

Perceptions on Shift Changes: Literature Review

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Perceptions on Shift Changes: A Literature Review

The research process is a growing aspect of the healthcare field that is needed to discover new changes as well as eliminating old ways. A literature review relies on and supports evidence-based practice, clinical decisions, and scholarly work. It is the first step of evaluating the importance of research and other studies (Houser, 2023). This type of review adds credence to the researchers assertions. However, it is the researchers responsibility to search for previous work related to the topic of choice (Houser, 2023). Literature reviews use a variety of sources to critically evaluate and interpret the studies and the overall quality of the work. Overall, this literature review evaluates three quantitative studies related to the perceptions of shift changes in the healthcare system. As the nursing workforce expands, the demand for hourly shift employees increases. These shifts include days, nights, and weekends, ranging from an average of eight to 12-hour shifts. Understanding the perception of hectic routine schedules may expand on professional adversities and a supportive professional workplace.

“Exploring Perceptions of Shift Length: A State-Based Survey of Registered Nurses”

This quantitative study expanded on data collected from 3,400 registered nurses who work in the clinical setting while working a 40-hour work week. Within the 3,400 nurses who participated in the study, a survey instrument was distributed to obtain the individual perspectives of a preferred shift length (Haller et al, 2020). The primary objective of their study was to uncover the workweek structures, client-directed care, and to find a balanced work life by using a 30-item questionnaire that was administered over a course of six weeks and later collected for thematic evaluation (Haller et al, 2020). The priority of this quantitative research study was to focus on the data analyzed for nurses who have been working in the clinical

inpatient setting for the past five years, while also focusing 50 percent of their time working with clients directly. The results of this study showed that a total of 190 registered nurses who met the credentials reported that the preferred shift is a 12-hour shift for the importance of handling new client admissions, having the time to complete all tasks needed, and for the reduced gaps in staff coverage (Haller et al, 2020).

Key Points

This article studies how nurses view the different shift hours and how they also affect the clients. The quantitative study included 3,400 registered nurses; however, the requirements only allowed 190 nurses to qualify. This quantitative study discussed the many key factors and discoveries associated with the methods of specific survey distribution. These required factors to continue the surveys included being a licensed registered nurse who has worked 50 percent of their time in the inpatient clinical setting for the past five years (Haller et al, 2020). While working to gather relevant information, an institutional review board approval was established, and the team of researchers created and distributed a tested survey instrument (Haller et al, 2020). The database of choice was the online use of SurveyMonkey, which was an online application. The primary themes of this study included the relationship between work factors and home/wellness-related factors. For example, questions were created to fully understand and capture the variety of shift lengths, clarify time commuting, adding benefits and issues to the shift-comparison grids (Haller et al, 2020).

During the implementation process of this study, the survey was conducted over a course of a six-week period, from November to December of 2017. To ensure that the survey was conducted, a reminder email was sent to all participants at the two-week point of the study. To

complete the survey, the participants were required to complete it in one sitting, which took about ten to fifteen minutes (Haller et al, 2020). The confidentiality of this information was needed to ensure that the participants were protected and that the data was for research purposes. During the survey, the participants were asked to select a shift length preference for a hypothetical 40-hour work week and the same for a 36-hour work week. Questions were also created to view what the nurses believed to be “important” or “not at all important” for the 19 factors related to the work life and quality of care (Haller et al, 2020). After concluding the six-week period of research surveys, the survey link was removed, and the data was downloaded to a company based out of New York (Haller et al, 2020).

The gathered data showed that 48 percent of nurses reported primary practice in the emergency department, and 24.7 percent reported the intensive care unit. Of these nurses, 58 percent showed preference for working 12-hour shifts, whereas 26.3 percent of nurses reported preference for eight-hour shifts, and 17.4 percent of these nurses preferred ten-hour shifts (Haller et al, 2020). While not including the type of shift, at least 50 percent of the qualified nurses report the preference for 12-hour shifts. A table of information was provided to show the wellness factors compiled and organized into different shift hours. The data showed that 12-hour shifts drastically affected work-related factors such as patient satisfaction, shift workflow, patient outcomes, avoidance of medication errors, having the option to relax and recharge while also facilitating a healthy work/life balance (Haller et al, 2020). However, during the occurrence of a preferred 40-hour work week, ten-hour shifts take the lead in all aspects and factors.

Overall, the study's findings point to the shift preference in terms of work weeks and hours. Even though this study was limited to a specific organization within one state, the data still

showed the preferred shift for a large group of nurses. The authors' concluded that the result of this study captures the voice of the nurses while promoting the insights for nursing leaders (Haller et al, 2020). The significant evidence collected showed that untoward effects of the longer shifts, many types of staffing patterns, and other factors may need to be considered for the safety of the nurses and the clients.

This study has improved the overall understanding of the relationship between shift changes, nursing health, and client safety and satisfaction. The study did not include a P-value since it was primarily used as descriptive statistical data. For example, this data used different percentages and not any inferential statistics. Client safety is a priority, and being able to understand the work life of a nurse is needed to keep the clients safe and healthy.

Assumptions

Throughout this quantitative literature review, there are multiple assumptions that were made about the perceptions of shifts in the nursing workforce. During this article, statements reflect the authors' beliefs of the nursing workforce. These nursing perspectives were extremely important and crucial for staffing decisions since they reflected deeply on the nurse's work environment and life at home. Another important assumption was how these shifts affected nursing practice as well as the client care aspect. The authors' showed the belief and understanding for the length of shifts and how it affects client care by explaining the importance of wellness, safety, fatigue, and the overall holistic care aspect (Haller et al, 2020). The workweek structure is also an important aspect of nursing, and the author discusses the importance of shift hours as well as weekly hours and how it affects the categories of client care and safety. These assumptions provided the overall inference that was made and found from the

study by inferring the predominant pattern for shift hours each week, which interacted together with business and personal factors (Haller et al, 2020). Of these assumptions, the results showed that many nurses who were included in the research study favored the 12-hour shift, especially for client safety. While working a 12-hour shift, situations may be reduced, like becoming burnt-out and supporting a healthy lifestyle (Haller et al, 2020). Overall, the authors' found that looking for other flexible and creative shift options may improve healthcare workflow and performance. The authors' also concluded that ten-hour shifts should be more common and convenient to reflect flexibility and to reduce the number of drawbacks and fatigue that comes with a 12-hour shift (Haller et al, 2020).

Deficit/Conclusion

The authors' line of reasoning was presented in a reasonable and supported manner that provided reasoning inferences about shift preferences. The data taken from the survey provided statistics that supported the statements about shift preferences and how they impacted on the aspects of client satisfaction and safety. The quantitative study provided a well-defined insight into the structure of shifts and the outcomes throughout the workweek. The implications of this article were that the number of nurses should have a more flexible and sustainable schedule that reflects well on the clinical setting as well as a healthy home environment (Haller et al, 2020). While working, it has been shown that to complete a 40-hour work week, four ten-hour shifts should be completed to ensure satisfaction compared to the preferred eight or 12-hour shifts (Haller et al, 2020). The line of reasoning should be addressed to prevent mental and physical harm, as well as the prevention of nursing burnout. There were limitations during this study that included the limited number of registered nurses and a single state expansion (Haller et al, 2020).

The overall quality of care, clinical practice, and communication may also be affected if the line of reasoning is not addressed for the well-being of all individuals involved.

“A Comparison of Shift Length and Nursing and Quality Outcomes in Acute Inpatient Mental Health Units”

This quantitative study describes a comparison between two different shift lengths and how the different hours impact an acute inpatient mental health unit. This retrospective comparative analysis of cross-sectional data reached 32 different mental health sites that used mixed shifts within the system (Beckman et al, 2022). The compiled research was used to study the aspects of shift lengths between eight and 12-hour shifts and how client outcomes were affected. The prioritized concerns throughout this study were the changes in nurse satisfaction, increased attrition, as well as the decreased numbers of reliable nurses (Beckman et al, 2022). The authors’ main intent of this research article was to understand the full effect of shift lengths and how they may impact the overall safety, staffing, and client outcomes. Within this quantitative research, many nurses reported that the stress of 12-hour shifts tends to have improved continuity of care since there were less shift handoffs. However, with the extended length of shifts, the possibility of work fatigue and potential burnout may cause negative client outcomes. After compiling self-reported information, results showed the 8-hour shifts with more desirable outcomes (Beckman et al, 2022).

Key Points

Throughout this quantitative research study, many key points were presented regarding the comparison of shift lengths in the acute inpatient mental health units. This article partnered with 32 acute inpatient mental health units in the Veterans Health Administration (VHA) and sent out

an internal email to each unit's representative, totaling 104 individuals (Beckman et al, 2022). The VHA was known as one of the largest integrated medical centers in the United States, which allowed this study to be properly conducted (Beckman et al, 2022). However, before this study could be conducted, approval was needed in order to present and gather any statistical information. The approval was soon accepted by the institutional review board at the Cincinnati VA Medical Center, and in August of 2020, the email questionnaire was released to the corresponding individuals (Beckman et al, 2022).

Within the email questionnaire contained one singular question of "what hours of shifts/tours are you using for your inpatient mental health nurses and staff?" (Beckman et al, 2022). However, before the email that was sent to each unit representative, a previous email was created and distributed to each VHA employee. This survey was presented in June of 2019 regarding demographic data such as occupation, role, and location, and soon gathered an overall reply rate of 64 percent (Beckman et al, 2022). Some other topics included within this email include overall job satisfaction, burnout, exhaustion, depersonalization, and the intent to leave within a year's time (Beckman et al, 2022). Once each of the emails regarding responses had been received, the data results were organized based on facility and location.

The quantitative data gathered showed results representing 30.2 percent of individuals apart from the VHA sites involved in acute inpatient mental health units. Out of the 32 total sites studied, results showed that ten reported the preference of eight-hour shifts and the other 22 sites reported the preference using 12-hour shifts (Beckman et al, 2022). However, statistically, 12-hour shifts had shown to have an increased rate of disruptive events that was about three times higher than an average eight-hour shift. The presence of a 12-hour shift was also shown to have had a drastic effect on physical assault events, statistically averaging about four times higher

than the average eight-hour shift (Beckman et al, 2022). The number of verbal assaults during a 12-hour shift was more than doubled compared to physical assault (Beckman et al, 2022). The quality and safety outcomes were also in favor of the presence of an eight-hour shift, yet the 12-hour shift was still the desired choice for healthcare workers. Overall, the significance behind this quantitative research includes the differences in quality and safety outcomes between each shift. The average eight-hour shift has shown to reduce the number of accidents and increase the quality of care within the staff and client care (Beckman et al, 2022). This significance may improve the overall quality of the acute inpatient mental health unit as well.

Within this quantitative article, a table was presented to display the mean and P-values for all outcomes that were based on the lengths of each shift. For example, verbal assaults were much higher during a 12-hour shift compared to an eight-hour shift, with the P-value indicating a significance of 0.02, which may be related to the extended shift length (Beckman et al, 2022). Another example that would not be significant included the use of restraints during a shift. The P-value indicated 0.92, meaning that this value would not impact the outcome of any research-based information (Beckman et al, 2022).

Overall, the authors' concluded that the length of a shift does impact on the safety of the clients and outcomes in the acute inpatient mental health units. This means that the longer shifts may be unsuitable for potentially harmful clients in the clinical setting. The study also showed that there were no direct signs of burnout or exhaustion related between the eight and 12-hour shifts (Beckman et al, 2022). Thus, an eight-hour shift was shown to outweigh the benefits compared to the average 12-hour shift clinically. This study resulted in opposite thoughts and feelings related to preferred shift hours with the average 12-hour shift being preferred during the first article review. Within this study, factors that influenced the preferred 12-hour shift from

article one should be considered in article two while comparing both resources such as the burnout rates and health factors. With this information, alternative scheduling should be considered; however, an extended amount of time and resources should be considered when expanding on the comparison of shift lengths.

Assumptions

Main assumptions that the authors' made throughout the quantitative research article included aspects of shift lengths. For example, the author suggested that the length of a shift may have affected many roles in the clinical environment, such as client safety, the overall health of the staff, and the proper work environment (Beckman et al, 2022). The authors' also made the assumption that more evidence should have been conducted with reason to find the best shift hours compared to sticking with basic tradition (Beckman et al, 2022). Overall, the authors' inferred that the shorter shift lengths may lead to a safer work environment and job satisfaction and longer shifts may lead to a more harmful environment (Beckman et al, 2022). The authors' discovered that eight-hour shifts came with improved safety outcomes, such as fewer verbal assaults and disruptive behavior incidents. They also believed that the work hours should be reconsidered to balance the proper healthy lifestyle and healthy work environment. The authors' found that more evidence was needed to support the research in a broader spectrum of contexts.

Deficit/Conclusion

In summary, the quantitative research study included accurate information regarding the differences and significance of shift hours. The authors' reasoning was acceptable and showed evidence that supports the significance of shift hours, especially the eight-hour shift. For example, this shorter shift suggests that clients were at a safer standard and the healthcare

workers were at a lesser chance of caring for disruptive clients and assaults (Beckman et al, 2022). The authors' provided logistical research information concerning the shift differences while also gathering information from the Veterans Health Administration. The implications for nursing were important as well; nurses and other health professionals need to continue researching to find the best shift option for the most adequate outcomes. This may reduce the overall threat of safety for both employees and clientele. During this article, some limitations included relying on self-reporting of shift length schedules, and the article did not have any specific data source available when the information for staffing practices was collected (Beckman et al, 2022). Overall, this quantitative research article reviewing shifts in acute inpatient mental health units shows that eight-hour shifts created a healthy work environment and clinical setting. However, continued studies should be completed to ensure the quality of care for each client in a specific healthcare setting.

“Examining Nurses’ Perception of Shift Work and Evaluating Supportive Interventions”

This quantitative article discusses the research behind shift work while providing supportive interventions to back the evidence presented. The healthcare field has many nontraditional work schedules that are available to all; however, they may not always become approved. The term known as shift work is known as all other shift schedules that are outside of the common 7 am to 6 pm hours (Konkol et al, 2023). Shift work may include weekend hours, early mornings, evenings, and night shifts; all of which require a prominent level of competence and composure. Evidence-based practice has proven that with each nursing shift chosen, negative health effects are possible, such as disease susceptibility or progression, obesity, and decreased sleep quality (Konkol et al, 2023). The nurses who find themselves working these hours may encounter an

imbalance between work and home life which may lead to potential errors or overall burnout. Understanding these situations is important for the safety of clients and other healthcare coworkers. It has also been suggested that nurses who work more than sixty hours a week experience acute fatigue and lowered perceptions of performing client-centered care (Konkol et al, 2023). Potential interventions, such as providing napping hours and further nursing education, should be provided to help improve the aspects of nursing and the perceptions of many shifts.

Key Points

Throughout this quantitative research study, many key factors were provided in supporting the perception of shift work while also evaluating supportive measures. During this study, a group of 995 registered and graduate nurses who had been working in a 663-bed academic medical center were chosen to be included in the study (Konkol et al, 2023). The requirements behind this survey included being a licensed registered nurse above the age of eighteen who had worked rotated shifts or continuous night shifts within the past six months (Konkol et al, 2023). Before the study could be conducted, a board approval was accessed and the survey was previously tested with twenty-six nurses from the hospitals' Evidence-Based Practice Council to ensure correctness and safety (Konkol et al, 2023). Each of these nurses received an email that included an email with information regarding a survey in the year 2020. The initial email included the purpose of the survey, overall expectations, and the requirements. This survey was sent out three separate times during a six-week period to ensure that all nurses had an opportunity to complete the task (Konkol et al, 2023). However, during the second week, QR codes were released and posted with additional instructions and access to the survey in hopes of

receiving more data. Researchers would occasionally stop and visit each unit to verbally collect data and encourage more participation. Throughout the survey that was conducted, questions regarding thoughts and feelings of shift work along with any potential interventions should be suggested. During the survey, the question response choices based on perceptions of shift work ranged from five choices, starting with strongly disagreeable to strongly agreeable (Konkol et al, 2023). The only question that included a simple “yes or no” response was during the question of if a block schedule should be considered. If they responded “yes” then a follow up question was provided with the preferred length of the block schedule. This survey was figured to take about 15 minutes for each qualifying nurse to complete.

Once the data from this quantitative research was collected, it was sent to New York for an analysis report. Throughout this study, 995 nurses were chosen; however, only 186 completed the entire survey. Some results of this survey showed that there was an overall 19 percent response rate with 89.2 percent being women, 81.2 percent having a bachelor’s degree or higher, 89.8 percent working full time, and 80.1 percent working night shift only (Konkol et al, 2023). Once the data was collected and analyzed, the Friedman test was conducted in order to find the different perceptions and the use of fatigue interventions when working the day shifts compared to the night shifts (Konkol et al, 2023). This Friedman test showed P-values which indicated statistical significance or not. For example, the data behind comparing shift perceptions between days, nights, and rotating shifts found that the P-value was 0.001, indicating that it was statistically significant (Konkol et al, 2023). This information supports the fact that nurse perceptions and preferences are important and statistically significant. Some results of this study showed that when nurses work night shifts, they are more likely to use melatonin for additional sleep support, taking naps during breaks, consuming highly caffeinated beverages, and even

resting in their vehicles before they drive home for safety measures (Konkol et al, 2023). The results of interventions included positivity to the use of blackout curtains and utilizing facility exercise equipment before or after their shifts. Researchers also found that if there were supported time slots with a protected break time, then on-shift napping should be allowed and encouraged with the support of assignment coverage (Konkol et al, 2023). It was also found that if nurses had an accessible nutritionist to consult, it may result in less obesity and reduced health problems in the healthcare field. On the other hand, the nurses were not keen on using sunglasses while driving home and using a designated sleeping room before leaving work (Konkol et al, 2023). Lastly, during the question of block scheduling, the potentially preferred cycle included a two-week rotation between days and nights.

The data that was collected was important for the healthcare system, especially since it showed statistically significant differences between the perceptions of shifts. Each difference was fully supported by a represented P-value, which suggested what information was significant and was less significant. This research supported interest in different shifts, overall well-being, demographics, fatigue countermeasures, and potential interventions (Konkol et al, 2023). These findings may help improve the nursing workforce and help create a stronger learning environment, as well as improving client care. Overall, the authors' presented adequate information and gained perspective from the nurses who worked each shift while also gaining knowledge. The findings between both day and night shifts affect each nurse differently and may impact each differently (Konkol et al, 2023). In the end, continued research to follow and ensure adequate information is needed, as well as exploring innovations and reducing the impact of shift work for nurses.

Assumptions

During this quantitative research, the authors' discovered assumptions regarding shift perceptions. The main assumptions included that shift work affects the overall health of the nurse since there is little room for sleep and circadian rhythms, and it disrupts the work-life balance (Konkol et al, 2023). The authors' also assumed that nurses should create interventions that meet the needs of their own as a whole, such as scheduled napping. It was important to notice how shift work impacts nurses, specifically night shifts. These night shifts were known to damage sleep quality, reduce the act of communication, decrease home life activity and increase the feeling of fatigue greatly (Konkol et al, 2023). Some assumptions of interventions include the usage of blackout curtains, block scheduling, and onsite napping breaks (Konkol et al, 2023). Of each of these interventions, block scheduling should be considered to reduce the risk of feeling fatigue and burnout. Throughout the study, it found that there were many differences between day and night shift, such as interest in supportive interventions, organization, fatigue countermeasures, and the overall health and wellbeing of the nurses and clients (Konkol et al, 2023). Some overall inferences that the authors' created include the hypothesis that shift work affects each nurse differently, and each facility should do everything possible to reduce fatigue and improve health while also encouraging proper performance. In relation to article two above, each of these readings supports the needs of clients and nurses while also individualizing information presented to create unique data. Each article focused on similar aspects related to the perception of shift changes. However, article three focuses slightly more on the effects and improvements instead of a focused group of shift hours as explained in article two. This article may want to consider incorporating focused hours of information similar to article two. In the

end, the authors' discovered that night shifts were harder on a nurse compared to day shifts and should be a concern.

Deficit/Conclusion

In summary, the quantitative research article meets the line of reasoning in a well-supported and acceptable manner. This article presented subjective information throughout a six-week period directed towards the difference between day and night shifts (Konkol et al, 2023). The data was collected from 186 nurses by using a statistical data analysis to discover key information. This article presented clear information to help improve the nursing care for personal and client-based situations. Some of the implications discussed throughout this article include seeking new scheduling practices and listening to nurse's thoughts and ideas such as controlled napping which will all help prevent clinical errors and improve the job environment. If nursing fails to answer the implications chosen for nursing practice, it may lead to emotional stress, exhaustion, fatigue, and loss in job satisfaction (Konkol et al, 2023). This would then lead to unprofessional client care, such as medical errors, and a decline in leadership standards throughout the workplace (Konkol et al, 2023). Throughout this article, a limitation that was discussed included the limited responses from certain units at the medical center where the study took place. This study also took place during the COVID-19 pandemic, which may be considered as a limitation to some individuals. Overall, this quantitative study discussed many important aspects of shift perceptions and may help improve the future of healthcare.

Conclusion

During this quantitative literature review, three articles regarding the perceptions of shift changes were comprehensively interpreted. During the first article, a statewide survey was

conducted that included 190 nurses who met the required credentials. This article studied the differences between eight-hour, ten-hour and 12-hour shifts and determined which was the most preferred and effective. Overall, the preferred shift included the 12-hour increment. However, the statistically best option was the eight-hour shift (Haller et al, 2020). The subjective data that was collected favored the 12-hour shifts for the minimal handoffs and the overall care aspect. The factors that influenced each decision included factors such as work-life balance, travel time, and communication (Haller et al, 2020). Overall, this article focused on the importance of shift change and the value behind the staff and client outcomes.

The second quantitative article that was interpreted discussed the comparison of shift changes and lengths in an acute inpatient mental health unit. This study included 32 units at the Veterans Health Administration (VA), all of which discussed the aspects of eight-hour, ten-hour, and 12-hour shifts (Beckman et al, 2022). The study showed that overall, eight-hour shifts did not have as much disruption or assaults compared to the average 12-hour shift. It was proven that the eight-hour shift also improved and promoted quality of life, mental health, positive client care, and safety; however, continued research should be considered (Beckman et al, 2022).

The final quantitative article that was reviewed included a study that consisted of 186 qualified nurses throughout a six-week period. This study provided adequate information regarding perceptions of shifts, fatigue countermeasures, and potential interventions (Konkol et al, 2023). This subjective data found fatigue countermeasures were more common during the night shift compared to the day shift, and potential interventions should be based on personal preferences; however, some include using blackout curtains as well as block scheduling (Konkol et al, 2023). Overall, fatigue-reducing measures should be considered for the safety of both the healthcare workers and the client care.

Throughout this quantitative literature review, this information may help better client outcomes, nursing practice, evidence-based practice/quality improvement efforts, and healthcare as a whole. These articles may help improve client outcomes by focusing on the safer aspects of client care, such as preventing dangerous incidents (Beckman et al, 2022). Focusing on reducing shift lengths may help improve these environments while also preventing fatigue and potential errors. The articles may also improve nursing practice by understanding the personal needs of nurses, such as the hectic scheduling. Understanding the potential needs of nurses could change the aspects of nursing practice. For example, if shift naps were taken into account, it could improve the overall health of nurses, resulting in better clinical outcomes (Konkol et al, 2023). To improve evidence-based practice and quality improvement, researchers should incorporate their research to help expand on previous research and data collection. Each of these articles show evidence-based information that was collected across many healthcare systems. These articles support clinical decision-making as well as client safety outcomes. This review may help improve healthcare as a whole by reducing the amount of workforce burnout and improve the overall safety of hospitals by providing a better work-life balance and reducing harmful events. In summary, each of these quantitative articles showed different points of view describing the perception of shift changes. They all provided evidence that supports client safety and satisfaction, as well as the overall well-being of the nurse and staff as well.

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