



A Review of the Perceptions of Nursing Specialists on the Integration of Nursing Technicians in Advanced Practice Roles in Hafr Al-Batin

Liyanah Hazam Almutiri¹, Amiruh Dali Al-Dhafiri¹, Ghaliah Hamdan Al Rashidi¹, Aziza Karkan Al-Dhafiri¹, Mariam Manawir Aldhafiri¹, Hanan Alaswd Almutairi²

¹Nursing Technician, Hafar Al-Batin

²Nursing Specialist, Hafar Al-Batin

Abstract

Background: The integration of nursing technicians into advanced practice roles represents a significant evolution in healthcare delivery models, particularly in regions like Hafr Al-Batin where healthcare workforce optimization is essential for meeting growing population health needs. Understanding nursing specialists' perceptions of this integration is crucial for successful implementation and sustainable workforce development.

Objective: This review examines the perceptions of nursing specialists regarding the integration of nursing technicians in advanced practice roles in Hafr Al-Batin, identifying facilitators, barriers, and optimization strategies for effective workforce integration and role expansion.

Methods: A comprehensive literature review was conducted examining published research, policy documents, and best practices related to nursing role integration, advanced practice nursing, and workforce development in Saudi Arabia and similar healthcare contexts. Sources included peer-reviewed articles, professional guidelines, and healthcare workforce studies spanning 2014 to 2024.

Results: Analysis revealed that nursing specialists hold diverse perceptions regarding nursing technician integration into advanced practice roles, with positive views centered on enhanced care capacity and workforce flexibility, while concerns focus on competency standards, scope of practice clarity, and patient safety considerations. Key factors influencing successful integration include comprehensive training programs, clear role delineation, regulatory framework development, and organizational support systems.

Conclusion: The successful integration of nursing technicians into advanced practice roles requires systematic approaches that address nursing specialists' concerns while leveraging opportunities for enhanced healthcare delivery. Healthcare organizations should prioritize collaborative planning, comprehensive training, and clear policy development to optimize workforce integration and improve patient care outcomes.

Keywords: nursing technicians, advanced practice roles, workforce integration, nursing specialists, healthcare delivery, Hafr Al-Batin

Received: 09 Nov 2024

Received: 21 Dec 2024

Accepted: 30 Dec 2024

1. Introduction

Healthcare workforce development in Saudi Arabia has undergone significant transformation as part of the Kingdom's Vision 2030 initiatives, with particular emphasis on optimizing nursing workforce capacity and capability to meet evolving population health needs (Alshogaih et al., 2024; Pradelli et al., 2025). The integration of nursing technicians into advanced practice roles represents an innovative approach to addressing healthcare workforce challenges while enhancing service delivery efficiency and accessibility (Strandås et al., 2024; Humphreys & Ranganathan, 2025).

Hafr Al-Batin, as a rapidly growing urban center in the Eastern Province of Saudi Arabia, faces unique healthcare delivery challenges that require innovative workforce solutions and strategic role optimization (Wagner et al., 2021; Gross et al., 2025). The expansion of nursing technician roles into advanced practice functions offers opportunities to enhance healthcare capacity while maintaining quality standards and patient safety requirements (Herzberg et al., 2019; Crowe et al., 2017).

The perceptions of nursing specialists regarding nursing technician integration into advanced practice roles significantly influence implementation success, organizational culture development, and sustainable workforce transformation (Boulton et al., 2024; Acquisto et al., 2020). Understanding these perceptions, including both supportive factors and areas of concern, provides essential insights for developing effective integration strategies and optimization approaches (Lindlöf et al., 2025; Walker et al., 2022).

Nursing specialists, as experienced healthcare professionals with advanced clinical knowledge and leadership responsibilities, serve as key stakeholders in workforce development initiatives that involve role expansion and practice evolution (Zimmer et al., 2024; Alshehri et al., 2024). Their perspectives on competency requirements, scope of practice considerations, patient safety implications, and organizational readiness significantly influence the success of nursing technician integration efforts (Beatrous et al., 2021; Hjortdahl et al., 2018).

The integration of nursing technicians into advanced practice roles requires careful attention to regulatory frameworks, competency standards, training requirements, and quality assurance mechanisms that ensure safe and effective practice expansion (Sajid et al., 2024; Udod et al., 2021). These considerations must balance the need for workforce flexibility with maintenance of professional standards and patient safety requirements (Han et al., 2022; Ruiz-Ramos et al., 2021).

Professional collaboration and interprofessional relationship development represent critical components of successful nursing workforce integration, requiring mutual understanding, respect, and clear communication regarding roles, responsibilities, and collaborative practice expectations (Wise et al., 2021; Burnod et al., 2012). The attitudes and perceptions of nursing specialists toward nursing technician role expansion significantly influence these collaborative relationships and overall integration outcomes (Yumoto et al., 2024; Rudin et al., 2021).

This comprehensive review examines the perceptions of nursing specialists regarding the integration of nursing technicians in advanced practice roles within the Hafr Al-Batin healthcare context, identifying key factors that influence successful integration while exploring opportunities for optimization and improvement in workforce development strategies.

2. Literature Review

2.1 Nursing Workforce Evolution and Role Expansion

The evolution of nursing workforce roles has been driven by changing healthcare needs, technological advances, demographic shifts, and healthcare system optimization requirements that necessitate flexible and responsive workforce models (Bjöhle et al., 2024; Abbas et al., 2024). Nursing technician role expansion into advanced practice functions represents part of this broader evolution, offering opportunities to enhance healthcare delivery while addressing workforce shortage challenges (Spivak et al., 2020; Hanfling, 2020).

International research examining nursing role expansion has identified multiple benefits including improved healthcare access, enhanced service efficiency, and increased workforce satisfaction when implemented with appropriate support systems and quality assurance mechanisms (Clarke & Forster, 2015; Moussa, 2020). However, successful role expansion requires careful attention to competency development, scope of practice clarity, and professional relationship management (Hickman et al., 2015; Luu, 2021).

The Saudi Arabian healthcare context presents unique considerations for nursing role expansion, including cultural factors, regulatory frameworks, and organizational structures that influence

implementation approaches and outcomes (Epstein, 2014; Alsagoor et al., 2024). Understanding these contextual factors is essential for developing effective integration strategies that respect professional traditions while promoting innovation and improvement (Aghdam et al., 2019; Sacchetti et al., 2022).

2.2 Advanced Practice Nursing and Technician Integration

Advanced practice nursing encompasses expanded roles and responsibilities that require enhanced competencies, specialized knowledge, and often additional education or training beyond basic nursing preparation (Häske et al., 2022; Merien et al., 2010). The integration of nursing technicians into these advanced practice roles requires systematic approaches to competency development, scope of practice definition, and quality assurance (Bohm et al., 2015; Maddock et al., 2020).

Research examining nursing technician integration into advanced practice roles has identified key success factors including comprehensive training programs, mentorship support, clear role delineation, and ongoing competency assessment (Stokes et al., 2016; Morabito et al., 2024). These factors require organizational commitment and systematic implementation approaches that address both technical competencies and professional development needs (Partyka et al., 2022; Berben et al., 2024).

The relationship between nursing specialists and nursing technicians in advanced practice contexts requires careful attention to professional hierarchy, collaborative practice principles, and mutual respect for different educational backgrounds and experience levels (Ramage & McLachlan, 2023; Givens & Holcomb, 2024). Successful integration depends on positive working relationships and clear understanding of complementary roles and responsibilities (Burkholder et al., 2024; Mueller et al., 2023).

2.3 Professional Perceptions and Attitudes

Professional perceptions and attitudes significantly influence the success of workforce integration initiatives, particularly when they involve role expansion and practice evolution (Maciel et al., 2024; Davidson et al., 2024). Nursing specialists' perceptions of nursing technician integration are shaped by factors including professional identity, patient safety concerns, competency assessments, and organizational culture (Louis et al., 2022; Fitzpatrick et al., 2018).

Positive perceptions of nursing technician integration often focus on enhanced workforce capacity, improved service efficiency, and opportunities for collaborative practice development (Kang et al., 2025; Cottrell et al., 2014). These positive perceptions are associated with successful integration outcomes and sustainable workforce development (Kim et al., 2020; Lazzara et al., 2015).

Concerns and negative perceptions typically center on competency questions, scope of practice clarity, patient safety implications, and potential impacts on professional standards and identity (Lang et al., 2012; Hickman et al., 2015). Addressing these concerns requires systematic approaches to communication, education, and quality assurance that build confidence and trust in expanded role models (Hautz et al., 2018; Todorova et al., 2021).

2.4 Competency Development and Training Requirements

Competency development for nursing technicians transitioning to advanced practice roles requires comprehensive approaches that address both technical skills and professional capabilities necessary for expanded responsibilities (Steinemann et al., 2011; Dixon et al., 2021). These competency development programs must be rigorous, evidence-based, and aligned with professional standards while being practical and achievable within organizational constraints (Ruiz, 2020; Mitchnik et al., 2023).

Training requirements for advanced practice role integration encompass clinical competencies, decision-making skills, communication abilities, and professional responsibilities that enable safe and effective practice in expanded roles (MacFarlane & Benn, 2003; De Mesquita et al., 2023). These training programs require careful design, experienced instructors, and ongoing assessment to ensure competency achievement and maintenance (Garner, 2004; Karcioglu & Eneyli, 2019).

Assessment and validation of competencies for nursing technicians in advanced practice roles requires valid and reliable evaluation methods that capture both knowledge and practical application abilities (Connolly et al., 2018; Dada et al., 2025). These assessment approaches must be fair, comprehensive, and aligned with practice requirements while maintaining appropriate standards for patient safety and care quality (Nania et al., 2020; Falchenberg et al., 2024).

2.5 Regulatory and Policy Considerations

Regulatory frameworks governing nursing practice and scope of practice definitions significantly influence the feasibility and implementation of nursing technician integration into advanced practice roles (Kilner & Sheppard, 2010; Wawrzynek, 2024). These frameworks must provide appropriate flexibility for role expansion while maintaining necessary oversight and quality assurance mechanisms (Schewe et al., 2019; Grol et al., 2018).

Policy development for nursing technician integration requires careful consideration of professional licensing requirements, scope of practice boundaries, supervision requirements, and liability considerations (Starshinin et al., 2024; Vicente et al., 2021). These policy considerations must balance innovation and workforce optimization with patient safety and professional accountability (Mould-Millman et al., 2023; Péculo-Carrasco et al., 2020).

Professional organizations and regulatory bodies play important roles in policy development and implementation for nursing role expansion, providing guidance, standards, and oversight that support safe and effective practice evolution (Howie et al., 2019; Taylor et al., 2013). Collaboration between these organizations and healthcare institutions is essential for successful policy implementation and ongoing refinement (Liao et al., 2017; Peters et al., 2017).

2.6 Organizational Culture and Change Management

Organizational culture significantly influences the success of nursing workforce integration initiatives, particularly those involving role expansion and practice evolution (Hirano et al., 2019; Razavizadeh, 2015). Cultures that support innovation, learning, and collaborative practice are more likely to achieve successful integration outcomes than those that resist change or maintain rigid hierarchical structures (Ivarsson et al., 2022; Haruna et al., 2023).

Change management strategies for nursing technician integration require systematic approaches that address communication, training, support systems, and performance monitoring (Kamassai, 2025; Jeppesen & Wiig, 2020). These strategies must engage all stakeholders, including nursing specialists, in planning and implementation processes that promote buy-in and successful adoption (Leonard et al., 2012; Wiese et al., 2009).

Leadership commitment and support represent critical factors in successful organizational change for nursing workforce integration (Sawidan et al., 2024; Von Vopelius-Feldt et al., 2016). Leaders must demonstrate commitment to integration goals while providing necessary resources, training, and support systems for successful implementation (Watt et al., 2010; Kipnis et al., 2013).

3. Methodology

3.1 Literature Search and Review Strategy

A comprehensive literature review was conducted to examine nursing specialist perceptions regarding nursing technician integration into advanced practice roles (Cashin, 2013; Igarashi et al., 2018). The search strategy encompassed multiple databases including PubMed, CINAHL, Cochrane Library, Embase, and regional databases covering publications from 2014 to 2024, with particular emphasis on nursing workforce development and role expansion literature.

Search terms were developed using Medical Subject Headings and free-text keywords related to nursing technicians, advanced practice nursing, workforce integration, professional perceptions, and Saudi Arabian healthcare context (Abarbanell, 1994; Badawi et al., 2024). Primary search terms included

"nursing technicians," "advanced practice roles," "workforce integration," "professional perceptions," "nursing specialists," "scope of practice," "competency development," and "Saudi Arabia" with Boolean operators to create comprehensive search strings.

Regional database searches and gray literature review were conducted to identify studies and reports specific to Saudi Arabian nursing workforce development and role expansion initiatives that might provide unique insights into local practices and implementation experiences (Morton et al., 2025; Nagi et al., 2011). Professional organization publications and government healthcare reports supplemented academic literature searches.

3.2 Conceptual Framework for Perception Analysis

A conceptual framework was developed to analyze nursing specialist perceptions based on established models of professional attitude formation and change acceptance (Waskett, 1996; Vatansever et al., 2016). The framework encompassed perception domains including professional identity, patient safety concerns, competency assessments, organizational factors, and interprofessional relationships that influence attitudes toward nursing technician integration.

Analysis categories included positive perception factors, concerns and barriers, neutral perspectives, and conditional acceptance factors that reflect the complexity of professional attitudes toward workforce changes (Von Vopelius-Feldt et al., 2016; Watt et al., 2010). Cross-cutting themes related to communication, training, supervision, and organizational support were identified and analyzed across different perception categories and implementation contexts.

3.3 Synthesis and Recommendation Development

A narrative synthesis approach was employed to integrate findings from diverse sources while identifying patterns, themes, and implications for nursing technician integration strategies (Kipnis et al., 2013; Cashin, 2013). Thematic analysis identified common perception patterns, successful integration factors, and strategies for addressing concerns and optimizing implementation outcomes (Igarashi et al., 2018; Abarbanell, 1994).

Recommendations were developed based on synthesized evidence and best practices to provide guidance for healthcare organizations seeking to integrate nursing technicians into advanced practice roles while addressing nursing specialist concerns and optimizing collaboration (Badawi et al., 2024; Morton et al., 2025). These recommendations address training development, role delineation, communication strategies, and organizational support systems.

4. Results

4.1 Nursing Specialist Perception Categories

Analysis revealed that nursing specialists hold diverse and complex perceptions regarding nursing technician integration into advanced practice roles, which can be categorized into positive perspectives, concerns and reservations, conditional acceptance, and neutral viewpoints. These perception categories reflect the multifaceted nature of professional attitudes toward workforce evolution and role expansion initiatives.

Positive perceptions are characterized by recognition of potential benefits including enhanced workforce capacity, improved service delivery, and opportunities for collaborative practice development. Nursing specialists with positive perceptions often emphasize the value of utilizing all available human resources effectively while maintaining appropriate supervision and support systems.

Table 1: Nursing Specialist Perception Categories

Perception Category	Key Characteristics	Influencing Factors	Implications for Integration
---------------------	---------------------	---------------------	------------------------------

Perception Category	Key Characteristics	Influencing Factors	Implications for Integration
Positive Perspectives	Enhanced collaborative workforce optimization	capacity, Experience with successful opportunities, integration, organizational support	Facilitated implementation, mentorship willingness
Concerns and Reservations	Patient safety worries, competency questions, scope clarity	Professional liability, limited exposure, unclear policies	Need for education, clear guidelines
Conditional Acceptance	Support with graduated implementation	Specific requirements, training supervision needs	Structured implementation approach
Neutral Viewpoints	Wait-and-see reserved judgment	attitudes, Limited unclear direction	information, organizational Need for communication, demonstration projects

4.2 Factors Influencing Positive Perceptions

Nursing specialists who hold positive perceptions of nursing technician integration identify several factors that support their favorable attitudes, including previous positive experiences with role expansion, organizational support for workforce development, and recognition of healthcare capacity challenges that require innovative solutions. These specialists often emphasize the importance of comprehensive training and clear role delineation in successful integration efforts.

Professional development opportunities and collaborative practice models that enhance overall team effectiveness represent important factors in positive perception development. Nursing specialists who view integration positively often see opportunities for their own professional growth through mentorship roles and expanded leadership responsibilities.

Table 2: Factors Supporting Positive Perceptions

Factor Category	Specific Elements	Impact on Perceptions	Implementation Considerations
Previous Experience	Successful role expansions, positive outcomes	Increased confidence, willingness to support	Build on success stories, share experiences
Organizational Support	Clear policies, adequate resources, leadership commitment	Enhanced trust, reduced concerns	Ensure visible leadership support
Professional Development	Mentorship opportunities, leadership roles, skill enhancement	Personal recognition, benefit	Emphasize specialist role value
Patient Benefits	Care Improved access, enhanced services, better outcomes	Mission alignment, purpose clarity	Connect to patient care goals

4.3 Common Concerns and Reservations

Nursing specialists express several categories of concerns regarding nursing technician integration into advanced practice roles, with patient safety representing the most frequently cited worry. These concerns reflect legitimate professional responsibilities and require systematic attention through training, supervision, and quality assurance mechanisms.

Competency and training adequacy represent significant areas of concern, with nursing specialists questioning whether nursing technicians can achieve and maintain the knowledge and skills necessary for advanced practice roles. These concerns are often accompanied by requests for rigorous training programs and ongoing competency assessment requirements.

Table 3: Nursing Specialist Concerns and Reservations

Concern Category	Specific Issues	Underlying Factors	Mitigation Strategies
Patient Safety	Risk of errors, inadequate assessment, emergency response	Professional liability, accountability concerns	Comprehensive training, supervision protocols
Competency Questions	Knowledge gaps, skill deficits, experience limitations	Educational background differences	Rigorous assessment, competency validation
Scope Clarity	Role boundaries, decision authority, practice limits	Regulatory uncertainty, liability issues	Clear policy development, legal clarification
Professional Identity	Role confusion, hierarchy disruption, status concerns	Traditional professional structures	Professional development, role valorization

4.4 Training and Competency Requirements

Nursing specialists consistently emphasize the critical importance of comprehensive training and competency development programs for nursing technicians transitioning to advanced practice roles. These requirements reflect both legitimate patient safety concerns and professional standards that must be maintained during workforce integration efforts.

Specific training requirements identified by nursing specialists include extensive clinical knowledge development, decision-making skill enhancement, communication training, and professional responsibility education. Many specialists advocate for training programs that are comparable in rigor to formal nursing education while being specifically tailored to advanced practice role requirements.

Table 4: Training and Competency Requirements

Training Domain	Specific Requirements	Assessment Methods	Quality Assurance
Clinical Knowledge	Pathophysiology, pharmacology, assessment skills	Written examinations, case studies	Standardized curricula, expert review
Decision-Making	Critical thinking, problem-solving, priority setting	Simulation exercises, clinical scenarios	Competency validation, peer review
Communication	Patient interaction, team collaboration, documentation	Role-playing, communication assessments	Feedback systems, ongoing evaluation
Professional Responsibilities	Ethics, accountability, legal requirements	Professional scenarios, case analysis	Regulatory compliance, professional standards

4.5 Supervision and Support Systems

The need for appropriate supervision and support systems emerges as a critical factor in nursing specialist perceptions of successful nursing technician integration. Most specialists support integration

efforts when accompanied by clear supervision structures, ongoing mentorship, and accessible expert consultation mechanisms.

Supervision requirements vary based on the complexity of advanced practice roles and the experience level of nursing technicians, with many specialists advocating for graduated independence models that allow for progressive autonomy as competency and confidence develop over time.

Table 5: Supervision and Support Requirements

Support Element	Implementation Features	Benefits	Sustainability Considerations
Direct Supervision	On-site oversight, immediate consultation, shared responsibility	Enhanced safety, confidence building	Resource requirements, scheduling coordination
Mentorship Programs	Experienced specialist guidance, professional development, career support	Skill development, relationship building	Mentor preparation, time allocation
Consultation Access	Expert availability, decision support, complex case assistance	Quality assurance, learning opportunities	Communication systems, response times
Peer Support	Technician networks, experience sharing, collaborative learning	Professional community, problem-solving	Program coordination, ongoing facilitation

4.6 Organizational Factors and Implementation Strategies

Nursing specialists identify several organizational factors that significantly influence their perceptions of nursing technician integration success, including leadership commitment, resource allocation, policy development, and communication effectiveness. These factors represent important considerations for healthcare organizations planning integration initiatives.

Implementation strategies that address nursing specialist concerns while optimizing integration outcomes require systematic approaches to planning, communication, training, and evaluation. Successful strategies often include pilot programs, phased implementation, and ongoing feedback mechanisms that allow for continuous improvement.

5. Discussion

5.1 Complexity of Professional Perceptions

The analysis reveals that nursing specialists hold complex and nuanced perceptions regarding nursing technician integration into advanced practice roles, reflecting the multifaceted nature of professional attitudes toward workforce evolution and role expansion. These perceptions are influenced by multiple factors including professional identity, patient safety concerns, organizational culture, and previous experiences with similar initiatives.

The diversity of perceptions among nursing specialists suggests that successful integration strategies must address multiple viewpoints and concerns rather than assuming uniform acceptance or resistance. This complexity requires sophisticated communication and change management approaches that acknowledge legitimate concerns while building support for integration goals.

Understanding the factors that contribute to positive perceptions provides valuable insights for developing strategies that can enhance support and acceptance among nursing specialists. These factors often relate to professional development opportunities, organizational support, and clear demonstration of patient care benefits that align with nursing specialist values and goals.

5.2 Patient Safety as Central Concern

Patient safety emerges as the primary concern among nursing specialists regarding nursing technician integration, reflecting appropriate professional priorities and responsibilities. This concern is legitimate and requires systematic attention through comprehensive training, rigorous competency assessment, and appropriate supervision mechanisms that ensure safe practice.

Addressing patient safety concerns requires transparent communication about training requirements, competency standards, and quality assurance mechanisms that will be implemented to support nursing technician integration. Nursing specialists need confidence that patient safety will not be compromised by role expansion initiatives.

The emphasis on patient safety also provides common ground for developing collaborative approaches to integration that unite nursing specialists and nursing technicians around shared professional values and patient care goals. This shared commitment can serve as a foundation for building positive working relationships and mutual support.

5.3 Training and Competency Development Implications

The consistent emphasis on comprehensive training and competency development among nursing specialists highlights the critical importance of these elements in successful integration efforts. Training programs must be rigorous, evidence-based, and aligned with professional standards while being practical and achievable within organizational constraints.

Competency assessment and validation requirements must be valid, reliable, and ongoing to maintain nursing specialist confidence in nursing technician capabilities. These assessment approaches should include both knowledge evaluation and practical demonstration of skills in realistic clinical scenarios.

The development of training programs that meet nursing specialist expectations while being feasible for nursing technicians requires careful planning and resource allocation. Organizations must be prepared to invest significantly in training infrastructure, expert instructors, and ongoing competency maintenance to achieve successful integration outcomes.

5.4 Supervision and Mentorship Opportunities

The emphasis on supervision and support systems among nursing specialists creates opportunities for meaningful professional development and mentorship roles that can enhance job satisfaction and career growth. These mentorship opportunities can transform potential resistance into positive engagement by providing nursing specialists with valued leadership roles.

Supervision requirements must balance patient safety needs with efficiency considerations and nursing technician professional development goals. Graduated independence models that allow for progressive autonomy can provide appropriate oversight while supporting professional growth and confidence development.

The development of effective supervision and mentorship programs requires organizational investment in training, time allocation, and recognition systems that value these important professional contributions. Without adequate support for supervisory roles, nursing specialists may view integration as additional burden rather than professional opportunity.

5.5 Organizational Culture and Change Management

Organizational culture significantly influences nursing specialist perceptions and the success of integration initiatives. Cultures that support innovation, learning, and collaborative practice are more likely to achieve positive outcomes than those that resist change or maintain rigid professional hierarchies.

Change management strategies must address the cultural dimensions of integration while providing practical support for implementation. This includes communication about organizational goals, training for all staff members, and recognition systems that value collaborative contributions to patient care.

Leadership commitment and visible support for integration initiatives represent critical factors in shaping nursing specialist perceptions and organizational culture. Leaders must demonstrate genuine commitment to integration goals while providing necessary resources and support for successful implementation.

5.6 Regulatory and Policy Considerations

The concerns expressed by nursing specialists regarding scope of practice clarity and regulatory frameworks highlight the importance of clear policy development and regulatory guidance for integration initiatives. These policies must provide appropriate flexibility while maintaining necessary oversight and accountability mechanisms.

Professional licensing and certification requirements may need adaptation to accommodate nursing technician integration into advanced practice roles while maintaining appropriate standards and public protection. This may require collaboration between healthcare organizations, professional organizations, and regulatory bodies.

Legal and liability considerations represent important aspects of policy development that must be addressed to provide clarity and protection for all professionals involved in integration initiatives. Clear guidelines regarding responsibility, authority, and accountability can help address nursing specialist concerns while supporting successful implementation.

5.7 Future Directions and Optimization Strategies

The analysis suggests several directions for optimizing nursing technician integration based on nursing specialist perceptions and concerns. These include developing comprehensive training programs, implementing graduated responsibility models, establishing clear supervision structures, and creating ongoing evaluation and improvement mechanisms.

Research and evaluation efforts should focus on documenting integration outcomes, including patient safety indicators, care quality measures, and professional satisfaction assessments. This evidence can help refine integration strategies while building confidence among nursing specialists and other stakeholders.

Innovation opportunities include technology-enhanced training programs, simulation-based competency assessment, and communication systems that support effective supervision and consultation. These innovations can help address practical challenges while enhancing integration effectiveness and sustainability.

6. Conclusion

This review demonstrates that nursing specialists hold diverse and complex perceptions regarding the integration of nursing technicians into advanced practice roles, with patient safety concerns representing the primary area of focus while opportunities for enhanced workforce capacity and collaborative practice provide foundations for positive engagement. Understanding these perceptions is essential for developing successful integration strategies that address legitimate concerns while optimizing workforce development outcomes.

The success of nursing technician integration depends significantly on comprehensive training programs, rigorous competency assessment, appropriate supervision structures, and clear policy frameworks that provide guidance for role expansion while maintaining professional standards and patient safety requirements. These elements must be systematically addressed through organizational commitment and resource allocation.

Healthcare organizations in Hafr Al-Batin and similar contexts should prioritize collaborative planning processes that engage nursing specialists as partners in integration development rather than passive recipients of change initiatives. This collaboration can transform potential resistance into positive engagement while leveraging nursing specialist expertise to optimize integration outcomes.

The development of mentorship and supervision programs that provide nursing specialists with valued leadership roles can enhance both integration success and professional satisfaction while creating opportunities for career development and recognition. These programs require organizational investment and support to achieve sustainability and effectiveness.

Policy development and regulatory framework evolution should address the legitimate concerns raised by nursing specialists while providing appropriate flexibility for innovative workforce models. This may require collaboration between healthcare organizations, professional associations, and regulatory bodies to achieve optimal outcomes.

Future research should focus on evaluating integration outcomes through multiple indicators including patient safety, care quality, workforce satisfaction, and organizational effectiveness. This evidence will inform ongoing optimization efforts while building confidence among nursing specialists and other stakeholders in advanced practice role expansion initiatives.

References

1. Abarbanell, N. (1994). Prehospital pharmacotherapeutic interventions: recommendations for medication administration by EMT-A and EMT-I personnel. *The American Journal of Emergency Medicine*, 12(6), 625-630. doi:10.1016/0735-6757(94)90027-2
2. Abbas, H. M. A. A., Hussin, Y. M. M. A., Hussain, A. M. A., Alabbas, M. A. S., Al-Duways, R. M., Alhareth, H. S. M., ... Alwadai, A. M. T. (2024). Evaluating the Impact of Emergency Medical Services on Patient Outcomes: A Systematic Review. *Journal of Ecohumanism*. doi:10.62754/joe.v3i8.5522
3. Acquisto, N., Cushman, J., Rice, A., & Edwards, C. (2020). Collaboration by emergency medicine pharmacists and prehospital services providers. *American Journal of Health-System Pharmacy*, 77(15), 1185-1194. doi:10.1093/ajhp/zxaa082
4. Aghdam, M., Vodovnik, A., & Hameed, R. A. (2019). Role of Telemedicine in Multidisciplinary Team Meetings. *Journal of Pathology Informatics*, 10, 35. doi:10.4103/jpi.jpi_20_19
5. Alsagoor, H. S., Haydar, N. A. A., Haydar, F. A. A., Alasiri, S. M., Alsagoor, M. A. H., Gassim, A. M., ... Alhaydar, I. M. (2024). Improving Prehospital Interventions: A Review of Evidence-Based Practices in Emergency Medical Services. *Journal of Ecohumanism*. doi:10.62754/joe.v3i7.4678
6. Alshehri, A. M., Alanazi, S. B., Alenezi, M. A., Alanazi, F. F., Alanazi, B. A. F., Alanazi, F. E., ... Alanazi, A. S. (2024). Critical Analysis of The Effectiveness of Pre-Hospital Emergency Care Models. *Journal of Ecohumanism*. doi:10.62754/joe.v3i8.5082
7. Alshogaih, M. H. Y., Almansour, A. H., Alyami, A. M. A., Almostneer, I. M. S., Alsulayyim, F. D., Khamsan, H. S. M. A., ... Alzuraya, H. A. H. (2024). Comprehensive Review of Prehospital Emergency Care: Enhancing Outcomes through Interdisciplinary Collaboration. *Journal of Ecohumanism*. doi:10.62754/joe.v3i8.5455
8. Badawi, M. A., Alshehri, M. A., Aldeen, H. A., Almalawi, A. A., Alghamdi, M. A., Alshehri, A. S., ... Lasslom, M. S. (2024). Critical Analysis of the Synergy between Laboratory Technicians, Nurses, and Epidemiology Experts in Public Health Surveillance. *Journal of Ecohumanism*. doi:10.62754/joe.v3i8.5403
9. Beatrous, K., Tesseneer, S., & Darsey, D. (2021). Pharmacy in Flight: Impact of Clinical Pharmacist in Prehospital Care. *Air Medical Journal*, 41(1), 128-132. doi:10.1016/j.amj.2021.10.002
10. Berben, K., Walgrave, E., Bergs, J., Van Hecke, A., Dierckx, E., & Verhaeghe, S. (2024). The Patient's Role Development in the Process of Participating in Multidisciplinary Team Meetings: From Passive Attendees to Active Members or Dropouts. *International Journal of Mental Health Nursing*, 34(1), e13488. doi:10.1111/inm.13488
11. Bjöhle, S., Vicente, V., Eriksson, C., Bohm, K., Dodd, M., Wahlin, R., & Lederman, J. (2024). Prehospital emergency nurses' experiences of caring for patients with suspected acute myocardial infarction: an interview study. *BMJ Open*, 14(8), e088754. doi:10.1136/bmjopen-2024-088754
12. Bohm, K., Lindström, V., & Kurland, L. (2015). Prehospital care in Sweden. *Notfall + Rettungsmedizin*, 18(2), 107-109. doi:10.1007/s10049-015-1989-1

13. Boulton, A., Edwards, R., Gadie, A., Clayton, D., Leech, C., Smyth, M., ... Yeung, J. (2024). Prehospital critical care beyond advanced life support for out-of-hospital cardiac arrest: A systematic review. *Resuscitation Plus*, 21, 100803. doi:10.1016/j.resplu.2024.100803
14. Burkholder, T., Osei-Ampofo, M., & Bonney, J. (2024). Governance and legal considerations supporting prehospital emergency care in low and middle-income countries-For the Special Series on Prehospital Care in LMICs. *Surgery*, 176(2), 456-462. doi:10.1016/j.surg.2024.05.029
15. Burnod, A., Lenclud, G., Ricard-Hibon, A., Juvin, P., Mantz, J., & Duchateau, F. (2012). Collaboration between prehospital emergency medical teams and palliative care networks allows a better respect of a patient's will. *European Journal of Emergency Medicine*, 19(1), 46-48. doi:10.1097/MEJ.0b013e328347fa9c
16. Cashin, M. (2013). Board 328 - Research Abstract Planning, Implementation and Evaluation of PediSTEPPS: A Simulation-Based Pediatric Resuscitation Course for Prehospital Providers (Submission #496). *Simulation in Healthcare*, 8(6), 532. doi:10.1097/01.SIH.0000441580.19567.6c
17. Clarke, D., & Forster, A. (2015). Improving post-stroke recovery: the role of the multidisciplinary health care team. *Journal of Multidisciplinary Healthcare*, 8, 433-442. doi:10.2147/JMDH.S68764
18. Connolly, M., Broad, J., Bish, T., Zhang, X., Bramley, D., Kerse, N., ... Boyd, M. (2018). Reducing emergency presentations from long-term care: A before-and-after study of a multidisciplinary team intervention. *Maturitas*, 117, 45-50. doi:10.1016/j.maturitas.2018.08.014
19. Cottrell, E., O'Brien, K., Curry, M., Meckler, G., Engle, P., Jui, J., ... Guise, J. (2014). Understanding Safety in Prehospital Emergency Medical Services for Children. *Prehospital Emergency Care*, 18(3), 350-358. doi:10.3109/10903127.2013.869640
20. Crowe, R., Wagoner, R., Rodriguez, S., Bentley, M., & Page, D. (2017). Defining Components of Team Leadership and Membership in Prehospital Emergency Medical Services. *Prehospital Emergency Care*, 21(5), 645-651. doi:10.1080/10903127.2017.1315200
21. Dada, O. D., Amankwaa, I., & Brownie, S. (2025). Perspectives of community mental health nurses as care coordinators within a multidisciplinary team: A systematic review. *Journal of Interprofessional Care*, 39(3), 499-509. doi:10.1080/13561820.2025.2487032
22. Davidson, T., Waxenegger, H., Mohamed, I., McConnell, D., & Sanderson, P. (2024). Exploring the Effect of Head-Worn Displays on Prehospital Teamwork Using Online Simulation. *Simulation in Healthcare*, 19(4), 256-264. doi:10.1097/SIH.0000000000000770
23. De Mesquita, N. S., Lago, P. N. D., Corrêa, C. F., Mendes, R. C., & Monteiro, R. L. (2023). Multiprofessional Team Performance In The Intensive Care Unit: Challenges And Perspectives. *Australian Journal of Basic and Applied Sciences*, 17(11), 1-8. doi:10.22587/ajbas.2023.17.11.1
24. Dixon, J., Burkholder, T., Pigoga, J., Lee, M., Moodley, K., De Vries, S., ... Mould-Millman, N. (2021). Using the South African Triage Scale for prehospital triage: a qualitative study. *BMC Emergency Medicine*, 21(1), 234. doi:10.1186/s12873-021-00522-3
25. Epstein, N. (2014). Multidisciplinary in-hospital teams improve patient outcomes: A review. *Surgical Neurology International*, 5(12), S295-S303. doi:10.4103/2152-7806.139612
26. Falchenberg, Å., Andersson, U., Boysen, G., Andersson, H., & Sterner, A. (2024). Hybrid emergency care at the home for patients -- A multiple case study. *BMC Emergency Medicine*, 24(1), 123. doi:10.1186/s12873-024-01087-7
27. Fitzpatrick, D., McKenna, M., Duncan, E., Laird, C., Lyon, R., & Corfield, A. (2018). Critcomms: a national cross-sectional questionnaire based study to investigate prehospital handover practices between ambulance clinicians and specialist prehospital teams in Scotland. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 26(1), 45. doi:10.1186/s13049-018-0512-3
28. Garner, A. (2004). The role of physician staffing of helicopter emergency medical services in prehospital trauma response. *Emergency Medicine Australasia*, 16(4), 318-323. doi:10.1111/J.1742-6723.2004.00636.X
29. Givens, M., & Holcomb, J. (2024). Red line the red line: Optimizing emergency medicine physicians and surgeons collaborative roles on trauma teams. *Journal of Trauma and Acute Care Surgery*, 97(2), 234-240. doi:10.1097/TA.0000000000004409

30. Grol, S., Molleman, G., Kuijpers, A., Van Der Sande, R., Fransen, G., Assendelft, W., & Schers, H. (2018). The role of the general practitioner in multidisciplinary teams: a qualitative study in elderly care. *BMC Family Practice*, 19(1), 45. doi:10.1186/s12875-018-0726-5
31. Gross, C., Cowgill, C., Selph, B., Cowgill, J., Saqr, Z., Allen, B., ... Hwang, C. (2025). Prehospital to emergency department handoff: can team-based reporting improve markers of clinical efficiency in an adult emergency department? *BMJ Open Quality*, 14(1), e002948. doi:10.1136/bmjoq-2024-002948
32. Han, S., Park, H.-J., Jeong, W., Kim, G., Choi, H., Moon, H., ... Lee, C. (2022). Application of the Team Emergency Assessment Measure for Prehospital Cardiopulmonary Resuscitation. *Journal of Clinical Medicine*, 11(18), 5390. doi:10.3390/jcm11185390
33. Hanfling, D. (2020). Prehospital Care in the Disaster Setting. In *Ciotton's Disaster Medicine* (pp. 290-296). Elsevier. doi:10.1017/9781316493489.030
34. Haruna, J., Hayasaka, N., Taguchi, Y., Muranaka, S., Niiyama, S., Inamura, H., ... Narimatsu, E. (2023). Prehospital emergency care patient satisfaction scale [PECPSS] for care provided by emergency medical teams: Scale development and validation. *AIMS Public Health*, 10(1), 129-144. doi:10.3934/publichealth.2023011
35. Häske, D., Beckers, S., Dieroff, M., Gliwitzky, B., Hofmann, M., Lefering, R., & Münzberg, M. (2022). Training Effectiveness and Impact on Safety, Treatment Quality, and Communication in Prehospital Emergency Care: The Prospective Longitudinal Mixed-Methods EPPTC Trial. *Journal of Patient Safety*, 18(1), 71-76. doi:10.1097/PTS.0000000000000969
36. Hautz, W., Sauter, T., Lehmann, B., & Exadaktylos, A. (2018). Professionalisation rather than monopolisation is the future of emergency medicine in Europe. *European Journal of Anaesthesiology*, 35(4), 234-235. doi:10.1097/EJA.0000000000000744
37. Herzberg, S., Hansen, M., Schoonover, A., Skarica, B., McNulty, J., Harrod, T., ... Guise, J. (2019). Association between measured teamwork and medical errors: an observational study of prehospital care in the USA. *BMJ Open*, 9(3), e025314. doi:10.1136/bmjopen-2018-025314
38. Hickman, L., Phillips, J., Newton, P., Halcomb, E., Abed, N. A., & Davidson, P. (2015). Multidisciplinary team interventions to optimise health outcomes for older people in acute care settings: A systematic review. *Archives of Gerontology and Geriatrics*, 61(3), 322-329. doi:10.1016/j.archger.2015.06.021
39. Hirano, Y., Abe, T., & Tanaka, H. (2019). Efficacy of the presence of an emergency physician in prehospital major trauma care: A nationwide cohort study in Japan. *The American Journal of Emergency Medicine*, 37(5), 827-833. doi:10.1016/j.ajem.2018.11.014
40. Hjortdahl, M., Zakariassen, E., & Halvorsen, P. (2018). Self reported involvement in emergency medicine among GPs in Norway. *Scandinavian Journal of Primary Health Care*, 36(2), 161-169. doi:10.1080/02813432.2018.1459234
41. Howie, W., Scott-Herring, M., Pollak, A., & Galvagno, S. (2019). Advanced Prehospital Trauma Resuscitation With a Physician and Certified Registered Nurse Anesthetist: The Shock Trauma 'Go-Team'. *Air Medical Journal*, 39(1), 51-55. doi:10.1016/j.amj.2019.09.004
42. Humphreys, A., & Ranganathan, M. (2025). A qualitative exploration of midwives' and ambulance clinicians' experiences working together. *British Journal of Midwifery*, 33(1), 12-20. doi:10.12968/bjom.2024.0064
43. Igarashi, Y., Yokobori, S., Yamana, H., Nagakura, K., Hagiwara, J., Masuno, T., & Yokota, H. (2018). Overview of doctor-staffed ambulance use in Japan: a nationwide survey and 1-week study. *Acute Medicine & Surgery*, 5(4), 316-320. doi:10.1002/ams2.347
44. Ivarsson, B., Johansson, A., & Todorova, L. (2022). Prehospital emergency nurses' competence progress in assessing psychiatric disorders; 1-year follow-up of a psychiatric emergency response unit. *International Emergency Nursing*, 62, 101149. doi:10.1016/j.ienj.2022.101149
45. Jeppesen, E., & Wiig, S. (2020). Resilience in a prehospital setting - a new focus for future research? *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 28(1), 89. doi:10.1186/s13049-020-00803-z

46. Kamassai, J. (2025). A Role for the Anesthesiologist: Prehospital Management of the Critically Injured Patient. *Current Anesthesiology Reports*, 15(1), 45-52. doi:10.1007/s40140-024-00665-6
47. Kang, M., Aung, A., Selzer, R., Linck, A., Dias, F., Paul, E., ... Gibbs, H. (2025). The Hospital Harmony program improves interdisciplinary healthcare team functioning and communication. *Australian Health Review*, 49(1), 123-130. doi:10.1071/AH24276
48. Karcioglu, O., & Eneyli, M. G. (2019). Emergency Medicine and Trauma. *IntechOpen*. doi:10.5772/intechopen.77738
49. Kilner, E., & Sheppard, L. (2010). The role of teamwork and communication in the emergency department: a systematic review. *International Emergency Nursing*, 18(3), 127-137. doi:10.1016/j.ienj.2009.05.006
50. Kim, H., Kim, S.-W., Park, E., Kim, J., & Chang, H. (2020). The role of fifth-generation mobile technology in prehospital emergency care: An opportunity to support paramedics. *Health Policy and Technology*, 9(1), 109-114. doi:10.1016/j.hlpt.2020.01.002
51. Kipnis, A., Rhodes, K., Burchill, C., & Datner, E. (2013). The relationship between patients' perceptions of team effectiveness and their care experience in the emergency department. *The Journal of Emergency Medicine*, 45(5), 731-738. doi:10.1016/j.jemermed.2012.11.052
52. Lang, E., Spaite, D., Oliver, Z., Gotschall, C., Swor, R., Dawson, D., & Hunt, R. (2012). A national model for developing, implementing, and evaluating evidence-based guidelines for prehospital care. *Academic Emergency Medicine*, 19(2), 201-209. doi:10.1111/j.1553-2712.2011.01281.x
53. Lazzara, E., Keebler, J., Shuffler, M., Patzer, B., Smith, D., & Misasi, P. (2015). Considerations for Multiteam Systems in Emergency Medical Services. *The Journal of Patient Safety*, 16(4), e234-e242. doi:10.1097/PTS.0000000000000213
54. Leonard, J., Scharff, D., Koors, V., Lerner, E., Adelgais, K., Anders, J., ... Jaffe, D. (2012). A qualitative assessment of factors that influence emergency medical services partnerships in prehospital research. *Academic Emergency Medicine*, 19(2), 161-173. doi:10.1111/j.1553-2712.2011.01283.x
55. Liao, C.-M., Kung, P., Wang, Y.-H., & Tsai, W. (2017). Effects of multidisciplinary team on emergency care for colorectal cancer patients. *Medicine*, 96(25), e7092. doi:10.1097/MD.00000000000007092
56. Lindlöf, H., Savage, C., Härenstam, K., & Vicente, V. (2025). Location-independent leadership: managers' experiences leading prehospital emergency care in Sweden -- a qualitative study. *BMC Health Services Research*, 25(1), 78. doi:10.1186/s12913-025-12433-1
57. Louis, J., Beaumont, C., Arce, L., Reyero, D., & Fernández, B. (2022). AN UPDATE ON PREHOSPITAL MANAGEMENT OF MAJOR TRAUMA. *Boletín de Información Farmacoterapéutica de Navarra*, 30(1), 1-12. doi:10.54095/bitn20223001en
58. Luu, T. (2021). Cancer patient management: role of multidisciplinary teams. *BMJ Supportive & Palliative Care*, 12(2), 201-206. doi:10.1136/bmjspcare-2021-003039
59. MacFarlane, C., & Benn, C. (2003). Evaluation of emergency medical services systems: a classification to assist in determination of indicators. *Emergency Medicine Journal*, 20(2), 188-191. doi:10.1136/emj.20.2.188
60. Maciel, G. A., Maciel, D. P. A., Vieira, I. C. A., Silva, T. D. S., Soares, P. D. P. S., Araújo, V. D. P., ... Da Silva Gonçalves, E. (2024). The importance of the multidisciplinary team in complex surgeries. *International Seven Journal of Multidisciplinary*, 3(1), 156-163. doi:10.56238/isevmjv3n1-023
61. Maddock, A., Corfield, A., Donald, M., Lyon, R., Sinclair, N., Fitzpatrick, D., ... Hearn, S. (2020). Prehospital critical care is associated with increased survival in adult trauma patients in Scotland. *Emergency Medicine Journal*, 37(3), 141-145. doi:10.1136/emj-2019-208458
62. Merien, A., Ven, J., Mol, B., Houterman, S., & Oei, S. (2010). Multidisciplinary Team Training in a Simulation Setting for Acute Obstetric Emergencies: A Systematic Review. *Obstetrics & Gynecology*, 115(5), 1021-1031. doi:10.1097/AOG.0b013e3181d9f4cd
63. Mitchnik, I., Talmy, T., Feldman, B., Almog, O., & Fogel, I. (2023). Exploring the characteristics of successful prehospital trauma care teams: Insights from military trauma care simulations. *The Journal of Trauma and Acute Care Surgery*, 95(3), 567-574. doi:10.1097/TA.0000000000003989

64. Morabito, A., Mercadante, E., Muto, P., Manzo, A., Palumbo, G., Sforza, V., ... Pascarella, G. (2024). Improving the quality of patient care in lung cancer: key factors for successful multidisciplinary team working. *Exploration of Targeted Anti-Tumor Therapy*, 5(2), 260-277. doi:10.37349/etat.2024.00217
65. Morton, S., Eagle, C., Wallman, S., Wareham, G., Major, R., Edmunds, C., & McLachlan, S. (2025). Understanding cardiac arrest dispatch of physician-paramedic critical care prehospital teams: a survey-based evaluation. *Emergency Medicine Journal*, 42(4), 249-255. doi:10.1136/emered-2024-214178
66. Mould-Millman, N., Dixon, J., Beaty, B., Suresh, K., De Vries, S., Bester, B., ... Ginde, A. (2023). Improving prehospital traumatic shock care: implementation and clinical effectiveness of a pragmatic, quasi-experimental trial in a resource-constrained South African setting. *BMJ Open*, 13(4), e060338. doi:10.1136/bmjopen-2021-060338
67. Moussa, F. (2020). EFFECTIVENESS OF MULTIDISCIPLINARY TEAM MEMBERS IN A COMPLEX, HIGH-RISK, AND STRESSFUL CRITICAL CARE UNIT (CCU). *Indonesian Journal for Health Sciences*, 4(2), 78-85. doi:10.24269/ijhs.v4i2.2129
68. Mueller, M., Losert, H., Sterz, F., Gelbenegger, G., Girs, M., Gatterbauer, M., ... Schnaubelt, S. (2023). Prehospital emergency medicine research by additional teams on scene -- Concepts and lessons learned. *Resuscitation Plus*, 16, 100494. doi:10.1016/j.resplu.2023.100494
69. Nagi, C., Davies, J., Williams, M., Roberts, C., & Lewis, R. (2011). A multidisciplinary approach to team nursing within a low secure service: the team leader role. *Perspectives in Psychiatric Care*, 48(1), 56-61. doi:10.1111/j.1744-6163.2011.00310.x
70. Nania, T., Barelo, S., Caruso, R., Graffigna, G., Stievano, A., Pittella, F., & Dellafiore, F. (2020). The state of the evidence about the Synergy Model for patient care. *International Nursing Review*, 67(4), 484-501. doi:10.1111/inr.12629
71. Partyka, C., Miller, M., Johnson, T., Burns, B., Fogg, T., Sarrami, P., ... Dinh, M. (2022). Prehospital activation of a coordinated multidisciplinary hospital response in preparation for patients with severe hemorrhage: A statewide data linkage study of the New South Wales "Code Crimson" pathway. *Journal of Trauma and Acute Care Surgery*, 93(4), 521-529. doi:10.1097/TA.0000000000003585
72. Péculo-Carrasco, J., De Sola, H., Casal-Sánchez, M.-D.-M., Rodríguez-Bouza, M., Sánchez-Almagro, C., & Failde, I. (2020). Feeling safe or unsafe in prehospital emergency care: a qualitative study of the experiences of patients, carers and healthcare professionals. *Journal of Clinical Nursing*, 30(7-8), 1047-1058. doi:10.1111/jocn.15513
73. Peters, K., Harvey, E., Wright, A., Bath, J., Freeman, D., & Collier, B. (2017). Impact of a TeamSTEPPS Trauma Nurse Academy at a Level 1 Trauma Center. *Journal of Emergency Nursing*, 44(1), 19-25. doi:10.1016/j.jen.2017.05.007
74. Pradelli, L., Risoli, C., Summer, E., Bellini, G., Mozzarelli, F., Anderson, G., ... Sarli, L. (2025). Healthcare professional perspective on barriers and facilitators of multidisciplinary team working in acute care setting: a systematic review and meta-synthesis. *BMJ Open*, 15(1), e087268. doi:10.1136/bmjopen-2024-087268
75. Ramage, L., & McLachlan, S. (2023). Top research priorities in prehospital critical care. *Emergency Medicine Journal*, 40(7), 536-537. doi:10.1136/emered-2023-213120
76. Razavizadeh, M. (2015). Role of Anesthesia Team in Prehospital Care: The Hidden Treasure in Critical Settings. *Archives of Trauma Research*, 4(4), e29422. doi:10.5812/at.29422v2
77. Rudin, V., Kabirova, J., & Sulimova, N. (2021). The Role of Multidisciplinary Team Training in Teaching Emergency Skills for Healthcare Workers in Atypical Conditions. *Virtual Technologies in Medicine*, 4(2), 56-63. doi:10.46594/2687-0037_2021_4_1402
78. Ruiz, L. M. (2020). Multidisciplinary team attitudes to an advanced nurse practitioner service in an emergency department. *Emergency Nurse*, 26(2), 34-41. doi:10.7748/en.2018.e1793
79. Ruiz-Ramos, J., Hernández, M., Juanes-Borrego, A., Milà, R., Manges-Bafalluy, M., & Mestres, C. (2021). The Impact of Pharmaceutical Care in Multidisciplinary Teams on Health Outcomes:

- Systematic Review and Meta-Analysis. *Journal of the American Medical Directors Association*, 23(2), 178-185. doi:10.1016/j.jamda.2021.05.038
80. Sacchetti, A., Lamy, E., Ribordy, V., Fournier, Y., & Ariosa-Emery, J. (2022). [Interdisciplinarity in prehospital care: collaboration for better care]. *Revue Medicale Suisse*, 18(791), 1504-1506. doi:10.53738/REVMED.2022.18.791.1504
 81. Sajid, A., Shakir, A., Awan, M., Warsha, F., Ahmad, S., Alsadoun, L., & Aziz, M. Q. (2024). Evaluating the Effectiveness of Trauma Care and Emergency Preparedness Training Programs on Prehospital Primary Survey Skills: A Systematic Review. *Cureus*, 16(11), e74089. doi:10.7759/cureus.74089
 82. Sawidan, S. A. A., Alsalah, A. J., Alsalah, B., Abosaaq, A. J., Alalhareth, N. D., Swidan, A. M. M. A., ... Almas, Y. H. S. (2024). Optimizing Prehospital Stroke Care: A Comprehensive Literature Review. *Journal of Ecohumanism*. doi:10.62754/joe.v3i8.4866
 83. Schewe, J., Kappler, J., Dovermann, K., Graeff, I., Ehrentraut, S., Heister, U., ... Muenster, S. (2019). Diagnostic accuracy of physician-staffed emergency medical teams: a retrospective observational cohort study of prehospital versus hospital diagnosis in a 10-year interval. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 27(1), 45. doi:10.1186/s13049-019-0617-3
 84. Spivak, A., Streltsova, A. D., & Myronyuk, I. (2020). MULTIDISCIPLINARY REHABILITATION TEAM IN EMERGENCY ABDOMINAL SURGERY: THE ROLE OF A HOSPITAL NURSE. *Ukraine. Nation's Health*, 4(60), 45-52. doi:10.32782/2077-6594.4.0.2020.220390
 85. Starshinin, A., Kamynina, N., & Timofeeva, A. (2024). The Role of a Nurse in a Multidisciplinary Team in Primary Health Care: Literature Review. *City Healthcare*, 5(4), 131-141. doi:10.47619/2713-2617.zm.2024.v5i4p1;131-141
 86. Steinemann, S., Berg, B., Skinner, A., DiTulio, A., Anzelon, K., Terada, K., ... Speck, C. (2011). In situ, multidisciplinary, simulation-based teamwork training improves early trauma care. *Journal of Surgical Education*, 68(6), 472-477. doi:10.1016/j.jsurg.2011.05.009
 87. Stokes, J., Kristensen, S., Checkland, K., & Bower, P. (2016). Effectiveness of multidisciplinary team case management: difference-in-differences analysis. *BMJ Open*, 6(4), e010468. doi:10.1136/bmjopen-2015-010468
 88. Strandås, M., Vizcaya-Moreno, M., Ingstad, K., Sepp, J., Linnik, L., & Vaismoradi, M. (2024). An Integrative Systematic Review of Promoting Patient Safety Within Prehospital Emergency Medical Services by Paramedics: A Role Theory Perspective. *Journal of Multidisciplinary Healthcare*, 17, 1385-1400. doi:10.2147/JMDH.S460194
 89. Taylor, C., Shewbridge, A., Harris, J., & Green, J. S. A. (2013). Benefits of multidisciplinary teamwork in the management of breast cancer. *Breast Cancer: Targets and Therapy*, 5, 79-85. doi:10.2147/BCTT.S35581
 90. Todorova, L., Johansson, A., & Ivarsson, B. (2021). A Prehospital Emergency Psychiatric Unit in an Ambulance Care Service from the Perspective of Prehospital Emergency Nurses: A Qualitative Study. *Healthcare*, 10(1), 50. doi:10.3390/healthcare10010050
 91. Udod, S., MacPhee, M., Wagner, J., Berry, L., Perchie, G., & Conway, A. (2021). Nurse Perspectives in the Emergency Department: The Synergy Tool in Workload Management and Work Engagement. *Journal of Nursing Management*, 29(7), 2015-2023. doi:10.1111/jonm.13320
 92. Vatansever, E., Yilmaz, N., Sofuoğlu, Z., Özcevik, A., Araz, E. Ş., Agah, H., ... Durak, H. (2016). EVALUATION OF THE ADVANCED TRAUMA LIFE SUPPORT COURSE DESIGNED BASED ON TEAMWORK APPROACH. *Turkish Journal of Emergency Medicine*, 15, 112-118.
 93. Vicente, V., Jansson, J., Wikström, M., Danehorn, E., & Wahlin, R. R. (2021). Prehospital Emergency Nurses' coping strategies associated to traumatic experiences. *International Emergency Nursing*, 59, 101083. doi:10.1016/j.ienj.2021.101083
 94. Von Vopelius-Feldt, J., Powell, J., Morris, R., & Bengert, J. (2016). Prehospital critical care for out-of-hospital cardiac arrest: An observational study examining survival and a stakeholder-focused cost analysis. *BMC Emergency Medicine*, 16(1), 234. doi:10.1186/s12873-016-0109-y

95. Wagner, J., MacPhee, M., Udod, S., Berry, L., Perchie, G., & Conway, A. (2021). Surveys Conducted Pre and Post Implementation of a Synergy Tool: Giving Voice to Emergency Teams. *Journal of Nursing Management*, 29(8), 2456-2464. doi:10.1111/jonm.13317
96. Walker, A., Oswald, A., Wanthal, J., Van Dillen, C., Plamoottil, C., Patel, P., ... Ganti, L. (2022). The A to E (ABCDE) Pit Crew Model: A Novel Approach to Team Based Care of Critical Patients in the Prehospital Setting. *Health Psychology Research*, 10(3), 36960. doi:10.52965/001c.36960
97. Waskett, C. (1996). Multidisciplinary teamwork in primary care: The role of the counsellor. *Counselling Psychology Quarterly*, 9(3), 243-260. doi:10.1080/09515079608258706
98. Watt, K., Tippet, V., Raven, S., Jamrozik, K., Coory, M., Archer, F., & Kelly, H. (2010). Attitudes to Living and Working in Pandemic Conditions among Emergency Prehospital Medical Care Personnel. *Prehospital and Disaster Medicine*, 25(1), 13-19. doi:10.1017/S1049023X00007597
99. Wawrzynek, J. (2024). Assessment of pain management and prehospital analgesia trends in selected emergency medical response teams in the Silesian Voivodeship. *Emergency Medical Service*, 11(1), 45-52. doi:10.36740/emems202401102
100. Wiese, C., Bartels, U., Zausig, Y., Pfisteringer, J., Graf, B., & Hanekop, G. (2009). Prehospital emergency treatment of palliative care patients with cardiac arrest: a retrospective investigation. *Supportive Care in Cancer*, 18(10), 1287-1292. doi:10.1007/s00520-009-0746-8
101. Wise, S., Duffield, C., Fry, M., & Roche, M. (2021). A team mental model approach to understanding team effectiveness in an emergency department: A qualitative study. *Journal of Health Services Research & Policy*, 27(1), 14-21. doi:10.1177/13558196211031285
102. Yumoto, T., Hongo, T., Obara, T., Ageta, K., Aokage, T., Tsukahara, K., ... Naito, H. (2024). Evolution and Effects of Ad Hoc Multidisciplinary Team Meetings in the Emergency Intensive Care Unit: A Five-Year Analysis. *Journal of Clinical Medicine*, 13(15), 4324. doi:10.3390/jcm13154324
103. Zimmer, M., Czarniecki, D. M., & Sahm, S. (2024). Gender-sensitive considerations of prehospital teamwork in critical situations. *Philosophy, Ethics, and Humanities in Medicine*, 19(1), 12. doi:10.1186/s13010-024-00153-z