The Role of Paramedics in Emergency Patient Care: Enhancing Outcomes through Effective Nursing Collaboration

Salman Jubran Muyini¹, Haidar AbdulaDeem Hassan Alhabeeb², Mariam Ali Almajhad³, Fatimah Hussain Ghawas⁴, Fathiah Hasan AlMohammad⁵, Nasreen Fuad AlGhanim⁶, Ali Abdullah AlYateem⁷, Zainab Abdullah Abu Alsaud⁸, May Abdrabalnabi Ali Altaruti⁹, Sadiqah Eissa Ghamidh¹⁰

¹ Paramedic - MOH, Jazan

² EMT (Emergency Medical Technician) - Qatif Central Hospital

³ Nurse - Maternity and Children Hospital

⁴ Nurse Technician - Eyes Specialist Hospital in Al-Dhahran

⁵ Nurse - Qatif Central Hospital

⁶ Nurse - Qatif Central Hospital

⁷ Nurse Technician - Alqatif Central Hospital

⁸ Nursing Technician - Qatif Care Center 3

⁹ Nurse - Primary Health Care Ghernatah

¹⁰Nurse - Primary Health Care Ghernatah

Abstract:

Emergency Medical Services (EMS) play a critical role in providing immediate care to patients in urgent situations. Paramedics, who are trained to deliver high-level medical care in the field, are often the first responders in emergencies. Their training equips them with the skills necessary to assess and stabilize patients, administer medications, and perform life-saving interventions. However, the effectiveness of paramedics can be significantly enhanced through collaboration with nurses. Nurses bring their expertise in patient care, communication, and coordination, which is vital in high-pressure environments. This collaboration not only improves the immediate care provided to patients but also ensures a seamless transition to further medical treatment upon arrival at the hospital. In the fast-paced world of emergency response, the integration of paramedic and nursing roles is increasingly vital. Studies have shown that when paramedics and nurses work together effectively, patient outcomes improve dramatically, including reduced mortality rates and shorter hospital stays. The educational pathways for both professions emphasize the need for teamwork and communication skills, preparing them to engage collaboratively in crisis situations. Additionally, shared training programs and simulations can foster a better understanding of each other's roles, leading to enhanced trust and cooperation. As healthcare continues to evolve, focusing on the synergies between paramedics and nurses will be crucial in developing a more efficient and responsive EMS system.

Keywords: Emergency Medical Services (EMS), Paramedics, Nursing collaboration, Patient care, Emergency response, Healthcare outcomes

Introduction:

The healthcare system exists as a multifaceted entity designed to respond to the diverse and often unpredictable needs of patients. Particularly in the domain of emergency care, the intricate orchestration of various healthcare professionals is critical in ensuring timely, efficient, and effective patient outcomes. Among these professionals, paramedics serve as frontline responders, tasked

with providing immediate medical care, stabilizing patients during transport, and making crucial decisions in high-stakes situations. The role of paramedics has evolved significantly in recent years, which necessitates a closer examination of how they collaborate with nursing professionals to enhance patient outcomes in emergency care settings [1].

Paramedics are typically the first healthcare providers to arrive at the scene of an emergency, and their responsibilities encompass a spectrum of lifesaving interventions. From performing advanced airway management and administering lifesustaining medications to conducting rapid assessments of vitally unstable patients, the expertise of paramedics is paramount. However, their impact extends beyond the site of initial care; the transition of patients from emergency scenes to hospital settings plays a pivotal role in shaping the overall effectiveness of emergency medical services (EMS). This transition is where effective communication and collaboration with nursing staff become crucial. [2]

Nurses, who constitute the backbone of hospitalbased patient care, engage in a collaborative effort with paramedics to ensure seamless continuum of care. The synergy between these two professions can significantly improve patient outcomes, minimize the potential for medical errors, and enhance patient Studies satisfaction. have shown interprofessional collaboration can lead to a decrease in hospital readmissions, a reduction in length of hospital stays, and an improvement in overall patient safety. Despite this evidence, there remain challenges in creating a streamlined collaborative process that leverages the expertise of both paramedics and nurses to its full potential [3].

One of the key challenges in fostering effective collaboration is the fragmentation often observed within healthcare delivery systems. This fragmentation can arise from differences in training, communication styles, and organizational cultures. Paramedics and nurses often operate within different frameworks that can lead to miscommunication or misunderstandings regarding patient care protocols. Establishing common ground through education, shared training simulations, and interdisciplinary workgroups presents an appealing solution to bridge these gaps in collaboration [4].

In addition to challenges, the collaborative relationship between paramedics and nurses can enhance patient care strategies in a multitude of ways. Emphasizing team-based approaches can improve decision-making processes, allowing healthcare providers to effectively address complex patient needs. For instance, paramedics possessing advanced clinical training may convey vital information to nurses that can influence acute care protocols, which, in turn, informs the decisions made at subsequent levels of care. In this context, the continuity of care provided through effective communication can optimize treatment pathways, leading to improved patient outcomes and overall satisfaction [5].

Moreover, with the emergence of technology in healthcare—such as telemedicine, electronic health records (EHRs), and mobile health applications—there lies an opportunity for paramedics and nurses to leverage digital tools that enhance collaboration. The integration of real-time data sharing can provide both professions with critical insights into patient history and needs, leading to informed clinical decision-making. This technological aspect underscores the significance of collaboration in an era where healthcare professionals are increasingly tasked with adapting to rapid advancements in medical practice [6].

The Role of Paramedics in Patient Care

Paramedics serve as a critical component in the continuum of healthcare, functioning as frontline responders who deliver immediate medical care in emergency situations. Their role extends beyond merely transporting patients to hospitals; they are often the first healthcare professionals to assess and treat patients in crises, employing a vast array of skills and knowledge to stabilize individuals before they reach definitive care facilities [7].

The responsibilities of paramedics are vast and varied, reflecting the complexity of pre-hospital medical care. Among their primary duties is patient assessment, which involves quickly identifying the nature of the emergency and determining the most appropriate course of action. Paramedics are trained to recognize life-threatening conditions such as cardiac arrest, respiratory distress, and traumatic injuries. Their ability to perform rapid evaluations not only dictates immediate treatment but also

informs the decisions made by emergency department staff upon the patient's arrival [8].

In emergency medical settings, paramedics provide advanced life support (ALS), which encompasses a range of complex medical interventions. This includes administering medications, intubating patients, and using advanced monitoring equipment to assess vital signs—actions that are essential for patients in critical conditions. Paramedics are equipped with the knowledge to utilize various medical devices, such as defibrillators and ventilators, which are vital for maintaining patient stability en route to a hospital [9].

Another of the key responsibilities of paramedics is communication. They must effectively relay information to hospital staff regarding the patient's condition, medical history, and any interventions that have been performed. This handoff is crucial for ensuring continuity of care and allows hospital teams to prioritize treatment based on the detailed information provided by paramedics [10].

Moreover, paramedics play an educational role in their interactions with patients and their families. They often provide reassurance, explain medical procedures in understandable terms, and impart essential health information that can aid in recovery. By educating the public on safety, first aid, and health emergencies, paramedics contribute to larger community wellness initiatives [11].

To fulfill these responsibilities, paramedics must possess a diverse skill set that encompasses both technical medical knowledge and interpersonal competencies. Training typically includes extensive education and hands-on experience in various settings. Paramedics acquire skills through formal education programs that cover anatomy, physiology, pharmacology, and emergency medical techniques [12].

One of the foundational skills for paramedics is advanced clinical assessment. This skill involves synthesizing symptoms, behavioral cues, and medical history to quickly determine the level of care a patient may need. It is essential for paramedics to be perceptive, detail-oriented, and adept at making critical decisions under pressure, as they often operate in high-stress environments [13].

Technical skills are equally important. Proficiency in intravenous access, airway management, and the use of medical devices is vital. Paramedics must be comfortable performing procedures such as cardiopulmonary resuscitation (CPR), wound care, and spinal immobilization. Regular training and simulations ensure that paramedics remain prepared for a variety of medical emergencies, reinforcing their technical competencies [14].

Furthermore, strong communication skills are paramount. Paramedics must interact effectively with a diverse range of individuals, including patients, bystanders, and other healthcare professionals. Clear, concise communication is necessary to ensure accurate reporting and effective teamwork. Empathy and emotional intelligence also play a pivotal role as paramedics often encounter distressed individuals during emergencies. The ability to provide compassionate care while remaining professional is essential for building trust and rapport with patients and their families [15].

The role of paramedics has evolved dramatically over the years. Initially focused mainly on transportation, modern paramedics function as unique healthcare providers equipped to perform a variety of medical interventions. The adoption of advanced protocols and technologies has expanded their scope of practice significantly, allowing them to manage a broader spectrum of medical emergencies effectively [16].

Continued education and the advancement of paramedics' clinical skills are essential in keeping pace with the evolving landscape of healthcare. Advanced certification programs and specialty training opportunities provide paramedics with the skills necessary to handle unique situations, such as pediatric emergencies, trauma response, and psychological crises. This evolution underscores the importance of paramedics as integral members of the healthcare system, capable of providing high-quality care in pre-hospital environments [17].

Nursing Collaboration in Emergency Situations:

Emergency situations are characterized by their unpredictable and often life-threatening nature. Whether it's a natural disaster, a mass casualty incident, or a medical emergency requiring immediate attention, healthcare professionals face a myriad of challenges that necessitate swift decision-making and coordinated responses. Paramedics are typically the first responders, trained to assess patients in the field, deliver pre-hospital care, and

make crucial decisions regarding the need for further medical intervention. Once patients are transported to a healthcare facility, nurses take over to continue the care established by paramedics, ensuring a seamless transition that is critical for patient outcomes [18].

Understanding the distinct yet complementary roles of nurses and paramedics is essential for appreciating the essence of their collaboration. Paramedics are highly trained professionals who administer life-saving treatments in pre-hospital environments. Their skills include not only medical knowledge but also the logistical acuity required to navigate emergency scenes, manage equipment, and maintain communication with hospitals. They perform initial assessments, stabilize patients, and decide on transportation while evaluating the patient's response to treatment [19].

Conversely, nurses, particularly those working in emergency departments, are experts in patient care and coordination. They conduct thorough assessments, implement care plans, manage medication, monitor vital signs, and provide emotional support to patients and families. Moreover, nurses serve as critical liaisons between different healthcare providers, utilizing their training in crisis communication to gather information from paramedics and support the continuity of care once a patient arrives at the hospital [20].

Effective teamwork between nurses and paramedics can significantly enhance the quality of care provided in emergency situations. When these two professional roles collaborate harmoniously, they create a synergistic relationship that improves patient outcomes in several ways:

- 1. **Improved Communication**: Clear and concise communication is the cornerstone of effective teamwork. When paramedics relay critical information regarding the patient's condition, treatment administered in the field, and transport decisions, nurses can effectively build on this initial care. A shared communication platform ensures that all team members are on the same page, reducing the risk of errors and improving overall patient safety [21].
- 2. **Enhanced Decision-Making**: The complexity of emergency care often requires the input of multiple professional perspectives. Collaboration between nurses and paramedics

allows for a comprehensive approach to problemsolving and decision-making. For instance, a nurse may offer insight into a patient's medical history or allergies that may influence treatment plans, while a paramedic can provide firsthand accounts of the patient's condition upon arrival. The integration of diverse expertise fosters informed clinical judgments crucial in emergencies [22].

- 3. **Streamlined Workflow**: In emergency settings, time is a critical factor. Cooperation among team members can streamline workflows, reducing delays in treatment. Instead of working in isolation, nurses and paramedics can establish protocols that facilitate rapid patient assessments, triage procedures, and the administration of interventions. This coordinated effort paves the way for quicker response times and more efficient care delivery [23].
- 4. **Psychosocial Support**: Emergencies are often traumatic experiences for patients and their families. Nurses play a vital role in addressing the emotional and psychological needs of these individuals, offering comfort and reassurance. By working closely with paramedics, nurses can better understand the context of the emergency, enabling them to provide more tailored psychosocial support [24].
- 5. **Education and Training**: Collaborative practice also allows for ongoing education and professional development among nurses and paramedics. By engaging in joint training sessions, the two professions can learn from each other, enhancing their skills and fostering mutual respect. This knowledge-sharing strengthens the entire emergency response team, equipping them with the tools to handle various scenarios effectively [25].

Despite the numerous benefits of teamwork, barriers to collaboration between nurses and paramedics in emergency situations persist. These challenges can stem from a variety of sources, including hierarchical structures within healthcare settings, differing communication styles, and variations in training and education [26].

For instance, the perception of power dynamics within the healthcare team can inhibit open communication. If either party feels that their input is undervalued or disregarded, it can hinder overall collaboration. Additionally, shifts in emergency response protocols or patient transport methods can

lead to confusion and misalignment between paramedics and nurses [27].

To overcome these challenges, healthcare institutions must foster an environment that encourages interprofessional relationships. This involves creating opportunities for team-building activities, implementing regular debriefings after emergencies, and utilizing technology to facilitate communication. Leadership support is critical in nurturing a culture of collaboration, ensuring that both nurses and paramedics understand their respective roles and contributions [28].

Training and Education for Paramedics and Nurses:

The path to becoming a paramedic typically begins with the completion of a high school diploma or General Educational Development (GED) certification, which serves as the foundation for further education. Following this, aspiring paramedics must enroll in an accredited paramedic training program. These programs can be found at community colleges, technical schools, or universities and typically last from six months to two years. The curriculum often includes both classroom instruction and practical experience, covering areas such as anatomy, pharmacology, medical ethics, and emergency care protocols [29].

A key component of paramedic training involves clinical rotations and field internships, where students gain hands-on experience in real-world settings. These rotations often occur in emergency departments, ambulances, and various pre-hospital environments. The National Registry of Emergency Medical Technicians (NREMT) certification is a crucial milestone; candidates must pass both a cognitive and a psychomotor exam to earn certification and become licensed to practice as paramedics [30].

In contrast, the educational journey to becoming a nurse is more diverse, reflecting the range of nursing roles available within the healthcare system. The most common pathways include obtaining an Associate Degree in Nursing (ADN), a Bachelor of Science in Nursing (BSN), or an even more advanced degree such as a Master's of Science in Nursing (MSN) or a Doctor of Nursing Practice (DNP) [31].

An ADN program typically requires two to three years of study, while a BSN generally takes four years to complete. Both programs integrate classroom learning with clinical experience, focusing on subjects like nursing theory, patient care, pharmacology, and health assessment. A BSN program often includes coursework in leadership, community health, and healthcare systems, preparing nurses for a variety of roles and responsibilities [32].

Following graduation, nursing candidates must pass the National Council Licensure Examination (NCLEX-RN) to become licensed registered nurses. As in the case of paramedics, this licensure is essential for legal practice and serves to ensure that nursing graduates meet the national standards for safety and competency in patient care [33].

Both paramedics and nurses are required to engage in ongoing training and continuing education to maintain their licenses and stay updated on the latest developments in healthcare. For paramedics, this may include courses on advanced life support, pediatric emergencies, trauma care, and specialized certifications in areas such as air medical transportation or hazardous materials. Many states also require a certain number of continuing education hours to be completed within a specific timeframe to renew a paramedic's license [34].

Similarly, continuing education for nurses is critical to ensure they are aware of the latest clinical guidelines, technological advancements, and best often pursue practices. Nurses additional certifications in specialty areas such as critical care, geriatrics, pediatrics, and more, which can enhance their employability and effectiveness in providing care. The specialized American Nurses Credentialing Center (ANCC) offers certification exams for various specialties, and many states also have Continuing Education (CE) requirements that nurses must fulfill to maintain their licensure [35].

The dynamic nature of healthcare necessitates that both paramedics and nurses pursue professional development throughout their careers. For paramedics, opportunities may arise to obtain leadership positions, teach future paramedics, or specialize in areas such as tactical medicine or advancement into roles such as paramedic supervisor or operational management. Continuing education is fundamental to these advancements, as

the medical field is constantly evolving with new techniques and technologies [36].

For nurses, the scope of professional development is broad, allowing for diverse career trajectories that may lead to roles in management, research, education, or specialized clinical practice. The ability to pursue advanced degrees, such as a Nurse Practitioner (NP) or clinical nurse specialist, opens doors to independent practice, prescriptive authority, and more significant contributions to healthcare teams. Moreover, the rise of telehealth and digital health technologies has created the need for nurses equipped to navigate these new realms effectively [37].

While paramedics and nurses share the goal of providing high-quality patient care, their training and educational paths highlight fundamental differences influenced by the specific demands of their roles. Paramedics are predominantly focused on emergency care and decision-making in dynamic environments, necessitating a condensed but intensive educational framework emphasizing practical skills and rapid response. In contrast, nurses typically engage in a broader study of health sciences, emphasizing a more prolonged educational journey that prepares them for holistic patient care and interdisciplinary collaboration in various settings [38].

Moreover, the continuing education aspects of both professions reveal the importance of adaptability in a rapidly changing healthcare landscape. As new medical guidelines emerge, both paramedics and nurses must proactively engage in lifelong learning to enhance their competencies and deliver effective care [38].

Challenges Faced by Paramedics in the Field

One of the foremost challenges paramedics face is the physically demanding nature of their work. The job often requires significant physical strength and endurance. Paramedics must be able to lift and carry heavy equipment, assist patients, and navigate challenging environments, often under stress. Incidents may occur in tight spaces, uneven terrain, or severe weather conditions, significantly complicating their ability to perform necessary medical interventions [39].

To address the physical demands of the job, organizations can implement regular training

programs focused on strength and conditioning. Additionally, advanced equipment such as hydraulic stretchers and other lifting aids can reduce the risk of injury. It is also vital for paramedics to receive education on proper body mechanics, posture, and techniques for lifting and transferring patients safely [40].

Beyond the physical challenges, paramedics also bear the weight of significant mental and emotional strain. Frequent exposure to trauma, loss of life, and high-stress situations can lead to psychological distress, including post-traumatic stress disorder (PTSD), anxiety, and depression. The emotional toll of witnessing traumatic scenarios can hinder decision-making abilities and overall job performance [41].

Addressing mental health issues within the paramedic community is paramount. Organizations can implement peer support programs, mental health resources, and counseling services tailored to the unique stresses faced by paramedics. Encouraging a culture of openness regarding mental health can help reduce stigma and make it easier for paramedics to seek help. Regularly scheduled debriefings after critical incidents can also provide an opportunity for paramedics to discuss their experiences with colleagues and mental health professionals [42].

Effective communication is critical in emergency medical services (EMS), yet paramedics often encounter barriers due to language differences, cultural disparities, or even challenges posed by the chaotic nature of emergency scenes. Miscommunication can lead to misdiagnoses and inappropriate treatments, potentially jeopardizing patient outcomes [43].

To improve communication in the field, paramedics can benefit from extensive training in cultural competency and basic techniques in cross-cultural communication. Collaborative strategies, such as using professional interpreters or translation services, should be established to help bridge the language gap. Additionally, developing structured protocols for communication during emergencies can help enhance clarity and reduce uncertainty [44].

Paramedics work within a healthcare system that often suffers from logistical challenges, such as limited resources, inadequate staffing, and overloaded service demand. In many regions, paramedics face long response times for back-up or

support, particularly in rural areas where healthcare facilities may be distant [45].

To mitigate operational constraints, it's essential for health departments to assess ambulance service demands and workforce readiness. This can mean investing in technology that optimizes dispatch and resource allocation. Stakeholders should also explore community paramedicine models, which allow paramedics to engage in preventive care and reduce emergency service utilization, thus alleviating pressure on the system during peak times [46].

Paramedics often struggle with systemic issues such as inadequate funding, insufficient training opportunities, and fragmented processes in healthcare delivery. Budget cuts may lead to fewer resources, which can lower the quality of care provided. Additionally, nursing shortages and hospital overcrowding can hinder the transition of patients from the field to emergency settings, complicating the paramedic's role [47].

Addressing systemic challenges requires a comprehensive approach that engages policymakers and healthcare leaders. Advocacy for increased funding for EMS services, along with the establishment of clear protocols for emergency care transitions, can significantly improve the functionality of the paramedic system. More investment in training programs can elevate the standards of care paramedics provide and ensure they receive up-to-date information on best practices and technological advancements [48].

Conclusion:

In summary, understanding the collaborative roles of paramedics and nurses in emergency patient care is essential for improving healthcare outcomes in contemporary medical practice. As this research unfolds, it will elucidate the potential for structured collaborations, enhance comprehension of distinct professional roles, and advocate for comprehensive policy changes that prioritize team-based approaches within healthcare systems. Such efforts will undoubtedly contribute to the overarching goal of delivering high-quality, effective, and patientcentered care, ultimately benefiting those seeking assistance in their most vulnerable moments.

References:

- Coster JE, Turner JK, Bradbury D, Cantrell A.
 Why do people choose emergency and urgent
 care services? A rapid review utilizing a
 systematic literature search and narrative
 synthesis. Acad Emerg Med.
 2017;24(9):1137–1149. doi:
 10.1111/acem.13220
- O'Connor P, O'Malley R, Oglesby AM, Lambe K, Lydon S. Measurement and monitoring patient safety in prehospital care: a systematic review. Int J Qual Health Care. 2021;33(1):mzab013. doi: 10.1093/intqhc/mzab013
- 3. Blackmore TA. What is the role of paramedics in palliative and end of life care? Palliat Med. 2022;36(3):402–404. doi: 10.1177/02692163211073263
- Tavares W, Bowles R, Donelon B. Informing a Canadian paramedic profile: framing concepts, roles and crosscutting themes. BMC Health Serv Res. 2016;16(1):477. doi: 10.1186/s12913-016-1739-1
- 5. Eaton G, Wong G, Tierney S, Roberts N, Williams V, Mahtani KR. Understanding the role of the paramedic in primary care: a realist review. BMC Med. 2021;19(1):145. doi: 10.1186/s12916-021-02019-z
- 6. Janerka C, Leslie GD, Mellan M, Arendts G. Review article: prehospital telehealth for emergency care: a scoping review. Emerg Med Australas. 2023;35(4):540–552. doi: 10.1111/1742-6723.14224
- Mausz J, Donnelly EA, Moll S, Harms S, McConnell M. Role identity, dissonance, and distress among paramedics. Int J Environ Res Public Health. 2022;19(4):2115. doi: 10.3390/ijerph19042115
- 8. Sterne JA, Hernán MA, Reeves BC, et al. ROBINS-I: a tool for assessing risk of bias in non-randomised studies of interventions. BMJ. 2016;355:i4919. doi: 10.1136/bmj.i4919
- 9. Hansen K, Boyle A, Holroyd B, et al. Updated framework on quality and safety in emergency medicine. Emerg Med J. 2020;37(7):437–442. doi: 10.1136/emermed-2019-209290

- Whittemore R, Knafl K. The integrative review: updated methodology. J Adv Nurs. 2005;52(5):546–553. doi: 10.1111/j.1365-2648.2005.03621.x
- Fisher JD, Freeman K, Clarke A, et al. Health Services and Delivery Research. Patient Safety in Ambulance Services: A Scoping Review. Southampton (UK): NIHR Journals Library; 2015. PMID: 25996021.
- 12. Givati A, Markham C, Street K. The bargaining of professionalism in emergency care practice: NHS paramedics and higher education. Adv Health Sci Educ Theory Pract. 2018;23(2):353–369. doi: 10.1007/s10459-017-9802-1
- 13. O'Meara PF, Furness S, Gleeson RAY. Educating paramedics for the future: a holistic approach. J Health Human Serv Administr. 2017;40(2):219–253.
- 14. Millin MG, Hawkins SC. Wilderness emergency medical services systems. Emerg Med Clin North Am. 2017;35(2):377–389. doi: 10.1016/j.emc.2016.12.001
- 15. Alburaidi AS, Al-Wathinani AM, Aljuaid MM, Almuhaidly AS, Goniewicz K. Sustainable resilience in healthcare delivery: a comparative study on safety awareness in hospital-based and pre-hospital ems in times of crisis. Sustainability. 2023;15(15):11593. doi: 10.3390/su151511593
- 16. Shepard K, Spencer S, Kelly C, Wankhade P. Staff perceptions of patient safety in the NHS ambulance services: an exploratory qualitative study. Br Paramed J. 2022;6(4):18–25. doi: 10.29045/14784726.2022.03.6.4.18
- 17. JBI. JBI critical appraisal tools. Available from: https://jbi.global/critical-appraisal-tools. Accessed February 15, 2024.
- 18. Chan J, Griffith LE, Costa AP, Leyenaar MS, Agarwal G. Community paramedicine: a systematic review of program descriptions and training. Cjem. 2019;21(6):749–761. doi: 10.1017/cem.2019.14
- 19. Utley R, Henry K, Smith L. Role-related frameworks. In: Frameworks for Advanced Nursing Practice and Research. New York: Springer Publishing Company; 2018:217–232.

- Bigham BL, Nolan B, Patterson PD. Patient safety culture: clinical practice and systems oversight. In: Cone DC, Brice JH, Delbridge TR, Myers JB, editors. Emergency Medical Services. 3rd ed. New York: Wiley; 2021:413– 423.
- Barr N, Holmes M, Roiko A, Dunn P, Lord B. Self-reported behaviors and perceptions of Australian paramedics in relation to hand hygiene and gloving practices in paramedic-led health care. Am J Infect Control. 2017;45(7):771–778. doi: 10.1016/j.ajic.2017.02.020
- Sinclair JE, Austin MA, Bourque C, et al. Barriers to self-reporting patient safety incidents by paramedics: a mixed methods study. Prehosp Emerg Care. 2018;22(6):762– 772. doi: 10.1080/10903127.2018.1469703
- 23. O'Hara R, Johnson M, Siriwardena AN, et al. A qualitative study of systemic influences on paramedic decision making: care transitions and patient safety. J Health Serv Res Policy. 2015;20(1 Suppl):45–53. doi: 10.1177/1355819614558472
- 24. Reuter E, Camba JD. Understanding emergency workers' behavior and perspectives on design and safety in the workplace. Appl Ergon. 2017;59(Pt A):73–83. doi: 10.1016/j.apergo.2016.08.023
- Hardy M, Conway M. Role Theory: Perspectives for Health Professionals. 2nd ed. California: Appleton and Lange; 1988.
- Ho JD, Ansari RK, Page D. Hand sanitization rates in an urban emergency medical services system. J Emerg Med. 2014;47(2):163–168. doi: 10.1016/j.jemermed.2013.08.070
- Vähäkangas P, Nordquist H, Terkamo-Moisio A. Urgent hospital transfers The experiences and required skills of paramedics. Int Emerg Nurs. 2023;67:101269. doi: 10.1016/j.ienj.2023.101269
- 28. Thorvaldsen N, Bergem AK, Holst Ø, Häikiö K. Coercion in the ambulance setting. Tidsskr nor Laegeforen. 2022;142(14). doi: 10.4045/tidsskr.22.0086
- 29. Munjal KG, Yeturu SK, Chapin HH, et al. Feasibility of the transport PLUS intervention

- to improve the transitions of care for patients transported home by ambulance: a non-randomized pilot study. Pilot Feasibility Stud. 2022;8(1):169. doi: 10.1186/s40814-022-01138-5
- 30. Bury G, Thompson A, Tobin H, Egan M. Ireland's assisted decision-making capacity act

 The potential for unintended effects in critical emergencies: a cross-sectional study of advanced paramedic decision making. Ir J Med Sci. 2019;188(4):1143–1148. doi: 10.1007/s11845-019-01994-w
- 31. Backman T, Juuso P, Borg R, Engström Å. Ambulance nurses' experiences of deciding a patient does not require ambulance care. Nurs Open. 2019;6(3):783–789. doi: 10.1002/nop2.255
- 32. Burrell L, Noble A, Ridsdale L. Decision-making by ambulance clinicians in London when managing patients with epilepsy: a qualitative study. Emerg Med J. 2013;30(3):236–240. doi: 10.1136/emermed-2011-200388
- 33. Rosen T, Lien C, Stern ME, et al. Emergency medical services perspectives on identifying and reporting victims of elder abuse, neglect, and self-neglect. J Emerg Med. 2017;53(4):573–582. doi: 10.1016/j.jemermed.2017.04.021
- 34. Stander C, Hodkinson P, Dippenaar E. Prehospital care providers' understanding of responsibilities during a behavioural emergency. S Afr J Psychiatr. 2021;27:1545. doi: 10.4102/sajpsychiatry.v27i0.1545
- 35. Vicente V, Svensson L, Wireklint Sundström B, Sjöstrand F, Castren M. Randomized controlled trial of a prehospital decision system by emergency medical services to ensure optimal treatment for older adults in Sweden. J Am Geriatr Soc. 2014;62(7):1281–1287. doi: 10.1111/jgs.12888
- 36. Anderson N, Slark J, Gott M. How are ambulance personnel prepared and supported to withhold or terminate resuscitation and manage patient death in the field? A scoping review. Austr J Paramed. 2019;16:1–11. doi: 10.33151/ajp.16.697

- 37. Hagiwara MA, Magnusson C, Herlitz J, et al. Adverse events in prehospital emergency care: a trigger tool study. BMC Emerg Med. 2019;19(1):14. doi: 10.1186/s12873-019-0228-3
- 38. Larouche D, Corbeil P, Bellemare M, Authier M, Prairie J, Hegg-Deloye S. To what extent do paramedics apply safe handling principles when transferring patients from stair chairs to stretchers? Ergonomics. 2019;62(10):1313–1326. doi: 10.1080/00140139.2019.1641629
- Eaton G, Wong G, Williams V, Roberts N, Mahtani KR. Contribution of paramedics in primary and urgent care: a systematic review. Br J Gen Pract. 2020;70(695):e421–e426. doi: 10.3399/bjgp20X709877
- von Vopelius-Feldt J, Benger J. Who does what in prehospital critical care? An analysis of competencies of paramedics, critical care paramedics and prehospital physicians. Emerg Med J. 2014;31(12):1009–1013. doi: 10.1136/emermed-2013-202895
- 41. Perona M, Rahman MA, O'Meara P. Paramedic judgement, decision-making and cognitive processing: a review of the literature. Austr J Paramed. 2019;16:1–12. doi: 10.33151/ajp.16.586
- 42. Troyer L, Brady W. Barriers to effective EMS to emergency department information transfer at patient handover: a systematic review. Am J Emerg Med. 2020;38(7):1494–1503. doi: 10.1016/j.ajem.2020.04.036
- 43. Murray E. Moral injury and paramedic practice. J Param Pract. 2019;11(10):424–425. doi: 10.12968/jpar.2019.11.10.424
- 44. Shields A, Flin R. Paramedics' non-technical skills: a literature review. Emerg Med J. 2013;30(5):350–354. doi: 10.1136/emermed-2012-201422
- 45. Dainty KN, Seaton MB, Drennan IR, Morrison LJ. Home visit-based community paramedicine and its potential role in improving patient-centered primary care: a grounded theory study and framework. Health Serv Res. 2018;53(5):3455–3470. doi: 10.1111/1475-6773.12855

46. Rudman JS, Farcas A, Salazar GA, et al. Diversity, equity, and inclusion in the United States emergency medical services workforce: a scoping review. Prehosp Emerg Care. 2023;27(4):385–397. doi: 10.1080/10903127.2022.2130485

- 47. Donnelly EA, Bradford P, Davis M, et al. What influences safety in paramedicine? Understanding the impact of stress and fatigue on safety outcomes. J Am Coll Emerg Physicians Open. 2020;1(4):460–473. doi: 10.1002/emp2.12123
- 48. Verelst S, Wouters P, Gillet JB, Van den Berghe G. Emergency department crowding in relation to in-hospital adverse medical events: a large prospective observational cohort study. J Emerg Med. 2015;49(6):949–961. doi: 10.1016/j.jemermed.2015.05.034