), both within the healthcare team – described as a "*dichotomy between medical and nursing staff*" (Supreme Court of Cassation, 2019b)—and across different organizational contexts, such as between university and hospital residents, within a confrontational working atmosphere (Supreme Court of Cassation, 2019b).

At the system level, concurrent reasons included exceptional conditions (Supreme Court of Cassation, 2019a), particularly related to overcrowding and organizational strain in emergency settings. In this regard, a situation "*incompatible with any best practice, and even more so with the guidelines currently in force in the ER*" was noted (Supreme Court of Cassation, 2019a). Moreover, at this level, deficiencies in the quality or functioning of devices ("*the malfunction of the device*", Supreme Court of Cassation, 2012) and materials provided to nurses for care delivery were also documented.

4. Discussion

To the best of our knowledge, this is the first study to synthesize court rulings involving nurses convicted for omissions or delays in nursing care that can be interpreted as manifestations of unfinished nursing care. Among the 10 rulings included, the earliest dated back to 1995, the year in which the nursing profession in Italy gained professional autonomy from physicians (Palese, 2008). As nurses have progressively assumed greater professional autonomy and accountability, the legal relevance of nursing practice is also expected to increase. In

several cases, up to ten years elapsed between the adverse event and the final judicial decision. During this prolonged period, nurses, patients, families, and healthcare organizations may have experienced substantial personal, psychological, economic, familial, and work-related consequences. Overall, our findings suggest that omissions or delays in nursing care may cause severe patient harm while also exposing individual nurses to criminal liability, despite the inherently multidisciplinary and system-based nature of care delivery.

4.1. Main features of the rulings and consequences

The cases described in the rulings involved different clinical units, both urgent and scheduled care, mostly within hospital settings. No clear patterns emerged in their main characteristics; in one case, medical students were also involved, highlighting the need for clearer regulations regarding their responsibilities during clinical training.

The rulings concerned patients who either died or suffered permanent harm. In the current debate, Unfinished Nursing Care is often treated as an abstract or theoretical concept, whereas it primarily refers to concrete acts of omission in nursing practice. As a result, the prevailing conceptual and measurement approaches, largely based on self-reported data (e.g., MISSCARE Survey; Kalisch et al., 2009), risk distancing the phenomenon from its dramatic consequences.

Rulings resulted in nurses facing imprisonment or orders for reimbursement or compensation, despite the presence of concurrent factors at the unit or system level. This suggests three lines of reflection: first, the impact of omissions is borne mainly by nurses, even though such omissions are often conceptualized as failures at the meso- and macro-levels; second, silent impacts may also affect nursing staff, units, and hospitals, including reputational damage and increased insurance costs, potentially leading to a loss of trust among patients, families, the wider community, and public and private funders; third, the findings raise a critical question regarding the possible tension between, on the one hand, the promotion of a "*no blame*" culture (Heaslip and Nadaf, 2020) and, on the other, a system that increasingly holds healthcare professionals, and, to a lesser extent, healthcare organizations, legally accountable for omissions in care.

4.2. Omitted nursing care interventions

Various types of omitted interventions have emerged. Some involve direct care, ranging from simple to complex tasks, while others concern indirect interventions, such as collaboration with physicians. Episodes of Unfinished Nursing Care may range from isolated incidents to entirely neglected care, thus encompassing the entire nursing care process. Available evidence shows that Unfinished Nursing Care mainly involves direct and fundamental patient care activities (mobilization, hygiene, nutrition, education, and emotional support), while indirect and administrative activities are generally less likely to be omitted (Papathanasiou et al., 2024). This may mean that, although omissions in direct care are sanctioned in cases of serious events for the patient, indirect care may also be subject to legal evaluation.

These findings enrich the current theoretical and empirical debate on Unfinished Nursing Care. Firstly, omissions relate not only to the performance and timeliness of direct interventions but also to indirect nursing activities, as well as to the completeness and repetition of care, as defined by guidelines or prescribed by physicians. Secondly, omitted interventions identified in the rulings appear far more complex than the task-based activities typically captured by existing Unfinished Nursing Care measurement tools (Palese et al., 2021). These findings can inform future conceptual and measurement developments in omissions in nursing care, by drawing on insights from extreme cases that capture the full complexity of the phenomenon.

4.3. Concurrent reasons for omitted nursing care

The rulings identify reasons ranging from single causes (Supreme Court of Cassation, 2019a, 2021b) to multiple concurrent factors (e.g., Supreme Court of Cassation, 2021a, 2022b), confirming that, even from a legal perspective, Unfinished Nursing Care is a multifactorial phenomenon (Chiappinotto et al., 2022). The identified reasons partly reflect the current state of knowledge, recognizing the individual nurse as a key agent in terms of attitudes, training, and behaviors (Abdelhadi et al., 2023). Issues related to prioritization skills also emerged in the rulings, reflecting the inevitable process of rationing nursing care when time is limited (Schubert et al., 2007).

Moreover, resource shortages, severe in some cases, such as caring for 41 patients, already documented in the literature (e.g., Simonetti et al., 2022), lead to increased workload and time scarcity, ultimately resulting in omissions. Communication issues were described in the rulings. However, while communication issues within staff were previously described in the literature (Papathanasiou et al., 2024), poor intersectoral communication, such as between universities and hospitals (Supreme Court of Cassation, 2019b), represents a novel finding that warrants careful consideration, particularly because of its implications for students, who should be protected during clinical training. In contrast, the lack of established organizational procedures identified in the rulings has not been widely documented in the literature, nor have exceptional conditions requiring pre-planned organizational responses to expand hospital capacity; similarly, device malfunctions emerged as additional contributing factors.

Overall, most rulings suggest that within hospital settings, nurses ultimately bear the consequences of Unfinished Nursing Care, even when it arises from concurrent factors beyond their control, including systemic shortcomings. Omissions occur due to multiple interacting factors across different levels: at the mesosystem level (e.g., insufficient investment in human resources), at the exosystem level (e.g., gaps in education and training), and at the macrosystem level (Jones et al., 2019), such as health policies influencing nurse-to-patient ratios (Barasa et al., 2015; Suhonen et al., 2018). This highlights how failures stemming from multiple, simultaneous factors may nonetheless result in legal repercussions for individual nurses. In those settings, where nurses are insufficiently supported by safety policies or operate within systems that fail to provide adequate resources, the role of professional bodies or unions (e.g., Royal College of Nursing, 2025) is essential to give voice to the potential consequences and to advocate for the protection of nurses, while also providing guidance through guidelines, ethical codes, and position statements.

4.4. Relevance of the findings at the international levels

Given the increasing responsibility placed on nurses worldwide, through higher education and growing professional autonomy, it is unsurprising that the issue of omissions has evolved from a purely theoretical, scientific, or clinical concern to a legal matter. This evolution has resulted in specific court rulings in which health professionals are held accountable for actions and interventions they omit, delay, or fail to perform. With increasing responsibility and autonomy, especially in advanced nursing practice, it is essential for nurses to be adequately prepared to recognize the legal consequences of omissions and to respond appropriately to the associated challenges. Examining the legal implications can inform management, educational, and professional decisions, particularly regarding regulation and accountability. In this light, findings can provide valuable insights for countries transitioning from a subordinate to a more autonomous nursing role, for countries where professional autonomy has long been established, and for countries seeking better alignment between education and the professional field through regulation (e.g., Hayes et al., 2023). Consequently, the legal considerations explored here may transcend the local context, contribute to an international perspective, and prompt further research

on the forensic and legal dimensions of failure to provide care due to omission.

4.5. Methodological reflections and study limitations

Recently, research on Unfinished Nursing Care has been encouraged to adopt a broader perspective to integrate new evidence and chart a new course in the field (Jones et al., 2019; Palese, 2026). Our study was designed in accordance with this recommendation, as the forensic perspective - which examines court rulings to provide insights into the most dramatic events associated with Unfinished Nursing Care - has not previously been considered. Until now, primarily short-term and reparable consequences have been discussed and measured in the Unfinished Nursing Care field (e.g., Jafari-Koulaee et al., 2024), while greater attention should be devoted to long-term and permanent implications for patients, their families, nurses, and the entire healthcare system.

The judicial perspective that shapes the narrative and legal reasoning of the judgments has been integrated with the nursing perspective. The findings should be interpreted in light of this exploratory intent to combine forensic and nursing perspectives, given the absence of formally established methodological guidelines capable of addressing the epistemological and analytical complexities inherent in such interdisciplinary work. The decision to focus on the concept of omissions in nursing care was intended to capture the broader construct of Unfinished Nursing Care, as operationalized by Kalisch and colleagues (Kalisch et al., 2009). However, this choice may have introduced bias into the search strategy and limited the replicability of the study, as alternative legal terminologies related to negligence, liability, or professional misconduct may not have been systematically identified.

Furthermore, the analysis relied exclusively on a single database accessible to nursing researchers. The retrieved rulings may represent only the "*tip of the iceberg*" of Italian healthcare malpractice litigation: the Supreme Court of Cassation intervenes only when one or both parties challenge the decision of the Court of Appeal, and therefore only in selected cases, also undermining the credibility of the study. Available research on the Italian system shows that most claims are settled by healthcare facilities or insurers without reaching the courts (e.g., Bernardinangeli et al., 2023), and most cases are resolved at lower levels without appeal to the Supreme Court of Cassation. Consequently, while our study overrepresents more dramatic outcomes, the findings should be interpreted as reflecting extreme cases rather than the full spectrum of nursing care omissions. Cases reaching the Supreme Court of Cassation tend to involve the most severe, contested, and legally complex events. Moreover, in line with the study aims, we did not search for, extract, or analyze information regarding whether the victim or their family filed a civil action within the criminal proceedings (in Italian: '*costituzione di parte civile*'), which could represent an additional perspective for future research. Additionally, although the translation of the rulings from Italian – the official language – into English was conducted following established guidance (World Health Organization, 2017), the meaning of some specific aspects may have been partially lost. Finally, it should be noted that the transferability of the results is limited because the study was conducted in a specific context and relied on a single national database. Therefore, the results may be difficult to generalize to other settings or populations. Future studies should determine whether the findings of this study are reflected internationally.

Taking these limitations into account, our systematic search captured cases characterized by particularly complex legal trajectories and severe outcomes, with death occurring in eight of the ten cases analyzed. Judicial trials are not truth-seeking commissions, but instruments to ascertain the individual criminal responsibility of the defendant(s). Thus, they primarily focus on the lawfulness of the defendant(s)' actions (the "individual level"), while the broader context (the "unit" and "health care system" levels) remains in the background. Despite this, the analysis of case law is valuable in addressing Unfinished Nursing Care not as an abstract and theoretical concept, but as a series of concrete and largely preventable problems. While this approach enabled an in-depth examination of high-impact judicial interpretations of care omissions, it necessarily excluded less severe cases. As a result, the findings do not capture the full range of legal consequences associated with Unfinished Nursing Care and should not be interpreted as representative of all instances of omitted nursing care or their typical legal implications.

5. Conclusions

Our study seeks to identify lessons from Italian case law concerning Unfinished Nursing Care (UNC) by constructively examining past incidents (what failed, why, and the resulting consequences) to consider how such episodes can be prevented or at least reduced in future. To our knowledge, this is the first document analysis addressing this topic. The review of Supreme Court of Cassation rulings provides a new forensic perspective on Unfinished Nursing Care, shifting attention from abstract surveys to concrete, legally documented omissions. These extreme cases show that, alongside patients and their families, nurses frequently face legal consequences for care failures, even when systemic shortcomings are significant.

The rulings highlight Unfinished Nursing Care as a complex, multifactorial phenomenon driven by concurrent factors at multiple levels: insufficient staffing and resources (mesosystem), gaps in training and professional preparation (exosystem), and policy-determined nurse-to-patient ratios (macrosystem), compounded by communication failures and procedural gaps. Importantly, omitted interventions encompass more than simple tasks, including both direct and indirect care, ranging from isolated incidents to failures affecting the entire care process, thus reflecting the full scope of nursing responsibilities and the complexity of care delivery.

These findings prompt the field to reconsider both conceptual and methodological approaches, stressing the integration of objective evidence, legal analysis, and ethical considerations.

CRediT authorship contribution statement

Massimo Noacco: Writing – review & editing, Writing – original draft, Visualization, Software, Methodology, Formal analysis, Data curation. **Stefania Chiappinotto:** Writing – review & editing, Writing – original draft, Visualization, Supervision, Methodology, Formal analysis, Data curation, Conceptualization. **Paco D'Onofrio:** Writing – review & editing, Validation, Supervision, Project administration, Methodology, Investigation, Data curation, Conceptualization. **Alvisa Palese:** Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Project administration, Methodology, Investigation, Data curation, Conceptualization.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

All data are present in the manuscript and tables.

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