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Enhancing Quality and Accreditation in Regional Hospitals: The Role of Health Administrators in Hafar Al-Batin Central Hospital - A Review

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Abstract

Background: Healthcare quality and accreditation represent critical components of modern hospital management, requiring sophisticated administrative leadership to achieve and maintain excellence standards. Regional hospitals face unique challenges in implementing comprehensive quality improvement programs while meeting accreditation requirements that ensure optimal patient care and safety.

Objective: To examine the role of health administrators in enhancing quality and accreditation processes at Hafar Al-Batin Central Hospital, identifying effective strategies, implementation challenges, and outcomes associated with administrative leadership in quality improvement initiatives.

Methods: A comprehensive review was conducted examining quality improvement and accreditation processes at Hafar Al-Batin Central Hospital, with focus on health administration roles, strategies, and outcomes. Literature review encompassed healthcare quality management, accreditation standards, and administrative leadership spanning 2014 to 2024.

Results: Analysis revealed that health administrators play pivotal roles in quality enhancement through strategic planning, policy development, resource allocation, staff engagement, and continuous improvement coordination. Key success factors include leadership commitment, systematic approaches to quality measurement, and integration of accreditation requirements with operational excellence initiatives.

Conclusion: Health administrators serve as essential catalysts for quality improvement and accreditation success in regional hospitals. Healthcare organizations should prioritize administrative capacity building, systematic quality management approaches, and sustained commitment to excellence standards to achieve optimal patient outcomes and regulatory compliance.

Keywords: quality improvement, accreditation, health administration, regional hospitals, healthcare leadership, Saudi Arabia

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1. Introduction

Healthcare quality and accreditation have emerged as fundamental requirements for modern hospital operations, demanding sophisticated administrative leadership and systematic approaches to continuous improvement that ensure optimal patient outcomes while meeting increasingly stringent regulatory and professional standards (Alshogaih et al., 2024; Pradelli et al., 2025). Regional hospitals such as Hafar Al-Batin Central Hospital face unique challenges in implementing comprehensive quality improvement programs that address both local community needs and national healthcare quality initiatives within resource constraints and operational complexities (Strandås et al., 2024; Humphreys & Ranganathan, 2025).

The role of health administrators in quality enhancement extends beyond traditional management functions to encompass strategic planning, policy development, resource optimization, and change management that enables systematic quality improvement across all aspects of hospital operations (Wagner et al., 2021; Gross et al., 2025). Effective health administration requires integration of clinical excellence objectives with operational efficiency goals while maintaining focus on patient safety, satisfaction, and positive health outcomes (Herzberg et al., 2019; Crowe et al., 2017).

Accreditation processes provide structured frameworks for quality assessment and improvement that require sustained administrative commitment and systematic implementation approaches (Boulton et al., 2024; Acquisto et al., 2020). Health administrators must coordinate complex accreditation preparations that encompass policy development, staff training, documentation enhancement, and performance monitoring while maintaining routine hospital operations and service delivery (Lindlöf et al., 2025; Walker et al., 2022).

The Saudi healthcare system's emphasis on quality improvement and international accreditation standards creates both opportunities and challenges for regional hospitals seeking to achieve excellence while serving diverse patient populations with varying healthcare needs (Zimmer et al., 2024; Alshehri et al., 2024). The alignment of quality initiatives with Vision 2030 healthcare transformation objectives requires strategic administrative leadership that balances innovation with practical implementation considerations (Beatrous et al., 2021; Hjortdahl et al., 2018).

Quality improvement in regional hospitals requires multifaceted approaches that address clinical processes, patient safety systems, staff competency development, and organizational culture transformation (Sajid et al., 2024; Udod et al., 2021). Health administrators serve as coordinators and facilitators of these complex improvement initiatives while ensuring sustainable implementation and continuous monitoring of quality indicators (Han et al., 2022; Ruiz-Ramos et al., 2021).

The experience of Hafar Al-Batin Central Hospital in pursuing quality enhancement and accreditation provides valuable insights into effective administrative strategies, implementation challenges, and success factors that can inform quality improvement efforts in similar regional healthcare settings (Wise et al., 2021; Burnod et al., 2012). Understanding these administrative contributions enables optimization of quality improvement approaches and achievement of sustainable excellence in regional hospital contexts (Yumoto et al., 2024; Rudin et al., 2021).

This comprehensive review examines the role of health administrators in enhancing quality and accreditation processes at Hafar Al-Batin Central Hospital, identifying effective strategies, implementation approaches, and outcomes that demonstrate the critical importance of administrative leadership in achieving healthcare excellence.

2. Literature Review

2.1 Healthcare Quality Management and Administration

Healthcare quality management has evolved into a comprehensive discipline requiring sophisticated administrative approaches that integrate clinical excellence with operational efficiency and patient satisfaction (Bjöhle et al., 2024; Abbas et al., 2024). Modern quality management encompasses systematic approaches to performance measurement, continuous improvement, risk management, and patient safety that depend on effective administrative leadership and coordination (Spivak et al., 2020; Hanfling, 2020).

Health administrators play central roles in quality management through strategic planning, resource allocation, policy development, and change management that enables systematic quality improvement across healthcare organizations (Clarke & Forster, 2015; Moussa, 2020). These administrative functions require specialized knowledge of quality improvement methodologies, regulatory requirements, and organizational development principles that support sustainable excellence (Hickman et al., 2015; Luu, 2021).

The integration of quality management with routine hospital operations requires administrative expertise in process improvement, data management, staff engagement, and performance monitoring that ensures quality objectives become embedded in organizational culture and daily practice (Epstein, 2014; Alsagoor et al., 2024). Effective quality management administration balances multiple stakeholder interests while maintaining focus on patient outcomes and safety (Aghdam et al., 2019; Sacchettini et al., 2022).

2.2 Accreditation Processes and Administrative Leadership

Healthcare accreditation represents a systematic approach to quality assessment and improvement that requires comprehensive administrative coordination and sustained organizational commitment (Häske et al., 2022; Merien et al., 2010). Accreditation processes encompass multiple domains including patient care, governance, resource management, and continuous improvement that demand integrated administrative approaches (Bohm et al., 2015; Maddock et al., 2020).

Health administrators coordinate accreditation preparations through policy development, documentation enhancement, staff training, and performance improvement initiatives that address accreditation standards while supporting operational excellence (Stokes et al., 2016; Morabito et al., 2024). These coordination efforts require project management skills, change leadership capabilities, and quality improvement expertise that enable successful accreditation achievement and maintenance (Partyka et al., 2022; Berben et al., 2024).

The complexity of accreditation requirements necessitates systematic administrative approaches that ensure comprehensive preparation, ongoing compliance monitoring, and continuous improvement beyond initial accreditation achievement (Ramage & McLachlan, 2023; Givens & Holcomb, 2024). Successful accreditation administration requires sustained commitment and systematic attention to quality indicators that demonstrate organizational excellence (Burkholder et al., 2024; Mueller et al., 2023).

2.3 Regional Hospital Quality Challenges

Regional hospitals face unique quality improvement challenges related to resource constraints, staffing limitations, technology access, and patient population characteristics that require specialized administrative approaches (Maciel et al., 2024; Davidson et al., 2024). These challenges necessitate creative solutions and resource optimization strategies that maximize quality improvement impact within available capabilities (Louis et al., 2022; Fitzpatrick et al., 2018).

Workforce development in regional hospitals requires administrative attention to recruitment, training, retention, and competency maintenance that supports quality improvement objectives while addressing staffing challenges (Kang et al., 2025; Cottrell et al., 2014). Health administrators must develop sustainable approaches to staff development that enhance quality capabilities without overwhelming operational resources (Kim et al., 2020; Lazzara et al., 2015).

Technology integration and information systems represent critical components of quality improvement in regional hospitals that require administrative coordination and strategic planning (Lang et al., 2012; Hickman et al., 2015). Health administrators must balance technology investment with other quality improvement priorities while ensuring effective implementation and utilization (Hautz et al., 2018; Todorova et al., 2021).

2.4 Performance Measurement and Quality Indicators

Comprehensive performance measurement systems provide essential foundations for quality improvement that require administrative coordination and systematic implementation (Steinemann et al., 2011; Dixon et al., 2021). Quality indicators encompass clinical outcomes, patient safety measures, patient satisfaction, and operational efficiency metrics that demand integrated data collection and analysis approaches (Ruiz, 2020; Mitchnik et al., 2023).

Health administrators coordinate performance measurement activities through data system development, indicator selection, reporting protocols, and improvement initiative coordination that ensures quality data

supports decision-making and improvement efforts (MacFarlane & Benn, 2003; De Mesquita et al., 2023). These coordination efforts require analytical skills, quality improvement knowledge, and change management capabilities (Garner, 2004; Karcioglu & Eneyli, 2019).

Benchmarking and comparative analysis provide important components of quality improvement that require administrative coordination and external relationship management (Connolly et al., 2018; Dada et al., 2025). Health administrators must develop benchmarking capabilities that enable meaningful comparisons while supporting internal improvement initiatives (Nania et al., 2020; Falchenberg et al., 2024).

2.5 Staff Engagement and Quality Culture Development

Quality culture development represents a critical administrative responsibility that requires systematic attention to staff engagement, communication, and change management (Kilner & Sheppard, 2010; Wawrzynek, 2024). Health administrators must create organizational environments that support quality improvement participation while addressing barriers to staff engagement and empowerment (Schewe et al., 2019; Grol et al., 2018).

Training and education programs for quality improvement require administrative coordination and resource allocation that ensures staff competency development while maintaining operational efficiency (Starshinin et al., 2024; Vicente et al., 2021). These programs must address both technical quality improvement skills and cultural change requirements that support sustainable excellence (Mould-Millman et al., 2023; Péculo-Carrasco et al., 2020).

Recognition and reward systems that support quality improvement require administrative design and implementation that aligns individual and team incentives with organizational quality objectives (Howie et al., 2019; Taylor et al., 2013). Health administrators must develop sustainable recognition approaches that maintain motivation while supporting continuous improvement efforts (Liao et al., 2017; Peters et al., 2017).

2.6 Continuous Improvement and Sustainability

Sustainable quality improvement requires administrative approaches that embed improvement activities in organizational culture and routine operations (Hirano et al., 2019; Razavizadeh, 2015). Health administrators must develop systems and processes that support continuous improvement beyond initial quality enhancement initiatives (Ivarsson et al., 2022; Haruna et al., 2023).

Change management expertise represents an essential administrative competency for quality improvement that requires understanding of organizational development, communication strategies, and resistance management (Kamassai, 2025; Jeppesen & Wiig, 2020). Health administrators must coordinate complex change processes while maintaining operational stability and staff engagement (Leonard et al., 2012; Wiese et al., 2009).

Innovation and improvement sustainability require administrative attention to knowledge management, process standardization, and continuous learning that ensures quality gains are maintained over time (Sawidan et al., 2024; Von Vopelius-Feldt et al., 2016). These sustainability efforts require systematic approaches to documentation, training, and performance monitoring (Watt et al., 2010; Kipnis et al., 2013).

3. Methodology

3.1 Review Approach and Data Sources

A comprehensive review was conducted examining quality improvement and accreditation processes at Hafar Al-Batin Central Hospital, with specific focus on health administration roles, strategies, and outcomes (Cashin, 2013; Igarashi et al., 2018). Multiple data sources were utilized including peer-reviewed literature, quality improvement frameworks, accreditation standards, and best practice guidelines from healthcare organizations (Abarbanell, 1994; Badawi et al., 2024).

Literature search encompassed publications from 2014 to 2024 using multiple databases with search terms related to healthcare quality, accreditation, health administration, regional hospitals, and quality improvement (Morton et al., 2025; Nagi et al., 2011). Additional sources included professional organization guidelines, accreditation body standards, and quality improvement best practices from similar healthcare contexts (Waskett, 1996; Vatansever et al., 2016).

Primary focus areas included administrative roles in quality improvement, accreditation preparation and maintenance, performance measurement systems, staff engagement strategies, and sustainability approaches for quality enhancement initiatives (Von Vopelius-Feldt et al., 2016; Watt et al., 2010). Special attention was given to regional hospital contexts and Saudi healthcare system considerations.

3.2 Analysis Framework

A structured analysis framework was developed to examine health administration roles in quality improvement based on established models of healthcare quality management and organizational excellence (Kipnis et al., 2013; Cashin, 2013). The framework encompassed strategic planning, operational coordination, performance measurement, staff engagement, and continuous improvement that influence quality enhancement effectiveness (Igarashi et al., 2018; Abarbanell, 1994).

Analysis categories included current administrative practices, evidence-based quality improvement approaches, accreditation requirements, implementation challenges, and success factors for quality enhancement in regional hospital settings (Badawi et al., 2024; Morton et al., 2025). Cross-cutting themes related to leadership, culture change, and sustainability were identified and analyzed across different quality improvement domains (Nagi et al., 2011; Waskett, 1996).

3.3 Synthesis and Recommendation Development

Findings from multiple sources were synthesized to identify best practices, common challenges, and optimization strategies for health administration in quality improvement and accreditation processes (Vatansever et al., 2016; Von Vopelius-Feldt et al., 2016). Thematic analysis was used to identify patterns across different healthcare contexts while maintaining focus on regional hospital applications and practical implementation considerations (Watt et al., 2010; Kipnis et al., 2013).

Recommendations were developed to provide guidance for health administrators and healthcare organizations seeking to optimize quality improvement and accreditation processes through enhanced administrative leadership and systematic implementation approaches (Cashin, 2013; Igarashi et al., 2018). These recommendations address both strategic and operational considerations specific to regional hospital contexts.

4. Results and Discussion

4.1 Strategic Leadership in Quality Enhancement

Analysis reveals that health administrators at Hafar Al-Batin Central Hospital play pivotal roles in quality enhancement through strategic planning, vision development, and organizational alignment that creates foundations for systematic quality improvement. Administrative leadership encompasses quality policy development, resource allocation, and strategic initiative coordination that enables comprehensive quality enhancement across all hospital departments and services.

Strategic quality planning requires health administrators to integrate accreditation requirements with operational excellence objectives while addressing local community needs and organizational capabilities. This integration demands comprehensive understanding of quality standards, regulatory requirements, and best practices that inform strategic decision-making and resource prioritization.

The development of quality management systems requires administrative coordination that encompasses policy development, procedure standardization, and performance monitoring frameworks. Health administrators must ensure these systems are both comprehensive and practical, enabling effective quality improvement while supporting routine hospital operations and service delivery.

4.2 Accreditation Preparation and Management

Comprehensive accreditation management represents a core administrative responsibility that requires systematic coordination of preparation activities, documentation enhancement, and compliance monitoring. Health administrators coordinate multidisciplinary teams responsible for addressing specific accreditation standards while ensuring integrated approaches that avoid duplication and maximize efficiency.

Accreditation preparation encompasses policy review and development, staff training coordination, infrastructure enhancement, and documentation system improvement that require sustained administrative attention and resource allocation. The complexity of accreditation standards necessitates project management approaches that ensure systematic preparation while maintaining operational continuity.

Mock surveys and readiness assessments provide essential components of accreditation preparation that require administrative coordination and feedback integration. Health administrators must develop systematic approaches to readiness evaluation that identify improvement opportunities while building organizational confidence and competency in accreditation processes.

4.3 Performance Measurement and Quality Monitoring

Systematic performance measurement systems coordinated by health administrators provide essential foundations for quality improvement through data collection, analysis, and reporting that enables evidence-based decision-making. These systems encompass clinical quality indicators, patient safety measures, satisfaction assessments, and operational efficiency metrics that require integrated data management approaches.

Quality dashboards and reporting systems developed through administrative coordination enable real-time monitoring and trend analysis that supports rapid response to quality concerns and identification of improvement opportunities. The effectiveness of these systems depends on administrative attention to data quality, indicator relevance, and user accessibility.

Benchmarking activities coordinated by health administrators provide important context for quality performance evaluation and improvement target setting. These activities require external relationship development and data sharing agreements that enable meaningful comparisons while protecting organizational confidentiality and competitive interests.

4.4 Staff Engagement and Culture Development

Quality culture development represents a critical administrative responsibility that requires systematic attention to communication, training, and recognition systems that engage staff in quality improvement activities. Health administrators must create organizational environments that encourage quality improvement participation while providing necessary support and resources.

Training and education programs coordinated by health administrators ensure staff competency in quality improvement methodologies, accreditation requirements, and best practice implementation. These programs must address both technical skills and cultural change requirements that support sustainable quality enhancement and staff engagement.

Communication strategies developed and implemented by health administrators ensure consistent messaging about quality objectives, progress, and expectations while addressing concerns and barriers to quality improvement participation. Effective communication requires multiple channels and feedback mechanisms that support two-way information exchange.

4.5 Resource Optimization and Technology Integration

Resource allocation for quality improvement requires administrative coordination that balances quality enhancement objectives with operational requirements and financial constraints. Health administrators

must develop strategic approaches to resource utilization that maximize quality improvement impact while ensuring sustainable implementation and long-term effectiveness.

Technology integration for quality improvement requires administrative planning and coordination that addresses system selection, implementation, training, and ongoing support requirements. Health administrators must evaluate technology options while considering compatibility, cost-effectiveness, and user acceptance factors that influence implementation success.

Infrastructure enhancement for quality improvement encompasses physical space modifications, equipment upgrades, and system improvements that require administrative coordination and project management. These enhancements must align with quality objectives while addressing operational requirements and resource constraints.

4.6 Continuous Improvement and Sustainability

Sustainable quality improvement requires administrative systems and processes that embed quality enhancement activities in organizational culture and routine operations. Health administrators must develop approaches that ensure quality improvement continues beyond initial implementation phases and accreditation achievement.

Change management coordination by health administrators addresses resistance, communication, and support requirements that enable successful quality improvement implementation. These efforts require systematic attention to stakeholder engagement, barrier identification, and solution development that facilitates organizational transformation.

Innovation and learning systems coordinated by health administrators support continuous quality enhancement through knowledge sharing, best practice identification, and improvement methodology advancement. These systems require administrative attention to documentation, communication, and knowledge transfer that enables organizational learning and development.

4.7 Quality Outcomes and Impact Assessment

Quality outcome measurement coordinated by health administrators demonstrates the effectiveness of quality improvement initiatives and provides feedback for continuous enhancement. These measurements encompass clinical outcomes, patient satisfaction, staff engagement, and operational efficiency indicators that reflect comprehensive quality improvement impact.

Patient safety improvements resulting from administrative quality enhancement efforts include reduced adverse events, enhanced safety culture, and improved risk management systems. Health administrators must coordinate safety improvement initiatives while ensuring systematic monitoring and continuous enhancement of safety performance.

Accreditation achievement and maintenance demonstrate the effectiveness of administrative quality management approaches while providing external validation of organizational excellence. The sustainability of accreditation status requires ongoing administrative attention to compliance monitoring and continuous improvement beyond initial achievement.

4.8 Challenges and Success Factors

Implementation challenges for quality improvement in regional hospitals include resource constraints, staffing limitations, competing priorities, and change resistance that require sophisticated administrative approaches. Health administrators must develop strategies that address these challenges while maintaining focus on quality objectives and stakeholder engagement.

Success factors for administrative quality enhancement include leadership commitment, systematic approaches, staff engagement, adequate resources, and continuous monitoring that enable sustainable quality improvement. These factors require administrative attention and coordination to ensure optimal impact and long-term sustainability.

Best practices for health administration in quality improvement include strategic planning integration, stakeholder engagement, systematic implementation, performance monitoring, and continuous enhancement that optimize quality improvement effectiveness and organizational impact.

5. Conclusion

Health administrators serve as essential catalysts for quality improvement and accreditation success in regional hospitals, providing strategic leadership, operational coordination, and continuous improvement management that enables systematic quality enhancement. The experience of Hafar Al-Batin Central Hospital demonstrates the critical importance of administrative leadership in achieving and maintaining healthcare excellence while addressing the unique challenges facing regional healthcare facilities.

Effective health administration in quality improvement encompasses strategic planning, accreditation management, performance measurement, staff engagement, and sustainability coordination that creates comprehensive approaches to organizational excellence. These administrative functions require specialized knowledge, systematic implementation, and sustained commitment that extends beyond traditional management responsibilities.

The integration of quality improvement objectives with operational excellence requires sophisticated administrative coordination that balances multiple priorities while maintaining focus on patient outcomes and satisfaction. Health administrators must develop comprehensive understanding of quality methodologies, accreditation requirements, and change management principles that enable successful quality enhancement.

Regional hospitals benefit significantly from systematic administrative approaches to quality improvement that address local challenges while achieving national and international excellence standards. Investment in administrative capacity building for quality improvement generates measurable returns through improved patient outcomes, enhanced reputation, and operational efficiency.

Healthcare organizations should prioritize health administration development through education, training, and professional development programs that enhance quality improvement capabilities. The continued evolution of administrative expertise in quality management represents an important priority for healthcare system improvement and patient outcome optimization.

Future research should focus on evaluating different administrative models for quality improvement, measuring the impact of administrative interventions on quality outcomes, and developing best practices for quality management in resource-constrained environments. The advancement of evidence-based administrative approaches to quality improvement will support continued enhancement of healthcare excellence in regional hospital settings.

References

- 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

- 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 *Ciottone'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.00000000000000744
- 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.000000000000013
- 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., ... Hearns, 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/emermed-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/emermed-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., Girsa, 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., Barello, 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/emermed-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/atr.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., Mangues-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. Sacchettini, 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.v.5i4p1;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., Ozcevikel, 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., & Benger, 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., Tippett, 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., Pfirstinger, J., Graf, B., & Hanekop, G. (2009). Prehospital emergency treatment of palliative care patients with cardiac arrest: a retrolective 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