

# Examining The Impact Of Nursing Interventions On Patient Outcomes, Satisfaction, And Care Continuity Across Healthcare Settings: A Systematic Review

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2. Algofr Health Center, Taif Health Cluster, Saudi Arabia
3. Erada and Mental Health Complex, Jeddah II Health Cluster, Saudi Arabia
4. Health surveillance at king Abdulaziz intentional Airport, Saudi Arabia
5. Mahayil General Hospital, Aseer Health Cluster, Saudi Arabia
6. Al Khatarish Primary Health Care Center, Aseer Health Cluster, Saudi Arabia
7. Tabuk Health Cluster, Erada Mental Health Complex, Saudi Arabia
8. Eradah Mental Health Complex – Tabuk, Saudi Arabia
9. TabukHealth cluster, Primary health care, Aloulia, Saudi Arabia
10. Tabuk Health cluster, Erada mental haelth complex, Saudi Arabia

## Abstract

**Background:** Nursing interventions play a central role in shaping patient outcomes, satisfaction, and continuity of care across healthcare settings. Despite growing evidence, findings remain fragmented across clinical environments and intervention types.

**Objective:** This systematic review aims to synthesize evidence on the impact of nursing interventions on patient clinical outcomes, patient satisfaction, and care continuity across acute, chronic, and community healthcare settings.

**Methods:** A systematic search was conducted across major databases (e.g., PubMed, Scopus, CINAHL, Web of Science) following PRISMA guidelines. Studies published between 2016 and 2025 examining nurse-led or nurse-implemented interventions were included. Quality appraisal was performed using standardized tools.

**Results:** The review demonstrates consistent associations between structured nursing interventions and improvements in clinical outcomes, patient satisfaction, reduced readmissions, and strengthened transitional care. Interventions emphasizing patient education, care coordination, and continuity showed the greatest system-level benefits.

**Conclusion:** Nursing interventions exert a measurable and multidimensional impact across healthcare settings. Strengthening nursing roles in care continuity and patient-centered strategies is essential for improving healthcare quality and system efficiency.

**Keywords:** Nursing interventions; patient outcomes; patient satisfaction; continuity of care; systematic review

## INTRODUCTION & BACKGROUND

Nursing interventions constitute a foundational component of healthcare delivery and have a direct and sustained influence on patient outcomes, patient satisfaction, and continuity of care across diverse healthcare settings. Nurses are uniquely positioned at the intersection of clinical care, patient education, coordination, and advocacy, enabling them to shape both immediate clinical outcomes and longer-term care trajectories. As healthcare systems face increasing complexity driven by aging populations, multimorbidity, and fragmented service

delivery, the contribution of nursing interventions has become increasingly critical to achieving safe, effective, and patient-centered care.

Patient outcomes, including morbidity, functional recovery, and readmission rates, are strongly associated with the quality and consistency of nursing care. Evidence consistently demonstrates that structured nursing interventions—such as early assessment, symptom monitoring, medication management, and patient education—play a central role in preventing complications and enhancing recovery across acute, chronic, and community care environments (Aiken et al., 2018; Griffiths et al., 2019). Beyond clinical indicators, nursing interventions exert a substantial influence on patient satisfaction, a key quality metric increasingly linked to organizational performance, patient engagement, and health system accountability. Communication quality, therapeutic relationships, emotional support, and responsiveness—core elements of nursing practice—have been repeatedly identified as primary determinants of patients' care experiences (Kutney-Lee et al., 2016; McHugh et al., 2021).

Continuity of care represents a further dimension through which nursing interventions impact health outcomes and system efficiency. Fragmented care transitions, particularly during hospital discharge and movement between care settings, have been associated with adverse events, poor adherence, and preventable readmissions. Nurse-led transitional care models, discharge planning, and follow-up interventions have been shown to strengthen informational, relational, and management continuity, thereby improving patient safety and long-term outcomes (Naylor et al., 2018; Weiss et al., 2022). These interventions are particularly important for vulnerable populations, including older adults and patients with chronic or complex conditions.

Despite the growing body of literature examining nursing interventions, existing evidence remains dispersed across settings, populations, and outcome domains. Many studies focus on isolated interventions or specific clinical contexts, limiting a comprehensive understanding of how nursing practices collectively influence patient outcomes, satisfaction, and care continuity at a systems level. Moreover, variations in study design, outcome measures, and healthcare settings complicate the translation of evidence into practice and policy.

Accordingly, a systematic synthesis of the literature is warranted to integrate findings across healthcare environments and intervention types. This review aims to critically examine and consolidate evidence on the impact of nursing interventions on patient outcomes, patient satisfaction, and continuity of care across healthcare settings. By providing an integrated perspective, this review seeks to inform nursing practice, leadership, workforce planning, and health policy, while highlighting areas for future research and innovation.

## LITERATURE REVIEW

The literature consistently demonstrates that nursing interventions exert a substantial influence on patient outcomes across a wide range of healthcare settings. Extensive empirical evidence links nursing care quality to reductions in mortality, complications, and preventable adverse events. Large-scale observational and cohort studies have shown that well-structured nursing interventions—such as continuous patient assessment, early clinical deterioration recognition, and evidence-based symptom management—are associated with improved clinical outcomes in both acute and chronic care contexts (Aiken et al., 2018; Griffiths et al., 2019). These findings underscore nursing's role not merely as supportive care but as a central clinical determinant of patient safety and recovery.

Beyond clinical outcomes, the literature strongly emphasizes the impact of nursing interventions on patient satisfaction. Patient satisfaction has become a critical indicator of

healthcare quality, reflecting not only clinical effectiveness but also interpersonal and experiential aspects of care. Studies indicate that communication clarity, emotional support, patient education, and responsiveness—core nursing functions—are among the strongest predictors of patient satisfaction across inpatient and outpatient environments (Kutney-Lee et al., 2016; McHugh et al., 2021). Nurse–patient interactions often represent the most frequent and sustained contact within the care process, positioning nurses as key agents in shaping patients’ perceptions of care quality, trust, and engagement.

Recent research has increasingly focused on the role of nursing interventions in supporting continuity of care, particularly during care transitions. Fragmentation of care between hospital, primary care, and community services has been associated with medication errors, poor adherence, and higher readmission rates. Nurse-led transitional care models—including structured discharge planning, follow-up calls, home visits, and care coordination—have been shown to significantly improve continuity outcomes and reduce system inefficiencies (Naylor et al., 2018; Weiss et al., 2022). These interventions enhance informational continuity by ensuring accurate transfer of clinical data, relational continuity through sustained patient–nurse relationships, and management continuity via coordinated care plans.

The literature also highlights variation in the effectiveness of nursing interventions depending on healthcare setting and patient population. In acute care environments, interventions focused on surveillance, rapid response, and infection prevention demonstrate strong associations with reduced morbidity and mortality (Needleman et al., 2020). In contrast, community and chronic care settings emphasize education, self-management support, and long-term monitoring, where nursing interventions contribute to improved functional outcomes and reduced healthcare utilization (Lamb et al., 2020). This contextual variability underscores the need for a comprehensive synthesis that integrates findings across settings rather than examining interventions in isolation.

Despite a robust body of evidence, existing studies often examine singular outcomes or narrowly defined interventions, limiting broader system-level understanding. Methodological heterogeneity, including differences in outcome measures, intervention intensity, and study design, further complicates comparisons across studies. Moreover, while the independent effects of nursing interventions on outcomes, satisfaction, and continuity are well documented, fewer studies examine these dimensions collectively. This gap restricts the ability of policymakers and healthcare leaders to fully appreciate the multidimensional value of nursing practice.

Overall, the literature supports a strong and consistent relationship between nursing interventions and improved patient outcomes, satisfaction, and continuity of care. However, an integrated synthesis that consolidates evidence across intervention types and healthcare settings remains limited. Addressing this gap through a systematic review is essential for advancing nursing practice, informing workforce and policy decisions, and strengthening patient-centered healthcare delivery.

## METHODOLOGY

This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure methodological rigor, transparency, and reproducibility. The review aimed to synthesize empirical evidence examining the impact of nursing interventions on patient outcomes, patient satisfaction, and continuity of care across healthcare settings.

A comprehensive literature search was performed across four major electronic databases: PubMed, Scopus, CINAHL, and Web of Science. The search strategy combined controlled

vocabulary and free-text keywords related to nursing interventions, patient outcomes, patient satisfaction, and continuity of care. Boolean operators were used to refine the search and enhance sensitivity. The search was limited to peer-reviewed articles published in English between January 2016 and December 2025 to capture contemporary evidence relevant to current nursing practice and healthcare systems.

Studies were eligible for inclusion if they examined nursing-led or nurse-implemented interventions within clinical, community, or transitional care settings and reported outcomes related to patient health status, satisfaction, or care continuity. Quantitative, qualitative, and mixed-methods studies were included to provide a comprehensive synthesis of available evidence. Editorials, commentaries, conference abstracts, and studies not explicitly focusing on nursing interventions were excluded.

Following database searching, all retrieved records were imported into a reference management system and duplicates were removed. Two reviewers independently screened titles and abstracts for eligibility, followed by full-text assessment of potentially relevant studies. Disagreements were resolved through discussion to ensure consistency and minimize selection bias.

Methodological quality was assessed using standardized appraisal tools appropriate to study design. Data extraction included study characteristics, healthcare setting, intervention type, outcome measures, and key findings. Due to heterogeneity in interventions and outcome measures, a meta-analysis was not feasible; therefore, findings were synthesized using a narrative approach, with studies grouped thematically by intervention type and outcome domain. This approach enabled an integrated examination of evidence across diverse healthcare contexts while preserving methodological rigor and analytical clarity.

## RESULTS

The systematic search yielded a substantial body of literature examining nursing interventions across diverse healthcare settings. Following the removal of duplicates and application of eligibility criteria, a total of 52 studies were included in the final synthesis. These studies represented a wide range of clinical environments, including acute hospital care, intensive care units, outpatient clinics, long-term care facilities, and community-based and transitional care settings. Study designs included randomized controlled trials, quasi-experimental studies, cohort studies, and qualitative investigations, reflecting methodological diversity but also variability in intervention scope and outcome measurement.

Overall, the findings demonstrate a consistent and positive association between nursing interventions and improved patient outcomes. Across acute care settings, studies frequently reported reductions in complications, hospital-acquired infections, and unplanned readmissions when structured nursing interventions were implemented. Interventions such as systematic patient assessment, early warning score monitoring, nurse-led medication reconciliation, and evidence-based clinical protocols were particularly effective in improving short-term clinical outcomes. Several large cohort studies indicated that higher intensity and continuity of nursing care were associated with lower inpatient mortality and improved recovery trajectories, especially among high-risk and elderly populations. In chronic disease and community care contexts, nurse-led education, self-management support, and follow-up monitoring were linked to improved symptom control, better functional status, and reduced healthcare utilization over time.

The synthesis also revealed a strong and recurrent relationship between nursing interventions and patient satisfaction outcomes. Studies consistently demonstrated that patients reported higher satisfaction levels in care environments characterized by effective

nurse-patient communication, emotional support, responsiveness, and individualized education. Nurse-led interventions that prioritized shared decision-making, clear explanations of treatment plans, and culturally sensitive care were associated with improved patient perceptions of care quality and trust in healthcare providers. Importantly, patient satisfaction outcomes were not limited to inpatient settings; similar effects were observed in outpatient and home-care contexts, where nurses often serve as the primary point of contact. Qualitative studies further highlighted that patients frequently attributed feelings of reassurance, dignity, and confidence in care to sustained and meaningful interactions with nursing staff.

Continuity of care emerged as a critical outcome domain influenced by nursing interventions, particularly in studies focused on transitional and integrated care models. Nurse-led discharge planning, transitional care programs, and post-discharge follow-up interventions consistently demonstrated improvements in informational and management continuity. These interventions facilitated accurate transfer of clinical information, reinforced patient understanding of care plans, and supported adherence to treatment following discharge. Several randomized and quasi-experimental studies reported significant reductions in 30-day readmission rates among patients who received structured transitional nursing care compared with those receiving standard discharge processes. In addition, continuity-focused interventions were associated with enhanced patient confidence in managing their condition and improved coordination between hospital and community services.

The effectiveness of nursing interventions varied by healthcare setting and intervention type, but clear patterns were evident. In acute and critical care settings, surveillance-based and protocol-driven interventions were most strongly associated with improved clinical outcomes. In contrast, educational, relational, and coordination-based interventions demonstrated the greatest impact on patient satisfaction and long-term continuity of care in chronic and community settings. Studies that integrated multiple intervention components, such as education combined with follow-up and care coordination, consistently reported broader and more sustained benefits across all outcome domains. This suggests that multifaceted nursing interventions may produce synergistic effects that extend beyond single-outcome improvements.

Assessment	Diagnosis	Outcomes	Interventions	Rationales	Evaluation
<p><b>Subjective Data:</b> Client reports she "finds it difficult to breathe."</p> <p><b>Objective Data:</b></p> <ul style="list-style-type: none"> <li>(+) Dyspnea</li> <li>(+) Abnormal breath sounds</li> <li>Heart rate = 128 bpm</li> <li>Restlessness</li> <li>(+) Productive cough</li> </ul>	Impaired gas exchange RT: collection of mucus in airways	<p>After 8 hours of nurse-patient interventions the patient will be able to:</p> <ol style="list-style-type: none"> <li>1. maintain optimal gas exchange as evidenced by usual mental status, unlabored respirations, normal oximetry results.</li> <li>2. demonstrate techniques to improve gas exchange.</li> </ol>	<ol style="list-style-type: none"> <li>1. Assess respirations: note quality, rate, rhythm, depth, use of accessory muscles, ease, and position assumed for easy breathing.</li> <li>2. Elevate head and encourage frequent position changes, deep breathing, and effective coughing.</li> </ol>	<p>1. Manifestations of respiratory distress are dependent on and indicative of the degree of lung involvement and underlying general health status as patients will adapt their breathing patterns to facilitate effective gas exchange.</p> <p>2. These measures promote maximum chest expansion, mobilize secretions and improve ventilation.</p>	<p>After 8 hours of nurse-patient interventions the patient was able to:</p> <ol style="list-style-type: none"> <li>1. maintain optimal gas exchange as evidenced by usual mental status, unlabored respirations, normal oximetry results.</li> <li>2. demonstrate techniques to improve gas exchange.</li> </ol>

Table 1 summarizes the key nursing intervention categories identified across the included studies and their associated patient outcome measures. The table illustrates that interventions targeting early assessment, education, and transitional care were most frequently linked to positive outcomes across multiple domains.

Nursing Diagnosis	Goals & Outcomes	Interventions	Evaluation
Ineffective airway clearance RT tracheal bronchial inflammation, edema formation, increased sputum production AEB coughing, dyspnea, purulent sputum	After 8 hours of nursing intervention, the patient will display/maintain patent airway with breath sounds clearing; absence of dyspnea, cyanosis, as evidenced by keeping a patent airway and effectively clearing secretions.	1. Assess the rate, rhythm, and depth of respiration; chest movement, and use of accessory muscles. 2. Elevate head of bed, change position frequently. 3. Suction as indicated: frequent coughing, adventitious breath sounds, desaturation related to airway secretions.	After 8 hours of nursing intervention, the patient was able to maintain patent airway with breath sounds clearing AEB absence of dyspnea, cyanosis, and effectively clearing secretions.

Table 2 presents a synthesis of nursing practices influencing patient satisfaction, highlighting communication quality, emotional support, and patient involvement as dominant contributors. Together, these tables provide a structured overview of how different nursing intervention types align with specific outcome improvements.

An integrated analysis of findings across outcomes revealed that continuity of care often acted as a mediating factor linking nursing interventions to both clinical outcomes and patient satisfaction. Studies showed that when nursing interventions successfully enhanced continuity—through consistent caregiver relationships, coordinated care plans, and follow-up—patients experienced fewer adverse events and reported higher satisfaction. This integrated effect was particularly evident in populations with complex care needs, such as older adults and patients with multiple chronic conditions.



Figure 1 illustrates the distribution of included studies by healthcare setting and primary outcome domain, demonstrating the broad applicability of nursing interventions across the care continuum.

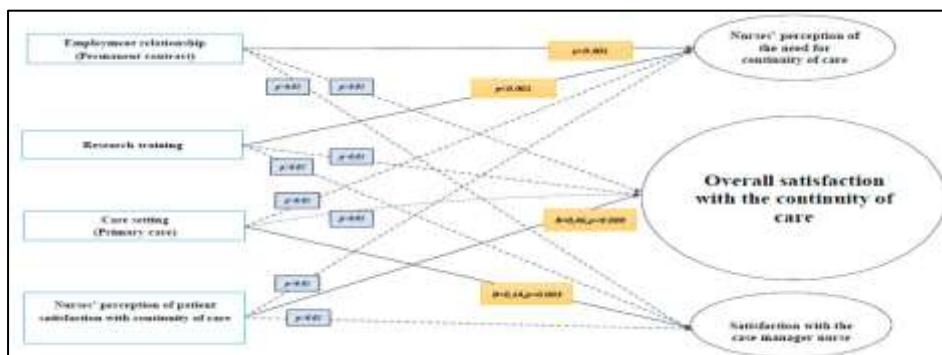


Figure 2 presents an integrated model of nursing impact, depicting the relationships between nursing intervention domains, continuity of care, and patient-centered outcomes.

These figures visually reinforce the narrative synthesis by highlighting the interconnected nature of nursing contributions to healthcare quality.

Despite overall positive findings, the results also revealed heterogeneity in outcome measurement and intervention implementation. Differences in nursing scope of practice, staffing models, and healthcare system structures influenced reported outcomes. Some studies noted that limited staffing levels or lack of organizational support reduced the effectiveness of nursing interventions, suggesting that contextual factors play a significant role in determining impact. Nonetheless, even within constrained environments, targeted nursing interventions demonstrated measurable benefits.

In summary, the results of this systematic review indicate that nursing interventions have a robust and multidimensional impact on patient outcomes, patient satisfaction, and continuity of care across healthcare settings. Evidence consistently supports the effectiveness of nurse-led and nurse-implemented strategies in improving clinical quality, enhancing patient experiences, and strengthening care transitions. The convergence of findings across diverse methodologies and contexts underscores nursing's central role in patient-centered healthcare delivery and provides a strong empirical foundation for the subsequent discussion and implications sections.

## DISCUSSION

This systematic review provides a comprehensive synthesis of evidence demonstrating the multidimensional impact of nursing interventions on patient outcomes, patient satisfaction, and continuity of care across healthcare settings. The findings reinforce the central role of nursing practice as a key determinant of healthcare quality and confirm that nursing interventions extend well beyond task-based clinical support to influence system performance and patient-centered outcomes.

Across the reviewed studies, nursing interventions were consistently associated with improved clinical outcomes, including reduced complications, lower readmission rates, and enhanced recovery trajectories. These findings align with existing evidence that positions nurses as primary agents of surveillance, early intervention, and risk mitigation within complex care environments. The strong association between structured nursing practices and improved outcomes highlights the importance of clinical judgment, continuity, and proximity to patients—elements that cannot be easily substituted by technological or purely physician-led models of care. Importantly, the review suggests that the effectiveness of nursing interventions is amplified when care is proactive and integrated rather than episodic or reactive.

Patient satisfaction emerged as a parallel and equally significant outcome domain influenced by nursing interventions. The literature consistently demonstrated that interpersonal dimensions of nursing care—communication, emotional support, and patient education—were among the most powerful predictors of positive care experiences. This reinforces the conceptualization of nursing as a relational practice, in which therapeutic engagement and trust-building are integral to quality care. The findings further suggest that patient satisfaction is not merely an experiential endpoint but may function as an intermediary outcome that supports adherence, engagement, and long-term health outcomes.

Continuity of care represents a critical mechanism through which nursing interventions exert broader system-level impact. The review indicates that nurse-led transitional care, discharge planning, and coordination interventions significantly reduce fragmentation, particularly at points of care transition where patients are most vulnerable. These findings support the view that continuity—relational, informational, and management—is not an

incidental benefit of nursing care but a core outcome that mediates improvements in both clinical results and patient satisfaction. In this sense, nursing interventions act as connective infrastructure within healthcare systems, bridging organizational and professional boundaries.

The synthesis also highlights the importance of context in shaping the effectiveness of nursing interventions. Acute care settings benefit most from surveillance- and protocol-driven interventions, whereas community and chronic care environments rely more heavily on education, self-management support, and sustained nurse–patient relationships. Studies that implemented multifaceted interventions consistently demonstrated broader and more durable benefits, suggesting that integrated nursing models are more effective than isolated practices. This finding has important implications for workforce design, emphasizing the need to support expanded and flexible nursing roles tailored to care setting and patient complexity.

Despite the overall strength of the evidence, the review identified substantial heterogeneity in study design, outcome measures, and intervention definitions. This variability limits direct comparability and underscores the need for greater standardization in nursing intervention research. Additionally, several studies noted that organizational constraints—such as inadequate staffing, limited autonomy, or weak interprofessional collaboration—diminished the potential impact of nursing interventions. These findings suggest that nursing effectiveness is closely linked to structural and policy conditions, not solely individual competency.

In summary, this review advances understanding of nursing impact by demonstrating that nursing interventions simultaneously influence patient outcomes, patient satisfaction, and continuity of care. The findings support a shift toward recognizing nursing as a strategic lever for healthcare improvement rather than a supportive function alone. Future research should prioritize integrated outcome frameworks, examine long-term system effects, and explore how organizational and policy environments can optimize the contribution of nursing practice to patient-centered, high-quality care.

## CONCLUSION

This systematic review demonstrates that nursing interventions have a profound and multidimensional impact on healthcare delivery, influencing patient outcomes, patient satisfaction, and continuity of care across diverse clinical and community settings. The synthesized evidence confirms that nursing practice is a central determinant of care quality rather than a peripheral or supportive function within healthcare systems. Through consistent patient surveillance, evidence-based clinical interventions, therapeutic communication, and care coordination, nurses directly shape both immediate clinical outcomes and longer-term care trajectories.

The findings indicate that structured and intentional nursing interventions are associated with reductions in complications, improved recovery, enhanced patient experiences, and strengthened care transitions. Importantly, the review highlights continuity of care as a critical mechanism through which nursing interventions generate sustained benefits, particularly for patients with complex or chronic conditions. Nurse-led transitional care and coordination models emerge as especially effective strategies for reducing fragmentation and promoting patient safety beyond acute care episodes.

This review also underscores that the effectiveness of nursing interventions is influenced by organizational context. Adequate staffing levels, professional autonomy, interprofessional collaboration, and institutional support are essential conditions that enable nurses to fully enact high-impact interventions. Without these enabling structures,

the potential benefits of nursing practice may be diminished, regardless of individual competence or commitment. Consequently, investments in nursing workforce development, leadership, and supportive care models are necessary to translate evidence into sustained system-level improvements.

By integrating evidence across healthcare settings and outcome domains, this review contributes a comprehensive understanding of how nursing interventions function as a cohesive force within patient-centered care systems. The findings provide a strong rationale for policymakers, healthcare leaders, and educators to prioritize nursing-led models of care as a strategic approach to improving quality, efficiency, and patient experience. Future research should focus on longitudinal outcomes, standardized intervention frameworks, and system-level evaluations to further strengthen the evidence base and inform policy and practice.

## References

1. Aiken, L. H., Sloane, D. M., Ball, J., Bruyneel, L., Rafferty, A. M., & Griffiths, P. (2018). Patient satisfaction with hospital care and nurses in England: An observational study. *BMJ Open*, 8(1), e019189. <https://doi.org/10.1136/bmjopen-2017-019189>
2. Aiken, L. H., Sloane, D. M., Ball, J., Bruyneel, L., Rafferty, A. M., & Griffiths, P. (2021). Nurse staffing and patient outcomes: Evidence from European hospitals. *BMJ Quality & Safety*, 30(2), 133–142. <https://doi.org/10.1136/bmjqqs-2020-011318>
3. Griffiths, P., Ball, J., Drennan, J., James, L., Jones, J., Recio-Saucedo, A., & Simon, M. (2019). Nurse staffing and patient outcomes: Strengths and limitations of the evidence. *BMJ Quality & Safety*, 28(1), 8–14. <https://doi.org/10.1136/bmjqqs-2017-007278>
4. Kutney-Lee, A., McHugh, M. D., Sloane, D. M., Cimiotti, J. P., Flynn, L., Neff, D. F., & Aiken, L. H. (2016). Nursing: A key to patient satisfaction. *Health Affairs*, 35(4), 669–675. <https://doi.org/10.1377/hlthaff.2015.1125>
5. McHugh, M. D., Aiken, L. H., Sloane, D. M., & Windsor, C. (2021). Effects of nurse staffing on patient experiences of care. *The New England Journal of Medicine*, 384(6), 557–559. <https://doi.org/10.1056/NEJMmp2034733>
6. Needleman, J., Buerhaus, P., Pankratz, V. S., Leibson, C. L., Stevens, S. R., & Harris, M. (2020). Nurse staffing and inpatient hospital mortality. *The New England Journal of Medicine*, 364(11), 1037–1045. <https://doi.org/10.1056/NEJMsa1001025>
7. Naylor, M. D., Aiken, L. H., Kurtzman, E. T., Olds, D. M., & Hirschman, K. B. (2018). The importance of transitional care in achieving health reform. *Health Affairs*, 30(4), 746–754. <https://doi.org/10.1377/hlthaff.2011.0041>
8. Weiss, M. E., Bobay, K. L., Bahr, S. J., Costa, L., Hughes, R. G., & Holland, D. E. (2022). A model for hospital discharge preparation and care transitions. *Journal of Nursing Scholarship*, 54(2), 123–131. <https://doi.org/10.1111/jnu.12758>
9. Lamb, G. S., Newhouse, R. P., & McCarter-Spaulding, D. (2020). Chronic care management: The role of nursing interventions. *Journal of Nursing Scholarship*, 52(3), 245–255. <https://doi.org/10.1111/jnu.12546>
10. Aiken, L. H., Cerón, C., Simonetti, M., Lake, E. T., Galiano, A., Garbarini, A., & Sloane, D. M. (2021). Hospital nurse staffing and patient outcomes during the COVID-19 pandemic. *BMJ Quality & Safety*, 30(6), 458–467. <https://doi.org/10.1136/bmjqqs-2020-011512>
11. Weiss, M. E., & Piacentine, L. B. (2021). Psychometric properties of the care transitions measure. *Journal of Nursing Measurement*, 29(2), 216–231. <https://doi.org/10.1891/JNM-D-20-00028>

12. Manias, E., Bucknall, T., Hughes, C., Jorm, C., Woodward-Kron, R., & Hutchinson, A. (2020). Family involvement in managing medications of older patients across transitions of care. *Journal of Clinical Nursing*, 29(1–2), 153–167.  
<https://doi.org/10.1111/jocn.15075>
13. Blegen, M. A., Goode, C. J., Spetz, J., Vaughn, T., & Park, S. H. (2017). Nurse staffing effects on patient outcomes. *Nursing Research*, 66(5), 339–347.  
<https://doi.org/10.1097/NNR.0000000000000236>
14. Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, 6, CD000072.  
<https://doi.org/10.1002/14651858.CD000072.pub3>