

The Perception of Emergency Nursing Staff about Urgent Care Clinic Implementation in Security Forces Hospital in Riyadh

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Abstract

Background: The challenges in healthcare continuously evolve. Patient flow, on time coordination of right care and at the same time utilization of hospital resources are all equally important to manage day to day scenarios in a hospital. **Purpose:** The purpose of this phenomenological study is to explore the perception of Emergency Department (ED) nursing staff about the implementation of the Urgent Care Clinic (UCC). **Methods:** The Phenomenological-Transcendental approach was conducted in the ED of Security Forces Hospital, Riyadh, Saudi Arabia. The target study population were ED nurses. The purposive sampling technique was used to select 15 samples, who underwent interviews. The inclusion criteria for the participants included full- time Registered Nurses with more than 1 year of experience in the ED, having a diploma or a degree in nursing and participation willingness. Exclusion criteria included newly registered nurses or those nurses holding senior management positions. **Results:** The interview tapes were transcribed verbatim by a transcriptionist who was knowledgeable with research data confidentiality. Colaizzi's (1978) seven stages of phenomenological technique was used to analyze the data and refine emergent information into themes. **Conclusion:** This research explored the perception of the ED nursing staff about the implementation of the UCC utilizing Colaizzi's process of phenomenological data analysis to achieve the description of lived experience of the ED nurses.

Keywords: ED Nurse, perception of urgency, UCC, ED overcrowding.

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BACKGROUND

The challenges in healthcare continuously evolve. Patient flow, on time coordination of right care and at the same time utilization of hospital resources are all equally important to manage day to day scenarios in a hospital. A previous exploratory study identified that patients presented to the Emergency Department (ED) with non-urgent problems result in overcrowding, excessive waiting times and delayed care for more acutely ill patients (Alyasin & Douglas, 2014). Improving communication, by giving continual education to the general public about their perceived urgency to visit the ED is one of the key issues to be addressed by all members of the healthcare profession. When there is overcrowding in the ED, it creates inconvenience to both the patient and the healthcare provider.

To overcome this issue, one study suggested that the ED Provide care only to patients with

emergency care and redirect those patients who don't need emergency care to other sections of the hospital (Derlet, 2008). Separate flows are given to each patient based on acuity, with dedicated clinical teams to manage their straight forward concerns. Utilization of case managers can point out how to effectively transition to this, which plays a role in helping frontline staff to determine appropriate levels of care through collaboration in managing patients' flow (Raffaele *et al.*, 2019).

Longer waiting times in the EDs are the most common problem that every hospital faces around the world, and people in the community may interpret this phenomenon as hospitals closing their doors to treating sick people. Eliminating ED waiting times will take the collective involvement of healthcare workers, business leaders, politicians, the press, and the public (Derlet, 2008). It is simple to assert that this is a regular hospital scenario, but the reality is that it is a severe issue that prevents the completion of a healthcare worker's given

job, which has an impact on the patient's health as the right treatment is delayed.

Like other nations, Saudi Arabia faces a severe nursing shortage, with critical care and emergency nursing offering the most difficult recruitment problems (Al Owad *et al.*, 2018). One possible solution to help retain ED nursing staff could be to redirect care to an UCC, thus reducing the workload of the ED nursing staff.

The concept of UCC was first introduced around 1970's in the United States. It was run by Emergency Services personnel. People wanted to avoid ED crowds and chose a more comfortable manner to get healthcare, which was driving up demand for the UCC (Coster *et al.*, 2017). This can drastically help improve the ED's situation by reducing its burden in handling and prioritizing patient care.

One of the goals of this UCC is to maximize nursing efficiency by increasing not only patient satisfaction but also nursing satisfaction (Lusk & Fater, 2013). It is imperative nowadays for hospital administrators to improve the nursing work environment (Staggs & Dunton, 2014). By seeing it as a complex system, it can result in greater nurse empowerment and enhance patient safety (Abrahamson *et al.*, 2011).

Dissatisfaction with healthcare providers on acute care visits to clinics and inaccessibility of hours of appointments were a few of the causes of decreased visits to the ED (Chou *et al.*, 2019).

This is especially evident with working parents and caregivers who are unable to bring their sick family members during the day and must attend the Emergency Department at midnight, as demonstrated on peak visits around this period.

The GP-led UCC is an innovative response to increasing demand for urgent care. Professionals working in an UCC perceived it as providing fast, safe and convenient access to care and this convenience made it popular among patients. So convenient, so patients gradually use it as an alternative to their community primary care. The overt motive commonly reasoned to the professionals by patients, is inability to get an appointment with their GP. But this 'technicality' commonly masks covert issues, reflecting unmet needs in the community GP, such as inflexible appointment hours, dissatisfaction or lack of trust in their GP, anxiety and need for reassurance. Patients attend the UCC from motives that were perceived legitimate by the participants, such as an authentic need for urgent medical attention and honest difficulties getting an appointment with their GP, but also for motives perceived less legitimate, such as sheer convenience and attempts to shorten waiting time. Attention to

unmet needs in the primary care can help in designing a balanced access to urgent care. (Greenfield *et al.*, 2016)

The above study looked at the patients' perception of the UCC. However there is no previous research looking at the nurses' perception about the UCC. Therefore this study will focus on the nurses' perceptions about the implementation of the UCC. The purpose of the study is to explore the nurses' lived experience about the implementation of a UCC, including its impact on their clinical work and to know more about the meaning of this experience.

Significance of the problem

The findings in exploring the perception of Emergency nursing staff about Urgent Care Clinic implementation in Security Forces Hospital may directly benefit the following individuals and organization:

a. Hospital Administrators.

The information will help them understand the benefits of having an Urgent Care Clinic to help ease the burden on ED nurses.

b. ED

The information will provide better knowledge and help understand the various challenges that the nursing staff are dealing with. It could aid in revamping the department's entire scope of practice and improve referrals to the Urgent Care Clinic.

c. Nursing Department

This information will help the nursing department to identify staffing and training needs in the ED which can be incorporated into the Strategic Plan.

d. Future Researchers

This study will evaluate future options for building a diverse, patient-centered care. The successful discovery of new information, exploration of challenging challenges, and development of an increasingly diverse healthcare will enable them to contribute significantly to the preparation of the organization.

Aims of the study

The purpose of this study is to explore ED nurses' lived experience in the implementation of an UCC. Specifically, the study aims are:

- To describe the lived experience of ED nurses on the implementation of a UCC,
- To describe how the lived experience affected the nurses' clinical work.
- To describe the understanding of the ED nursing staff in having a UCC.

METHODS

Design

This is a qualitative Phenomenological - Transcendental Design used to understand the lived

experiences and knowledge of full-time nurses working in the ED.

Setting: The study took place in the ED in government hospital in Riyadh.

Study Participants

Population of this study was ED nurses. Through a purposive sampling method, 15 ED nurses were selected. The inclusion criteria for the participants included full-time Registered Nurses with more than 1 year of experience in the ED, having a diploma or a degree in nursing and participation willingness. Exclusion criteria included newly joined registered nurses or those nurses holding senior management positions. The target sample was selected purposively and tried to achieve maximum variation to gain a deeper perception of their experience related to the phenomena.

Ethical Considerations

Before implementing the study, ethical permission was secured through approval from the Research Committee as per the hospital policy. The necessary approval was obtained from the Research Ethics Committee of the King Saud University with the ethical approval code: Ref No: KSU-HE-22-861.

The purpose of the study and process of the interview sessions were provided to potential respondents, before issuing the consent form to those who accepted to participate. The study ensured that all personal information and recorded interviews was kept confidential and solely used to improve the UCC services of the hospital and to understand the perceptions of the nurses. The data was kept confidential by keeping the recorder in a locked cabinet and the transcribed data was stored in a password protected file. The only minimal anticipated risks to the participants associated in this study were the discomfort involved in responding to the interview. For this, all of them were informed of the outcome of the study which was used to ensure safety of all hospital staff exposed to the interviews.

Data Collection

A minimum of 15 staff were selected. Before commencing the interviews, the researcher provided the participants with necessary explanations about the aims of the study and obtained their written informed consent. Confidentiality forms were distributed as a legal acknowledgment. A tape-recorded face to face structured interview was conducted in the conference room of the unit for each participant, aimed at creating a comfortable atmosphere for the participants and during their day off to prevent disturbances during discussion and followed up by a focus group discussion with each

nurse. The structured interview guide was tested on their reliability and terms were simple so as to make it easy to connect the ideas. Level of saturation was considered to determine completeness of data. The interview and open group discussion included years of experience (1 item), accessibility, type of service and reason for referral from ED to UCC (3 items) waiting time (2 items), response of patient (1 item) and nurses work preference (2 items). After each interview & focus group discussion, debriefing was done to check whether a new idea could arise.

Data Analysis

To analyze all the audio recordings gathered, all the data was transcribed into English. The data was analyzed for completeness & accuracy. All the transcribed data was read more than three times to understand the context. A research software Delve tool was used and all the contents were analyzed thematically and then grouped into categories. Coding was conducted as careful as possible by reading line by line many times. Bracketing was done once found out the effect of biases that could affect the process. Each perception was identified for improvement and all observations were escalated to hospital managers for consideration, as the need arose.

Trustworthiness

Trustworthiness of the study was ensured through the accurate descriptive of data analysis procedure and justification of the reliability of the results. Moreover, four operational techniques, transferability, confirmability, dependability and credibility were considered. Dependability and confirmability in this study was achieved by an audit trail. In addition, the researcher is a Ph.D. candidate and has a lot of experience in ED nursing.

RESULTS

After transcribing all the participants' interview transcripts, a final thematic map was developed for this study. Each transcript was read numerous times in order to get a feel of the overall content. During this step, any thoughts, feelings, and ideas that came from the researcher's perspective as a result of previous exposure in the ED were recorded in the bracketing diary. This aided in the exploration of the phenomenon as experienced by participants, and the following statements were taken. Significant remarks and phrases on nurses' perceptions were retrieved from each transcript at this stage of analysis. These statements were typed on separate sheets and categorized according to their transcript and line numbers (Table 1).

Table 1: Demographics data

Serial No.	Participant (P) code	Age	Education	Position	Years of Experience
A.	1.	45	Diploma	RN1	14
B.	2.	46	BSN	RN1	12
C.	3.	35	BSN	RN2	8
D.	4.	30	Diploma	RN1	7
E.	5.	32	BSN	RN2	10
F.	6.	36	BSN	RN1	9
G.	7.	30	BSN	RN2	11
H.	8.	47	BSN	RN2	17
I.	9.	32	BSN	RN2	6 years and 6 months
J.	10.	29	BSN	RN2	3 years and 6 months
K.	11.	35	Diploma in Nursing	RN2	8 years and 1 month
L.	12.	50	BSN	RN2	21
M.	13.	34	BSN	RN2	3
N.	14.	30	BSN	RN2	5
O.	15.	50	BSN	RN2	18

Colaizzi's (1978) seven stages of phenomenological technique was used to analyze the data and refine emergent information into themes namely, 1) having read the transcript several times, (2) taking out key phrases that relate to the phenomenon, (3) using meaningful words to create meanings (4) combining well-chosen words into topic clusters and themes, (5) creating a detailed explanation of the fundamental makeup or substance of the phenomena, (6) a report on the phenomenon's basic structure is then produced, and (7) to finish the analysis, participant input will be used to validate the study's findings.

The significant statements were used to create meaning. As a thorough description, each underlying meaning was coded in one category. Similarly, constructed meanings with the original meanings retain description consistency. Following that, the entire set of statements and their meanings were double-checked to ensure that the meaning is correct and consistent.

Constructing themes and final thematic map that was taken from various clusters of themes were finalized as nurses' perceptions of patient experience, clinical work, system efficiency and service improvement.

Table 2: Themes and subthemes

Themes	Sub-themes
a. Nurses' Perceptions of Patient Experience.	<ul style="list-style-type: none"> ➤ "In my opinion most of the patients are requesting for clinic services. Patient are more satisfied with the service".(P5) ➤ "Patients are more satisfied and they receive better care" .(P10) ➤ "Patients are seen faster in the UCC." (P1) ➤ "Patients were seen immediately in UCC. It depends on the number of patients but usually it only takes 10 minutes". (P5) ➤ "Most of the patients preferred to be seen in UCC if the number of patients is high in the main ED to avoid the delay." (P11) ➤ "Honestly most patients want us to send them to UCC because they won't wait long hours". (P12) ➤ "In UCC seen immediately then discharged". (P12)
b. Nurses' Perceptions in their Clinical Work.	<ul style="list-style-type: none"> ➤ "Working in the UCC helps to reduce the workload in the ED." (P12) ➤ "I'm helping my colleagues by helping to reduce the workload in ED". (P11) ➤ Nurses in the UCC feel supported by the doctors". (P11)
c. Nurses' Preference	<ul style="list-style-type: none"> ➤ "I prefer to work in the UCC". (P14) ➤ "It is nicer working in the UCC because my workload is less". (P2) ➤ "Nurses in the UCC feel supported by the doctors. (P11) ➤ "I prefer to work in emergency room department because I am practicing my skills". (P8)
d. Nurses Perceptions in System Efficiency	<ul style="list-style-type: none"> ➤ "Patients been seen immediately in UCC. It depends on the number of patients but usually it only takes 10 minutes". (P5) ➤ "In UCC seen immediately then discharged". (P12) ➤ "Honestly most patients want us to send them to UCC because they won't wait long hours. (P12) ➤ "It will be much better if they direct to UCC, it will also save time for us and

Themes	Sub-themes
	<p>the patients as well” .(P9)</p> <ul style="list-style-type: none"> ➤ “More systematic in ordering, treating patients specifically” (P6) ➤ “UCC is providing more care which is specific to their needs rather than in the Emergency room. There are also investigations done in UCC which help in diagnosing patients accurately” (P10) ➤ “The clinic has flexible hours. Its open for 24 hours unlike other clinics” (P5)
e. Nurses Perceptions in Improving Services	<ul style="list-style-type: none"> ➤ “Most of the patient doesn't want to go the clinic and they prefer going to Emergency Room because they will be separated into urgent and non-urgent cases. Only after this they will be seen in the clinic with no delay and no need for an appointment”. (P5) ➤ “If patient goes straight to UCC the medical practitioner will contact the ER to prioritize the patient and redirect him/her to triage” (P14) ➤ “It’s almost the same in UCC. Doctors are ordering labs and IV meds also. If needed to be referred they will inform the ED Consultant and the patient will be sent back to the ED.” (P8) ➤ “The reason why they are going to Emergency room is they cannot get appointment.” (P7) ➤ “Majority of the cases presented in Emergency Room are non-urgent.” (P7)

THEMES & DISCUSSION

Theme 1: Nurses’ Perceptions of Patient Experience

Patient experience encompasses the range of interactions that patients have with the healthcare system, including their care from health plans, and from doctors, nurses, and staff in hospitals and physician practices. These experiences have a significant impact on how healthcare is provided and managed. Because of previous experiences, these judgments are communicated through remarks or acts. It is beneficial to examine the historical precedents and contemporary characterizations of how people perceive various services. Type of management and who is managing them often relates to described health outcomes by most patients which could be linked to their satisfaction. Patients' satisfaction with healthcare services in the hospital could improve if the management of the hospital implemented interventions to minimize patient waiting time and improve the patient-provider relationship (Abdulai, A *et al.*, 2018).

Theme 2: Nurses’ Perceptions in their Clinical Work

Nurse’ perceptions of their workload were improved as a result of working in the UCC and were considered one of the fundamental themes of this research. Stress levels decreased for some nurses when they were assigned in UCC because of the status quo of the patient. Psychological well-being is the key element on having a fulfilled nurse. UCC’s can drastically help improve the ED’s situation by reducing its burden in handling and prioritizing patient care (Coster *et al.*, 2017).

Theme 3: Nurses’ Preference

The nurses expressed a preference to work in the UCC over the ED due to the reduced workload and also feeling supported by the doctors. Supportive work environments are associated with better patient health outcomes and nurse job outcomes.

Other nurses expressed a concern for losing their clinical skills as a result of working in the clinic. Higher perceived competency levels are significantly associated with more frequent performance of clinical skills (Hassankhani *et al.*, 2017). The opportunities to practice and master nursing skills can increase nurses’ perceived competency (Aqtash *et al.* 2017; Meretoja *et al.*, 2015; Rush *et al.*, 2019).

Theme 4: Nurses’ Perceptions in System Efficiency

The result showed that nurses’ lived experience in the implementation of a UCC is that patients who are referred to the UCC are seen faster, often within 10 minutes. Patients prefer UCC because of the reduced waiting times, which they would otherwise experience when attending the ED. In the UCC patients are seen immediately and then discharged. The nurses recommend the UCC as it saves time for the nurse and more importantly the patients. Attending the UCC helps them to avoid ED crowds and chose a more comfortable manner to get healthcare, which was driving up demand for the UCC (Coster *et al.*, 2017). UCC is a systematic care as it provides more specific care to patient’ needs rather than in the ED. There are also investigations done in UCC which help in diagnosing patients accurately. The flexibility of UCC’s by providing a 24 service allows it to cater for those people who have busy lives and cannot make routine appointments in 9am-5pm clinics. Some participants expressed an overall preference for working in the UCC over the ED.

Theme 5: Nurses’ Perceptions in Improving Services

Another factor taken from this study was that patients cannot go directly to the UCC as a first option as they need to be triaged in ED first. Nurses place great emphasis on the CTAS of patients to distinguish whether UCC was appropriate for them. Another important factor is that patients are being sent back to the ED for further assessment and investigations. There

is a need to study the patients' safety measures when referring to the UCC to avoid patients being sent back to the ED.

A final concern reported by the participants is that sometimes there is a misuse of the ED service when patients visit ED with non-urgent problems in order to avail of the UCC to avoid waiting a long time for appointments or simply their interpretation of the urgency of their problem is different to that identified by the nurse using CTAS. A study reported overuse of the ED with patients attending the ED with non-urgent injuries but these injuries are either perceived by the patient as urgent or the patient is abusing the system. Enhancement of the primary care services, in concordance with community awareness, is an important component to reduce burden due to non-urgent use of the ED (Al-Otmy, S *et al.*, 2020).

LIMITATIONS OF THE STUDY

The main drawback of this study is researcher bias, which is always a risk of any sort of research, but especially during data collection. The researcher attempted to reduce bias by having the data reviewed by a peer group.

CONCLUSION

This research explored the perception of ED nursing staff about the implementation of the UCC utilizing Colaizzi's process of phenomenological data analysis to achieve the description of lived experience of the ED nurses. The data was analyzed using thematic analysis. Thereafter, groups of theme clusters were developed to establish the final thematic construct.

The results of the present study revealed that according to the nurses' perceptions of patient experience, patients are satisfied with the services provided by the UCC due to fast access in treatment. Having a UCC helps to reduce the burden on ED nurses' workload, which in turn may help retain staff and help to reduce the overcrowding and waiting times in the ED. However, in the results some nurses expressed a preference to continue to work in the ED as it helps them to maintain their skills.

In future research, there is a need to study the patients' safety measures when referring to the UCC to avoid patients being sent back to the ED for further assessment and investigations which sometimes happens in hospitalization. It's recommended as well to examine in the future the possibility of having a direct referral system to the UCC, using an electronic E-Triage self-assessment tool to avoid going through the ED to be triaged for non-urgent conditions. This would further help to reduce patient overcrowding in the ED.

Conflict of Interest: The author reports no conflicts of interest in this work.

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