
Emergency Care Quality Improvement: The Synergy of Nursing, Health Management, and Emergency Services

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Abstract:

The optimization of emergency care quality is a complex challenge that necessitates the collaboration of multiple disciplines, particularly nursing, health management, and emergency services. Nurses are often the frontline responders and play a pivotal role in the assessment, triage, and management of patients in urgent situations. Their ability to make swift clinical decisions, combined with their extensive clinical training, positions them as integral players in improving patient outcomes in emergency settings. Furthermore, effective health management strategies ensure that resources, protocols, and systems are optimized to support healthcare providers. By fostering a culture of continuous improvement and utilizing data-driven approaches, health management can enhance the capabilities of emergency care teams, ultimately reducing the burden of acute conditions on healthcare systems. The interplay between nursing, health management, and emergency services is essential for effectively addressing the increasing demands faced by emergency departments. Strategies such as interdisciplinary collaboration, evidence-based practices, and ongoing education are critical for fostering innovation in emergency care. For instance, implementing quality improvement initiatives that analyze patient flow and outcomes can lead to streamlined processes and better resource allocation. Additionally, leveraging technology for real-time data analysis and patient monitoring can enhance situational awareness and decision-making. By embracing this synergistic approach, emergency care providers can enhance their service delivery, ultimately leading to improved patient satisfaction and health outcomes in crisis situations.

Keywords: Emergency care, quality improvement, nursing, health management, emergency services, interdisciplinary collaboration, patient outcome

Introduction:

In the realm of healthcare, the quality of emergency care is a critical determinant of patient outcomes and overall health system efficacy. Emergency services operate at the nexus of immediate medical intervention and systemic healthcare delivery, where the complexities of patient needs demand a multifaceted approach. As such, the integration of nursing, health management, and emergency services emerges as a focal point for enhancing the quality of emergency care [1].

Emergency care is increasingly recognized for its unique challenges. Patients often present with acute and sometimes life-threatening conditions, necessitating rapid assessment, triage, and intervention. The unpredictable nature of emergency presentations adds additional complexity, requiring healthcare providers to act swiftly and efficiently. In light of these challenges, nursing professionals play an essential role in emergency settings. Nurses are on the front lines, providing critical care, performing triage, and offering emotional support to patients and families during times of crisis. Their contributions are not only vital for immediate patient care but also serve as a critical component of the healthcare team, influencing the overall quality and safety of services delivered [2].

Health management within the emergency care context encompasses a range of activities, from strategic planning and quality assurance to performance monitoring and resource allocation. Effective health management is fundamental to establishing protocols that optimize workflow, decrease wait times, and enhance patient satisfaction. By integrating evidence-based practices and quality improvement initiatives, healthcare managers can ensure that emergency services are equipped to meet the demands of the communities they serve. This managerial oversight is essential in creating an environment conducive to high-quality emergency care, where nursing staff are adequately trained, resources are available, and patient safety is prioritized [3].

Emergency services themselves are characterized by a dynamic interplay of various stakeholders, including first responders, emergency physicians, nursing staff, and administrative personnel. The successful delivery of emergency care relies on seamless communication and collaboration across

these diverse roles. Research has shown that multidisciplinary teamwork contributes significantly to improved patient outcomes. By fostering a culture of collaboration and mutual respect among these various entities, healthcare organizations can create a more cohesive and responsive emergency care system [4].

Quality improvement initiatives in emergency care must be data-driven and evidence-based. The misuse of emergency services, often referred to as "emergency department overcrowding," poses a significant risk to the quality of care that can be provided. Research indicates that this phenomenon is frequently exacerbated by systemic inefficiencies and resource limitations, making quality improvement a matter of urgency. By employing quality metrics, patient satisfaction surveys, and outcomes data, healthcare providers can identify areas for enhancement. In turn, nursing and health management professionals can collaboratively implement strategies aimed at alleviating congestion, optimizing throughput, and ensuring a high standard of care [5].

Furthermore, the increasing complexity of patient populations, including aging individuals with multiple comorbidities and mental health conditions, necessitates innovative approaches to emergency care. A thorough understanding of health disparities and social determinants of health is essential for steering quality improvement efforts. Such awareness allows nursing staff and health managers to tailor interventions that address the unique needs of diverse patient demographics, thereby enhancing the overall effectiveness of emergency services [6].

The Critical Role of Nursing in Emergency Services

Emergency nurses, working primarily in hospital emergency departments (EDs), urgent care clinics, and pre-hospital settings, are tasked with a wide array of responsibilities that underscore their critical role in healthcare delivery. Their primary duties include triaging patients, providing immediate treatment to those in life-threatening situations, and coordinating care among healthcare professionals. Triage, a foundational component in emergency nursing, involves rapidly assessing a patient's condition and determining the urgency of their needs. This system not only ensures that the most critical cases receive prompt attention but also

contributes to the overall efficiency of healthcare delivery in emergency settings [7].

In addition to triage, emergency nurses are responsible for a myriad of clinical procedures. They must quickly evaluate symptoms, interpret diagnostic tests, and administer medications, sometimes in high-pressure situations where traditional protocols may need to be adapted due to the specific circumstances of the case. Their scope of practice also includes performing advanced life support measures, managing trauma, and providing critical interventions for patients experiencing acute medical conditions such as strokes, heart attacks, or respiratory failures [8].

Further, emergency nurses play a key role in patient education and emotional support. Given the often traumatic and chaotic nature of emergencies, patients and their families may experience significant psychological distress. Emergency nurses use their interpersonal skills to communicate effectively, providing reassurance and clear information about treatment plans and potential outcomes. Their role as patient advocates ensures that individuals receive the appropriate care and understanding during their most vulnerable moments [9].

The skills required for emergency nursing are extensive and multifaceted. These professionals must possess not only technical expertise but also critical thinking abilities, adaptability, and the capacity to work in a team-oriented atmosphere. In emergency conditions where circumstances change rapidly, the ability to think critically and make decisive actions is paramount. Emergency nurses often make assessments and decisions quickly, balancing the need for immediate intervention with consideration of long-term implications [10].

In addition to clinical skills, emergency nurses must be adept at managing complex emotions and stressors inherent in emergency care. They routinely deal with grief, trauma, and fear—both their own and that of patients and family members. This emotional intelligence is vital in establishing trust and rapport, ultimately enhancing the patient's experience and outcomes [5].

Moreover, technological proficiency has become increasingly important in the field of emergency services. The use of electronic health records (EHRs), telemedicine, and advanced monitoring

systems requires emergency nurses to be technologically savvy in order to provide timely and accurate patient care. The ability to integrate technology into practice improves communication and coordination within multidisciplinary teams and enhances overall care delivery [8].

The contributions of emergency nurses extend beyond individual patient interactions. Their critical role significantly impacts overall patient outcomes and health system efficiency. Evidence suggests that hospitals with well-staffed emergency departments, where nurses are empowered and educated, experience better patient outcomes, including reduced mortality rates and shorter lengths of stay. Effective nursing care in emergency settings not only leads to improved survival rates but also decreases the likelihood of complications and re-admissions—factors that ultimately relieve the burden on the entire healthcare system [10].

Emergency nurses also play a crucial role in the implementation of public health initiatives and disaster preparedness. Their frontline experience provides valuable insights into community health needs and responses to epidemics, natural disasters, and other mass casualty events. They often engage in training and drills that prepare the healthcare system for large-scale emergencies, ensuring that providers are ready to respond effectively in those situations [11].

Health Management in the Emergency Context

Before delving into health management, it is essential to define what constitutes an emergency context. Emergencies can arise from a variety of sources, including natural disasters (such as earthquakes, floods, and hurricanes), technological incidents (like chemical spills or nuclear accidents), public health crises (such as epidemics or pandemics), and sociopolitical events (like wars or terrorist attacks). Each emergency context presents unique challenges and requires tailored health management strategies to mitigate its impact effectively [9].

The common thread among these situations is the urgent need for immediate action to protect health and save lives. Thus, health management in emergencies involves strategic planning, mobilization of resources, and coordination among various stakeholders, including government

agencies, non-governmental organizations (NGOs), and community-based organizations [11].

Effective health management in emergency contexts begins long before a crisis occurs. Comprehensive planning and preparedness are vital to minimize the adverse effects when emergencies strike. This involves risk assessment, which evaluates potential threats, vulnerabilities, and the capacity of health systems to respond. Understanding the local epidemiology, infrastructure, and social determinants of health is crucial in this phase [12].

Training healthcare professionals and community responders is also part of preparedness. Simulation exercises, drills, and workshops can help familiarize responders with protocols and best practices. Stakeholders must also ensure that public health communication strategies are in place to inform and educate communities about potential risks and available resources [13].

Preparedness often involves stockpiling medical supplies, including medications, vaccines, and personal protective equipment (PPE). Plans should emphasize the importance of maintaining continuity of care for essential health services, particularly for vulnerable populations. By prioritizing these initiatives, communities can enhance their resilience and capacity to manage health emergencies [11].

When an emergency occurs, a well-coordinated response system is critical. This response includes both immediate health interventions and longer-term care for affected populations. The initial phase often focuses on assessing the situation, triaging affected individuals, and deploying medical personnel to the field. Rapid health assessments help identify urgent health needs, such as injuries, communicable diseases, and mental health issues [14].

One core aspect of response systems is the establishment of incident command structures. These structures facilitate rapid decision-making and effective resource allocation. In many cases, organizations such as the World Health Organization (WHO) play vital roles in coordinating international response efforts, providing technical assistance, and mobilizing resources. The integration of local, national, and international resources is essential for a comprehensive response [15].

The concept of “One Health” is increasingly relevant in emergency response. This approach recognizes the interconnectedness of human, animal, and environmental health, emphasizing the importance of holistic strategies to address health threats. For instance, in the context of zoonotic diseases, collaborative efforts among various sectors can prevent outbreaks and manage health impacts effectively [2].

Coordination among multiple stakeholders is essential in managing health during emergencies. This collaboration involves government agencies, healthcare providers, NGOs, international organizations, and community members. Establishing clear lines of communication and shared responsibilities can enhance the effectiveness of emergency responses [16].

One of the significant challenges in coordination is the need to create harmonized systems and standards across varying organizational structures and geographical areas, especially in complex emergencies. The use of integrated health management systems that enable real-time decision-making, data sharing, and resource tracking is crucial. In many instances, inter-agency coordination clusters meet regularly to discuss strategy, monitor progress, and ensure that resources reach those most in need [11].

Furthermore, community engagement should not be underestimated. Involving local populations in response efforts fosters trust and ensures that health interventions are culturally sensitive and appropriate. Engaging communities can also empower local leaders and organizations, enhancing their capacity to respond to emergencies effectively [17].

Optimal resource allocation is a cornerstone of health management in emergency contexts. Given that emergencies can strain available resources, prioritizing and managing limited supplies effectively becomes crucial. This includes addressing the needs for personnel, medical supplies, equipment, and financial resources [15].

Establishing triage systems can help manage patient care effectively, ensuring that those with the most urgent medical needs receive appropriate interventions first. Principles of equity and fairness should guide resource allocation, keeping in mind the specific vulnerabilities of certain groups—such

as children, the elderly, and individuals with pre-existing medical conditions [16].

Innovative models, such as mobile health units and telemedicine, can enhance access to care and streamline resource distribution in remote or underserved areas. These models can bridge gaps in traditional health systems and create more flexible responses to emergencies [11].

After an emergency response is concluded, the evaluation of health outcomes is crucial for understanding the efficacy of interventions and for improving future health management strategies. This evaluation process involves assessing a variety of metrics: mortality rates, incidence of disease, access to health services, and patient satisfaction [17].

Data collection and analysis during and after emergencies provide insight into the successes and failures of the response. Lessons learned can inform future planning and preparedness, contributing to a cycle of continuous improvement in health management practices [18].

Moreover, addressing mental health outcomes post-crisis is increasingly recognized as important. Trauma and psychological distress can significantly affect populations during and after emergencies, underscoring the necessity of integrated mental health services as a part of overall health management [19].

Quality Improvement Frameworks for Emergency Departments

Numerous frameworks have been developed and implemented to facilitate quality improvement in emergency departments. Below are some of the most widely recognized frameworks [20].

1. Plan-Do-Study-Act (PDSA) Cycle

The PDSA cycle is a classic model for quality improvement that promotes iterative testing of changes through a structured process [21, 22].

- **Plan:** Identify a problem or improvement area. For example, an ED may recognize long wait times for patients with non-life-threatening conditions.
- **Do:** Implement the planned change on a small scale. The ED might streamline triage processes or create fast-track lanes.

- **Study:** Evaluate the data collected during the implementation. Analyze patient wait times, satisfaction levels, and resource utilization metrics.

- **Act:** Based on findings, either adopt the change, revise it for a better approach, or abandon the planned intervention if outcomes are unsatisfactory.

This cyclical methodology fosters an environment where continuous assessment leads to tangible improvements in service delivery and patient care.

2. Lean Methodology

Lean principles focus on eliminating waste and enhancing the value of healthcare services delivered to patients. In the context of EDs, this framework can reduce unnecessary waits, streamline processes, and improve patient throughput without compromising care quality [22].

Key steps in Lean include [23, 24]:

- **Value Stream Mapping:** Identify all actions required to deliver a service to the patient and eliminate those that do not add value (e.g., redundant paperwork).
- **Standardization:** Develop standardized protocols for common scenarios (like chest pain or fractures) to minimize variability in treatment and improve efficiency.
- **Continuous Improvement:** Foster a culture of ongoing assessment where ED staff are encouraged to identify areas for enhancement actively.

By implementing Lean techniques, EDs can achieve substantial improvements in efficiency, reduce costs, and enhance patient satisfaction.

3. Six Sigma

Six Sigma is a data-driven approach aimed at minimizing variability and errors in processes. Originally developed for manufacturing, this methodology has been adapted for healthcare settings, including emergency departments [25].

The core components of Six Sigma include [26, 27]:

- **Define:** Identify specific problems related to patient care or operational inefficiencies.

- **Measure:** Utilize metrics to gauge the effectiveness of current practices against established benchmarks.
- **Analyze:** Investigate data to locate the root causes of inefficiencies or defects.
- **Improve:** Develop and implement strategies that address the identified issues to augment performance.
- **Control:** Monitor the improvements to ensure that changes yield sustained benefits.

Six Sigma can be beneficial in EDs by enhancing clinical outcomes while reducing patient wait times and optimizing resources.

4. The Donabedian Model

The Donabedian Model offers a framework that emphasizes structure, process, and outcome [22, 25].

- **Structure:** Assess the resources, facilities, and staff available in the ED. This involves evaluating physical environments, technology, and workforce capabilities.
- **Process:** Analyze the interactions and activities that occur during patient care. This includes treatment protocols, patient flow processes, and communication strategies among staff.
- **Outcome:** Measure the ultimate impact of the care delivered. This could encompass patient satisfaction rates, morbidity and mortality statistics, and the rate of readmissions.

By applying the Donabedian Model, EDs can obtain a comprehensive view of the factors that affect healthcare quality, allowing them to devise more effective improvement strategies [28].

Despite the benefits of these quality improvement frameworks, emergency departments face several challenges in their implementation. These challenges include [29, 30]:

- **Resource Constraints:** Many EDs operate under severe budgetary limitations, which restrict the capacity for staffing, training, and adopting new technologies.
- **Staff Engagement:** Embracing a culture of quality improvement requires the buy-in from all staff members. Resistance to change is common, and

fostering a culture of continuous improvement can be complex.

- **Data Collection and Analysis:** Adequate data for informed decision-making is crucial for effective quality improvement. However, many EDs may struggle with data management systems that are outdated or not user-friendly.
- **Patient Population Diversity:** The varying needs of patients who present in EDs can complicate standardization efforts. Creating universally applicable protocols while respecting individual patient needs requires careful consideration.

The success of QI initiatives should be measured through key performance indicators that reflect both clinical and operational excellence. Common metrics include patient wait times, total length of stay, patient satisfaction surveys, rates of treatment errors, and hospital admission rates. Regular review and feedback loops can reinforce best practices and sustained improvements [31].

The challenge accompanying QI projects is not merely achieving short-term success but ensuring that improvements are maintained over time. Continuous education and engagement of ED staff, regular audits of processes, and flexibility in adapting protocols based on emerging evidence or changing patient populations are necessary to sustain the gains made through quality improvement efforts [32].

Interdisciplinary Collaboration: Bridging Nursing and Management

Nursing is one of the most vital components of healthcare delivery. Nurses care for patients, provide emotional support, administer medications, and facilitate patient education, often representing the frontline in patient care. Meanwhile, management professionals in healthcare institutions focus on ensuring that operations run smoothly, resources are allocated efficiently, and healthcare teams work effectively to deliver services. Implementing interdisciplinary collaboration between these two sectors can minimize administrative barriers, leading to improved patient care and operational performance [33].

One primary reason that collaboration is essential is the growing complexity of healthcare systems. As the industry grapples with technological

advancements, regulatory changes, and shifting patient demographics, nurses' clinical expertise and managers' operational experience must converge to provide comprehensive solutions. Effective collaboration leads to innovative problem-solving, addressing issues from patient care quality to financial management. By working side by side, nurses and managers can align clinical goals with organizational objectives, ensuring a holistic approach to healthcare delivery [34].

Interdisciplinary collaboration offers numerous advantages to healthcare organizations. First, it fosters better communication and understanding between nursing and management teams. On a practical level, nurses are often the ones who observe firsthand the implications of operational decisions on patient care. By engaging in collaborative discussions, management professionals can gain critical insights into the realities of nursing practice, facilitating informed decision-making. This two-way communication helps refine operational policies, ensuring they are not only feasible but also conducive to high-quality patient care [35].

Second, interprofessional collaboration leads to enhanced patient outcomes. Studies have shown that when nurses and managers work together effectively, care processes are streamlined, leading to reduced medical errors, improved patient safety, and higher levels of patient satisfaction. Nurses can champion patient-centered initiatives while managers ensure that adequate resources are allocated to sustain these initiatives. This synergy creates an environment where patient needs are prioritized, and care plans are collaboratively developed [36].

Third, interdisciplinary collaboration fosters professional development and workforce satisfaction. By involving nurses in management discussions and decision-making processes, healthcare institutions empower nurses and validate their expertise. This involvement leads to greater job satisfaction, reduced turnover rates, and improved workplace morale. Nurses who feel that their opinions are valued and that they contribute to organizational goals are more likely to remain committed to their roles. Furthermore, management professionals gain from the rich clinical insights

nurses provide, enhancing their understanding of the healthcare landscape [37].

Despite the numerous benefits of collaboration between nursing and management, several barriers can hinder effective teamwork. One significant challenge is the difference in perspectives and priorities between the two disciplines. Nurses are primarily focused on patient care and may view management as overly concerned with adherence to budgets and policy compliance. Conversely, managers may perceive nurses as resistant to change or overly focused on clinical concerns without regard for operational constraints. These differing priorities can create an atmosphere of misunderstanding or distrust [38].

Another challenge lies in hierarchical structures commonly found in healthcare organizations. Traditional power dynamics may inhibit open communication, with nurses feeling reluctant to voice their opinions or concerns in front of management. This reluctance can stifle innovation and limit the effectiveness of collaborative efforts. Additionally, time constraints in a fast-paced healthcare environment can make it difficult for nursing and management teams to convene and engage in meaningful discussions [39].

Lastly, there is often a lack of standardized processes for collaboration. Without clear frameworks or guidelines, interdisciplinary teams may struggle to develop effective communication strategies. This ambiguity can lead to confusion regarding roles, expectations, and accountability, ultimately undermining collaborative efforts [39].

To maximize the benefits of interdisciplinary collaboration and mitigate challenges, healthcare organizations can implement several strategies. First, it is essential to promote a culture of respect and inclusion within the workplace. Health leaders should encourage open dialogue, where both nurses and managers feel safe to express their perspectives. By normalizing respectful communication, organizations can break down barriers and foster a sense of shared purpose [40].

Second, establishing formal collaboration frameworks can provide structure to interdisciplinary efforts. Organizations could implement regular meetings that bring together nursing and management teams to discuss specific initiatives, challenges, and successes. Utilizing

structured communication tools, such as shared electronic health records, may facilitate information sharing and enhance team coordination [41].

Third, investing in interdisciplinary education and training programs can enhance mutual understanding between nurses and managers. Workshops, seminars, and simulations focusing on both clinical and operational perspectives can help bridge the knowledge gap. These educational efforts not only enhance professional skills but also contribute to building strong interpersonal relationships [42].

Finally, emphasizing shared goals and celebrating collaborative successes can reinforce the significance of teamwork. When nursing and management teams observe the positive impact of their collaboration on patient care and organizational efficiency, the intrinsic motivation to work together will grow [43].

Conclusion

In conclusion, the synergy among nursing, health management, and emergency services is paramount for elevating the quality of care in emergency settings. As healthcare systems worldwide continue to face escalating demands and complexities, a collaborative approach is essential for addressing the multifaceted challenges inherent in emergency care. Nurses serve as the backbone of emergency services, leveraging their expertise to provide critical interventions and compassionate care during high-pressure situations. Meanwhile, effective health management practices facilitate resource optimization, ensuring that processes are streamlined and patient needs are met efficiently.

By embracing a culture of continuous quality improvement and fostering interdisciplinary collaboration, healthcare organizations can significantly enhance patient outcomes and satisfaction. The integration of data-driven strategies and innovative technologies plays a vital role in refining emergency care delivery, allowing for quicker response times and improved clinical decision-making. As we move forward, ongoing education, stakeholder engagement, and research will be critical in shaping the future of emergency care. Ultimately, a unified effort among nursing, health management, and emergency services will lead to a more resilient healthcare system, capable of

effectively responding to the ever-evolving dynamics of patient care in emergencies.

References:

1. Khalifehzadeh A, Jahromi MK, Yazdannik A. The impact of Synergy Model on nurses' performance and the satisfaction of patients with acute coronary syndrome. *Iranian Journal of Nursing and Midwifery Research*. 2012;17(1):16–20.
2. Greene SM, Tuzzio L, Cherkin D. A framework for making patient-centered care front and center. *The Permanente Journal*. 2012;16(3):49–53.
3. Booked C, Turbutt A, Fox R. Model of care for a changing healthcare system: Are there foundational pillars for design? *Australian Health Review: A Publication of the Australian Hospital Association*. 2016;40(2):136–140.
4. MacPhee M, Wardrop A, Campbell C, Wejr P. The Synergy professional practice model and its patient characteristics tool: A staff empowerment strategy. *Nursing Leadership*. 2011;24(3):42–55.
5. Rozdilsky J, Alecxu A. Saskatchewan: Improving patient, nursing and organizational outcomes utilizing formal nurse-patient ratios. *Nursing Leadership*. 2012;25.
6. Swickard S, Swickard W, Winkelman C. Adaptation of the AACN Synergy Model for patient care to critical care transport. *Critical Care Nurse*. 2014;34(1):16–29.
7. Georgiou G, Amenudzie Y, Ho E, O'Sullivan E. Assessing the application of the Synergy Model in hematology to improve care delivery and the work environment. *Canadian Oncology Nursing Journal*. 2018;28(1):13–16.
8. Amenudzie Y, Georgiou G, Ho E, O'Sullivan E. Adapting and applying the Synergy Model on an inpatient hematology unit. *Canadian Oncology Nursing Journal*. 2017;27(4):338–342.
9. College of Nurses of Ontario. The RN and RPN Practice: The client, the nurse, and the environment. *Practice Guideline*. 2018.
10. Lee C, Fitzgerald B. Model of care and pattern of nursing practice in ambulatory oncology.

- Canadian Association of Nurses in Oncology. 2013;23(1):19–27.
11. British Columbia Nurses' Union. Provincial nursing workload project resource toolkit for teams: Nursing workload and staff plan processes. 2010.
 12. Canadian Cancer Society. Cancer Statistics at a Glance: Chances (probability of developing or dying from cancer). 2021.
 13. Khamse M, Aghili R, Baradaran Moghadam HR, Arabi A. Patients satisfaction of outpatient services in Endocrine and metabolism clinics of firouzgar therapeutic educational center. Payesh. 2006;6(1):71–6.
 14. Graham-Garcia J, George-Gay B, Heater D, Butts A, Heath J. Application of the Synergy Model with the surgical care of smokers. Crit Care Nurs Clin North Am. 2006;18(1):29–xii.
 15. Zaman Zadeh V, Moghadasiyan S, Vali Zadeh L, Haghighi Khoshku N. Comparing the patients and nurses viewpoints about the nursing care quality Offered in educational hospital. Journal of Nursing and Midwifery of Tabriz Medical Sciences University. 2004;1(2):37–45.
 16. Yellen EA. Synergy and peripheral percutaneous transluminal angioplasty. J Vasc Nurs. 2007;25(1):7–11.
 17. Ghamari Zare Z, Anousheh M, Vanaki Z, Haji Zadeh A. Examining the nurses performance quality and patients satisfaction in intensive care units. Zahedan Journal of Research in Medical Sciences. 2008;10(1):27–36.
 18. Dabirian A, Zolfaghari H, Abed Saidi J, Alavi Majd H. Views of AIDS patients regarding nursing care quality in healthcare centers affiliated to Shaheed Beheshti and Tehran Universities of Medical Sciences. Journal of Nursing and Midwifery Shaheed Beheshti University of Medical Sciences and Health Services. 2008;18(61):40–5.
 19. Julayi S, Gyuri A, Taavoni S, Bohrani N, Reza Pour R. Patients satisfaction rate of nursing care in educational hospitals of selected cities of country. Iranian Journal of Nursing Research. 2007;2(6-7):37–44.
 20. Habashizadeh A, Vanaki Z, Navipour H, Ebrahimizadeh S. The effects of active clinical nursing supervision on patient satisfaction. J Mashhad School Nursing and Midwifery. 2010;10(1):52–60.
 21. Kerfoot KM, Lavandero R, Cox M, Triola N, Pacini C, Hanson D. Conceptual models and the nursing organization: Implementing the AACN Synergy Model for patient care. Nurse Leader. 2006;4(4):20–6.
 22. Kaplow R, Reed KD. The AACN Synergy Model for Patient Care: a nursing model as a Force of Magnetism. Nurs Econ. 2008;26(1):17–25.
 23. Neishaburi M, Raies Dana N, Ghorbani R, Sadeghi T. Examining the nursing care quality from the viewpoints of nurses and patients of therapeutic- educational centers of the city of Semnan. Koomeshe. 2010;12(2):134–43.
 24. Khalifezadeh A, Tavasoli AA, Golshahi J, Sanei H, Mirdehghan A, Payehdar Z, et al. Synergy Model in Clinical Teaching of Critical Care MSc Nursing Students and Cardiovascular Diseases Patients. Iranian Journal of Medical Education. 2011;10(5):593–601.
 25. Smith AR. Using the synergy model to provide spiritual nursing care in critical care settings. Crit Care Nurse. 2006;26(4):41–7.
 26. Pazargadi M, Zaghari Tafreshi M, Abed Saeidi J. Nursing care quality from the viewpoint of nurses. Research in Medicine. 2007;31(2):147–53.
 27. Dehghan Nayeri N, Aghajani M. Respecting the patients privacy by the treatment team and its relation to patients satisfaction in Emergency ward. Hayat. 2010;16(1):13–22.
 28. Habibipour B, Vanaki Z. The Assessment of effect discharge planning on patients satisfaction. Scientific Journal of Hamadan Nursing and Midwifery Faculty. 2008;16(2):25–31.
 29. Farkhr Zadeh H, Moradi M, Mahmoudi M, Nader Pour N, Baghery Rad M, Ahmad Zadeh Asl M, et al. Examining the care quality of patient with acute coronary syndrome in Amir Aalam hospital related to Tehran Medical

- Sciences University. Tehran University Medical Journal (TUMJ) 2006;64(2):149–54.
30. Schulmeister L, Quiett K, Mayer K. Quality of life, quality of care, and patient satisfaction: perceptions of patients undergoing outpatient autologous stem cell transplantation. *Oncol Nurs Forum*. 2005;32(1):57–67.
31. Taghi Zadeh Z, Rezaie Pour A, Mehran A, Alimoradi Z. Usage of communication skills by midwives and its relation to clients' satisfaction. *Hayat*. 2006;12(4):47–55.
32. Kuriakose A. Using the Synergy Model as best practice in endotracheal tube suctioning of critically ill patients. *Dimens Crit Care Nurs*. 2008;27(1):10–5.
33. Rouhi Gh, Hosseini SA, Asayesh H, Behnampoor N, Rahmani H. Relationship between nurses spent time for care and patients satisfaction in internal ward in Gorgan 5th Azar Hospital. *Payavard Salamat*. 2009;3(1-2):65–74.
34. Ghamari Zare Z, Anousheh M, Vanaki Z, Haji Zadeh A. Examining the nurses performance quality and patients satisfaction in intensive care units. *Zahedan Journal of Research in Medical Sciences*. 2008;10(1):27–36.
35. Khamse M, Aghili R, Baradaran Moghadam HR, Arabi A. Patients satisfaction of outpatient services in Endocrine and metabolism clinics of firouzgar therapeutic educational center. *Payesh*. 2006;6(1):71–6.
36. Curley MA. Synergy: the unique relationship between nurses and patients, the AACN Synergy model for patient care. New York: Sigma Theta Tau; 2007.
37. Mullen J. The Synergy Model in practice: the Synergy Model as framework for nursing round. *Critical care nursing*. 2002;22(9):66–8.
38. Hartigan RC. The Synergy Model. Establishing criteria for 1:1 staffing ratios. *Crit Care Nurse*. 2000;20(2):112.
39. Annis T. The synergy model in practice: The interdisciplinary team across the continuum of care. *Critical Care Nurse*. 2002;22(5):76–9.
40. Czerwinski S, Blastic L, Rice B. The Synergy Model: building a clinical advancement program. *Crit Care Nurse*. 1999;19(4):72–7.
41. Hardin S, Hussey L. AACN Synergy model for patient care. Case study of a CHF patient. *Crit Care Nurse*. 2003;23(1):73–6.
42. Brewer BB, Wojner-Alexandrov AW, Triola N, Pacini C, Cline M, Rust JE, et al. AACN Synergy Model's characteristics of patients: psychometric analyses in a tertiary care health system. *Am J Crit Care*. 2007;16(2):158–67.
43. Arashin KA. Using the Synergy Model to guide the practice of rapid response teams. *Dimens Crit Care Nurs*. 2010;29(3):120–4.