



Emergency Nursing Specialties: Exploring Diverse Roles and Responsibilities

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Abstract

This essay examines specialties within emergency nursing, focusing on the diverse roles and responsibilities of emergency nurses in specific scenarios. Emergency nursing is a critical specialty that supports the health care system by providing time-sensitive, emergency care to patients on the edge of life or death. Emergency nurses are skilled healthcare practitioners capable of rapidly assessing patients' conditions, intervening with appropriate treatments, and performing a variety of complex, technical procedures. Emergency nurses must also assess patients' responses to interventions and determine whether additional actions are required, including transfer or discharge (M. Schultz, 2014). Understanding emergency nurse roles and responsibilities in various scenarios can help educate prospective emergency nursing candidates about the challenges and opportunities of the profession.

This essay focuses on the roles and responsibilities of emergency nurses in three specialties: car crash trauma unit, emergency psychiatric assessment, and emergency pediatrics. The critical importance of emergency nursing specialties in the healthcare system is initially specified, followed by an overview of the key challenges and opportunities emergency nursing practitioners face. In addition, significant trends in emergency nursing specialties that affect practice are discussed. These trends include the increasing importance of time-critical emergencies affecting patient health and clinical outcomes, increasing demand for emergency



services delivering time-critical interventions that exceed available emergency nursing resources, and the growing emphasis on the importance of controlling workplace violence in mental health service delivery (Grochtdreis et al., 2016). Readers can find more detailed insights in specific sections of the essay.

Keywords: Emergency Care, Emergency Nursing, Emergency Nurse Practitioners, Emergency Services, Specialties

The term emergency care refers to the diagnosis and treatment of medical emergencies and the stabilization and transfer of patients to a higher level of care. Emergency services are hospital-based services that provide emergency care in response to accidents or other emergencies. In Ghana, the main hospital-based emergency service is the accident and emergency department, which was originally established to address road traffic accidents. Emergency nurses are practicing nurses in emergency services, and emergency nursing involves the care and management of patients in emergency situations (Bam et al., 2019).

Emergency care.ners (EN) practitioners play diverse roles in the delivery of emergency care and provide life-saving services in various settings, such as hospitals, pre-hospital and out-of-hospital areas, during disasters, on military missions, in industrial settings, and other venues. EN skills and competences are vast and need to be continuously updated through lifelong learning (Grochtdreis et al., 2016). Nevertheless, the roles and responsibilities of ENs, as well as the educational pathways available to them, vary widely across countries. In many countries, ENs serve as ancillary staff to physicians in the emergency department, providing basic emergency care; thus, emergency care training is usually included in basic nursing education. In some cases, these nurses later attend an in-service course to become nurse-paramedics.

1. Introduction to Emergency Nursing Specialties

Specialties within emergency nursing, each of which focuses on the unique needs of certain patients. Emergency nursing is a fast-paced, ever-changing world in which no two shifts are ever the same (M. Schultz, 2014). Every day, people face life-threatening situations that require the assistance of emergency services. Once a patient is transported to the hospital, emergency nurses take over care in the emergency department (ED). However, not all emergency patients are treated in a traditional ED. Some require the pre-hospital assistance of paramedics or need to be treated in specialty ERs, such as trauma, critical care, or wilderness. Although each of these emergency nursing specialties is very different from one another, they share the same philosophy of providing comprehensive care to critically injured or ill patients (Grochtdreis et al., 2016).

Emergency nursing specialties require different training and knowledge than traditional hospital nursing. Emergency situations can be chaotic and frightening for everyone involved.



Emergency nurses play a pivotal role in ensuring that patients are properly assessed and treated in a timely manner. Each chapter of this book describes an emergency nursing specialty, detailing the unique roles and responsibilities for nurses working in these settings. It is essential to acknowledge the various roles emergency nurses play in different environments. Although the care provided may look different, each specialty strives to meet the comprehensive needs of each patient. In addition to treating life-threatening injuries or illnesses, emergency nurses provide support to patients and families during a very difficult time in their lives. The need for emergency nursing specialties is often overlooked. Many are unaware that emergency patients can receive care outside of a traditional ED. A description of each specialty will illustrate how emergency nursing addresses the unique needs of different patients.

2. Historical Evolution of Emergency Nursing

The aim of this section is to trace the historical origins of emergency nursing as a specialty; to provide an overview of the development of emergency nursing highlighting key events in the progression of emergency nursing as a specialty; to consider the influential people and events that have shaped the practice; and, to examine the development of emergency nursing in relation to the changing needs of the health care system and society as a whole. The identification of the historical progression of emergency nursing as a specialty provides insight into present day practice, as well as consideration of future directions (Trisyani & Windsor, 2019). This is pertinent as today's emergency nurses find themselves in a rapidly changing environment, affected by changing demands on the health care system, changes in community needs and advances in technology. In the past century there has been significant progress in training emergency department (ED) nurses for the particular demands of emergency nursing. The evolution and current state of emergency nursing is reviewed within the context of significant advances in technology and changes in service delivery systems, and how these advances have impacted on the provision of emergency care.

Emergency nursing, as a specialty, has its origins in the establishment of Accident and Emergency Departments in hospitals. The first ED in the world was established in 1763 at the London Hospital. In 1855, the first hospital in America, where trauma victims were treated, was opened; the establishment of emergency departments began in 1860 with the implementation of the municipal law in Hamburg, which necessitated the construction of hospitals with emergency care facilities under the Greek cross design. In 1900 there were 12 such hospitals in the United States. The basic principles of triage in emergency units were developed during the First World War. Nurses have been involved in the provision of emergency care since the opening of the first hospitals. However, with the development of this specialty, the role of nurses in its heart, Emergency Departments, changed significantly. The generally recognized beginning of the American system of emergency care is the establishment of the Emergency Medical Services in 1966. In 1968, the first Training Program was developed



for ED nurses in the USA. The latter focused on the physiopathology of trauma and how to care for trauma patients.

3. Core Competencies for Emergency Nurses

Emergency nurses work in fast-paced environments where it is essential to provide effective patient care. Each specialist role has a set of core competencies unique to that specialty. Core competencies are a group of essential skills or abilities required to effectively perform a job. In emergency nursing, core competencies ensure positive patient care and outcomes by outlining the fundamental skills and abilities necessary for this specialty. Health care systems rely on nurses to provide care outside of the traditional clinical setting, highlighting the importance of assessing nurses' preparedness to assume emergency roles (Bam et al., 2019). Using a framework of core competencies necessary for effective nursing personnel in emergency roles helps health care systems assess how prepared nurses are to take on these roles and helps identify areas where training or support may be needed.

Clinical judgment, critical thinking, and advanced assessment techniques are some of the core competencies emergency nurses need to develop (Deng et al., 2024). These skills recognize time-sensitive situations and act accordingly. They also ensure competent practice at the most basic level, regardless of the education level or nursing background. Emergency nurses are usually involved in triaging patients, which requires advanced assessment skills and clinical judgment. These two competencies go hand-in-hand; in order to make clinical judgments, there needs to be a history of experience to draw from, thus the need for continuing education. Teamwork and communication within the health care team are also core competencies required in every nursing role, but more so in an emergency role. Wider public health awareness enhances team performance and efficiency. Teamwork is particularly challenging in a rural setting where professional isolation threatens safety and quality of care. Team training is important as it develops shared understanding and nurse's adaptability to different roles. Emotional resilience and adaptability in high-stress situations is a competency that many emergency nurses possess innately, but can also be developed through experience. Emergency nurses frequently deal with dying patients and have to navigate how to care for them while also managing their own emotions. Compassionate care goes beyond physical patient care; it also involves taking care of grieving families. With an ongoing global pandemic, public patience and understanding are wearing thin, meaning nurses must adapt constantly to the emotional toll of caring for critically ill patients.

These core competencies are essential for emergency nurses and are crucial for health care systems looking to expand emergency nursing roles. While a foundation of the competencies can be in place through education, many are developed through experience training nurses to take on new emergency roles. Like nursing as a whole, emergency nursing began as a response



to a crisis. As understanding of this specialty grows, so too should the roles nurses play within it.

4. Triage in Emergency Nursing

After the registration of a patient in the emergency room, patients are assessed and prioritized according to the urgency of their condition. This process is known as triaging. A triage area is identified in the emergency room where a nurse's first contact with the patient takes place. The triage nurse determines the urgency of the patient's condition and how quickly he/she needs to be seen by a doctor. If a nurse does the triage, it is important to assess the patient quickly but accurately, as the nurse alone makes the decision on prioritization (Blessing Olofinbiyi et al., 2020).

Most emergency departments have a formal triage system in place. A triage system usually has a set of categories and accompanying protocols. The categories describe levels of urgency and how a patient should be managed once they are triaged. Some emergency departments do not have a triage system in place and may rely on a verbal description of urgency to manage patients. This could be as simple as asking the patient how urgent they feel their condition is. Triage can be challenging, especially if there are many patients with an overwhelming need for care or if resources are limited. A triage nurse is responsible for the initial assessment of patients arriving at the emergency department and for deciding whether they need to be seen immediately, within a few hours, or if they can be treated in a different department. This requires quick decision-making and great experience and knowledge, as patients often have similar diagnoses. During an outbreak of a contagious disease, there may also be added difficulty with interpreting vital signs as well as the need for protective equipment.

Effective triaging is crucial during emergencies as it ensures patients receive appropriate care in a timely manner. Properly implemented triaging processes can vastly improve control over the flow of patients, making it possible to manage many patients within a short amount of time. In turn, this will significantly improve the outcome for patients. In situations where many patients are injured, the quick identification of those in the most critical condition is vital for ensuring survival. Therefore, many hospitals have developed standardized triaging processes. Having a triaging process in place also assists in ensuring that patient care is being performed adequately, objectivity in assessment, and that the responsibility of care is clear. However, having a process does not guarantee it will be successful. Some departments may struggle with the implementation of great triaging processes due to factors such as patient volume that exceeds what is considered possible for one nurse to handle, or patients being directed outside of the triage area for care. This can happen if a department is understaffed, most often in evenings, nights, and weekends, or if other departments care for patients they should not, undermining their assigned roles and responsibilities. Also, when patients with the same



injuries arrive at the emergency department as those with lower priority or when the order of arrival is disregarded.

5. Pediatric Emergency Nursing

Pediatric emergency nursing is a specialized field that addresses the unique considerations involved in caring for children in emergency situations. Children are not simply smaller versions of adults; therefore, assessment and treatment methodologies vary widely from what is familiar in adult emergency nursing. When responding to an emergency involving a child, the first course of action is to assess whether the child is okay. If intervention is necessary, there are significant differences in how the individual years are approached (Lehmann et al., 2019). The greatest emphasis in pediatric emergency nursing is placed on communication. Pediatric patients can often be very frightened and do not understand what is happening to them. For many procedures, it is necessary to involve the child's family, as they can often provide better insight regarding how to comfort the child during an otherwise frightening experience. The most common types of emergencies seen in pediatric emergency nursing include upper respiratory infections, asthma attacks, dehydration from gastroenteritis, head trauma from falls, and general injuries from playing. Treatment methodologies vary widely by age group, with the greatest emotional toll on the parent as they try to comfort their child while everything is happening.

Often, there are no quick fixes, and a great deal of one-on-one attention is necessary for both the child and the parent involved. It is not uncommon for parents to accompany children in emergency situations, and it is important to make every effort to keep them calm, as increased anxiety on the parent's part can magnify the child's fears. For nurses working in the ER, a great deal of emotional support needs to be provided, often medically, but also simply through the ability to listen and be there for families in crisis. Nurses specializing in pediatric emergency care need to attend a two-year program after completing their nursing degree, as well as a six-month orientation at the emergency room where they will be working. Pediatric emergency nursing differs from adult emergency nursing in terms of teamwork and collaboration. Many factors go into how emergencies are handled, but generally, the more severe the situation, the greater emphasis is placed on teamwork. Each paramedic and nurse in the ER knows their role, and the key to successful outcomes lies in how well the team executes its responsibilities.

6. Geriatric Emergency Nursing

As the Baby Boomer generation matures into older adulthood, emergency nurses face distinct challenges associated with geriatric emergency nursing. While older adults (65+) made up just 10% of the U.S. population in 1970, they will make up 20% of the population by 2030 (M. Hogan et al., 2010). This population is at an increased risk for emergency admission due to acute illness, exacerbation of chronic disease, trauma, or a combination of these events.



Physiological changes that accompany normal aging create a unique set of medical needs when older adults experience emergencies. In addition to age-related physiological changes, the prevalence of co-morbidities in older adults complicates their medical needs. Nurses addressing the needs of geriatric patients in the ED must be aware of how these co-morbidities and medications can exacerbate stress on other organ systems. An increasing number of emergency nurses are pursuing advanced practice roles in geriatric care due to the complexities of geriatric emergencies. EDs with geriatric emergency nurse (GERI) programs employ one or more nurses with focused training in geriatric care who respond to consult requests from triage nurses or primary care nurses for older patients. If a GERI nurse is not available, nurses providing triage and primary care to geriatric patients should employ effective communication techniques tailored for geriatric patients. These techniques include allowing extra time for responses, speaking slowly in a calm and quiet tone, maintaining eye contact, and assessing hearing acuity or providing visual aids as necessary. As older adults experience a unique set of medical needs in emergencies, understanding common geriatric emergencies is essential for nurses. Geriatric patients have a high incidence of altered mental status upon ED presentation. Changes in mental status can result from delirium, dementia, or depression. Delirium, a sudden change in cognition, attention, and perception, can be hyperactive, hypoactive, or a combination of the two. The complexity of geriatric patients presenting with altered mental status is compounded by the fact that psychiatric disorders may present atypically, or not at all. Care plans for geriatric patients should be individualized based on comprehensive assessments, considering multiple co-morbidities necessitating multiple pharmacological and non-pharmacological treatments. Understanding how co-morbidities can exacerbate the effect of medications on organ systems is critical. For example, a medication that may be appropriate for a patient with chronic kidney disease who is not also taking an ACE inhibitor may need to be avoided if the patient is taking an ACE inhibitor, as both medications impact renal function. Each state has the Nurse Practice Act, which outlines the scope of practice for registered nurses and advanced practice nurses. Geriatric scope of practice is not included in any state's Nurse Practice Act or rules and regulations, but several states have enacted provisions addressing geriatric care in other healthcare professions. Nonetheless, awareness of available training and resources is essential for nurses who wish to pursue focused knowledge on geriatric issues. Geriatric training programs are available through universities, hospitals, and professional organizations. In addition to the direct care responsibilities of addressing the medical needs of geriatric patients in the ED, emergency nurses become patient advocates for families who may feel overwhelmed by the complexities of caring for an older adult.

7. Psychiatric Emergency Nursing

The emergency department is often the front line for patients in psychiatric emergencies. A patient experiencing a mental health crisis has a unique presentation, requiring specialized assessment and intervention strategies. This population may have widely varying needs due to



neurological, psychological, or social concerns. Emergency nurses need to be equipped to address these needs. Mental health concerns frequently present as emergencies: substance abuse, suicide attempts or ideation, psychosis, history of violence, and self-harm are some examples patients may present with. The NANDA-International nursing diagnosis framework recognizes a category of nursing diagnoses related to safety and security. Patients experiencing psychiatric emergencies may fall into these categories (Chou & Tseng, 2020). They may be at risk for suicide, self-harm, or other-directed harm; they may have violent behavior, either planned or impulsive; or they may be noncompliant with treatment.

Assessing and triaging a patient in psychiatric emergency is challenging. A patient's mental status is often what is in crisis, and mental status is what the emergency nurse must assess. Basic demographic information may be obtained during the assessment interview: the patient's name, age, mental health history, substance use history, medications, and previous psychiatric hospitalizations are essential pieces of information for triage. An emergency nurse conducting a psychiatric evaluation must be aware of the unique presentation created by a patient's mental status change. All mental health assessment tools rely on communication for both assessment and intervention (Daniel Mothibi et al., 2019). For psychiatric emergencies, communication must be established with a patient who may be incoherent, disoriented, or unable to communicate. If a mental health crisis has escalated to physical crisis and a patient is behaving violently, communication may also be unsafe. A thorough understanding of de-escalation techniques is crucial for emergency nurses in these situations. Many emergency departments employ security staff trained in crisis intervention. A security officer can be an excellent partner for an emergency nurse; a nurse can approach the patient while a security officer ensures there is a safe physical distance. De-escalation focuses on non-threatening body language, maintaining a calm demeanor, and allowing the patient to talk. Still, safety must be the priority. A patient behaving violently may necessitate a containment intervention. If escorting the patient out of the waiting area, a staff member should remain in the department to alert the charge nurse and prepare an intervention team. An emergency nurse's unique role in patient care planning and implementation means safety interventions should begin as soon as possible after a patient arrives.

The mental health crisis is often compounded by medical emergencies. Substance abuse, whether stimulant, depressant, or otherwise, may result in poly-pharmacy toxicity or withdrawal. Trauma from a suicide attempt or injury of self-harm may necessitate immediate surgical assessment. Emergency nurses need to be aware of the potential for co-occurring medical emergencies. A psychiatric emergency will likely have legal ramifications. A suicidal patient or one who is a danger to others may require an emergency petition for psychiatric admission, a legal hold that mandates admission to an inpatient facility. Involuntary admissions are legally complex; the emergency nurse must ensure all documentation is complete and clear.



Involuntary detainment often leads to frustration in patients, resulting in non-compliance with treatment. All efforts to maintain therapeutic communication must continue, especially throughout the legal process. Still, if a safety intervention is needed, this must be prioritized over establishing rapport. Emergency nurses must rely on the expertise of mental health professionals in these situations. The emergency department is often not equipped to provide psychiatric interventions. If possible, a mental health professional should be involved before any use of restraint or sedation. With the wide variation of patient diagnoses and mental health histories, it is impossible to create a one-size-fits-all intervention. Collaboration with mental health professionals is key to a comprehensive plan. Emergency nurses should advocate for the safety needs of patients who experience a mental health crisis; however, it is essential to respect the role of mental health providers in planning therapeutic interventions. For intervening medications, emergency nurses must have a solid understanding of pharmacology principles and psychiatric medications. A psychiatric emergency may create the need for restraint and sedation, so it is vital to know what medications may be ordered and how they will affect the patient. While all emergency nurses must be trained on safe restraint procedures, it is a more significant intervention in psychiatric emergencies. Understanding a patient's risk factors is essential for ensuring safe implementation.

8. Trauma Nursing in the Emergency Setting

The assessment and management of trauma patients are some of the most challenging situations faced by nurses working in emergency settings. Trauma can be defined as an acute injury or multiple injuries that are life- or limb-threatening and result from high-energy disruption to the body (Xiang et al., 2022). The keys to successful outcomes in trauma are early recognition, rapid assessment, and intervention. Problems can arise in any part of the trauma setting and must be anticipated by all team members.

Mechanisms of trauma can be either blunt or penetrating. Common examples of blunt trauma include road traffic accidents, falls, and assaults. Life-threatening injuries commonly seen with blunt trauma are head injuries, chest injuries, abdominal injuries, and pelvic fractures. Examples of penetrating trauma include stab wounds and gunshot injuries. Common life-threatening injuries with penetrating trauma include abdominal and chest injuries (Sa et al., 2023). Protocols for the management of major trauma have been produced collaboratively by a number of organizations. The trauma team is typically made up of a number of different health professionals including doctors, nurses, and paramedics working together. With the recent introduction of trauma systems, the team will also include air ambulance paramedics and emergency medicine consultants. The coordination and collaboration of care between these different teams is essential for the successful management of trauma patients. A key role of the trauma nurse is to ensure that this collaborative and multidisciplinary approach to care is maintained.



Trauma nursing can be one of the most rewarding but also one of the most challenging areas of nursing. On a trauma call, a team of nurses and doctors enter the trauma room with a number of observations and treatments already planned. There is often a considerable amount of equipment that must be brought to the trauma room in a short timeframe, and this can be stressful for the trauma nurse. During the first few minutes of trauma care, the focus of efforts is directed by the team leader towards life-saving interventions. With the high-energy nature of many trauma cases, the trauma team is often managing multiple patients at the same time. The trauma nurse must ensure that they are working efficiently and effectively, and communication is critical. Trauma nursing can take an emotional toll as interventions such as resuscitation are not always successful, and coping with death can be particularly difficult for new nurses. Trauma deaths are typically classed as either potentially preventable deaths or non-preventable deaths. Many potentially preventable deaths occur prior to arrival in the emergency department or trauma room. Those that do arrive in the trauma room and who die within the “golden hour” are often due to a failure in the trauma care system, and these deaths are largely due to injury severity rather than individual error. Following a death, a major trauma mortality review is undertaken to assess the patient’s journey through the care system to determine whether standard protocols were followed and to address any shortcomings in care. Trauma audits highlight the importance of multidisciplinary team working and adherence to standard protocols in minimizing the number of traumatic deaths.

Recent innovations in trauma care have included the introduction of trauma advanced nurse practitioners who, along with the trauma co-ordinator nurse, attend to all trauma patients and are responsible for assessing the mechanism of injury and ensuring that trauma protocols are followed. A key aspect of the trauma nurse’s role is ongoing education and training. Regular in-house training helps to ensure that nursing staff are familiar with equipment and procedures and improves confidence during real trauma situations. In addition to in-house training, nurses must complete a 6-month trauma course which encompasses both theoretical and practical learning. Many of the practical aspects involve simulation training. One of the best practice examples in the trust is the use of simulation training. Following the completion of a practical session on a particular piece of trauma equipment, nurses can then watch video recordings of real trauma cases. This allows for a clear insight into the practical application of the equipment and encourages discussion among teams about the appropriateness of actions taken, thereby allowing reflection and identification of areas for improvement. Innovations in trauma care elsewhere include the use of simulation training to incorporate education on human factors following the recommendation that all serious incidents should include a review of the human factors involved.

Trauma nursing is a complex area of nursing that requires a high degree of specialization. As the care of trauma patients becomes increasingly sophisticated and dependent upon the



utilization of new technology, the importance of a highly trained and dedicated trauma nursing workforce will only increase.

9. Disaster Nursing: Preparedness and Response

Disaster nursing is a specialty within emergency nursing focusing on preparation for, response to, and recovery from disasters. Nurses play a critical role in disaster preparedness and response, and numerous essential skills are necessary for nurses to effectively respond to disasters. A disaster is defined as a serious disruption of the functioning of a community or a society involving widespread human, material, or environmental losses, which exceeds the ability of the affected community to cope using its own resources. Disasters can be natural or human-made and can include earthquakes, flooding, bioterrorism, explosions, and toxic spills (Grochtdreis et al., 2016). Regardless of the type of disaster, the effects on public health are similar. Disasters kill and injure people, force people to evacuate their homes and communities, disrupt or halt health care services, create barriers to accessing health care, damage or destroy health care facilities, cause mental stress, and disrupt the public health infrastructure.

There are several key concepts in disaster planning that need to be considered: triage, the process of determining the priority of patients' treatments based on the severity of their condition; the three phases of a disaster (preparedness, response, and recovery); the difference between mass-casualty incidents and disasters (disasters need to be managed on a community or system level because the resources available within the system are overwhelmed); and the importance of having all community and health system resources identified and mapped. Disasters have an immediate health impact, but they also have delayed health impacts that need to be planned for. A community has a disaster before it affects the community; therefore, planning and preparation protocols need to be in place. A community disaster plan should include the collaboration of health care organizations with various agencies and community resources. During a disaster, health care organizations take care of patients, while outside agencies take care of the disaster scenario. Planning for these collaborations on paper and conducting regular training seminars and drills is crucial to success. Furthermore, it is essential that all departments within a health care organization know and practice their role in the disaster plan. Several training programs including hands-on simulations are available to disaster preparation nurses and can be easily implemented. However, responding to disasters brings numerous challenges, and health care personnel do not always respond as planned. Strategies to mitigate these challenges include pre-disaster training, using an incident command structure, and having one person in charge of patient care and one person in charge of all other functions. Disaster nursing is a fundamental need and should be taught in all basic nursing programs.



10. Forensic Nursing in the Emergency Department

As one of the specialty areas of emergency nursing, forensic nursing explores the dynamic yet fragile intersection between the practice of emergency care and the legal system. Forensic nurses take the lead in trauma cases that involve but are not limited to criminal acts, in this case, the responsibilities of emergency department nurses expand and diverge from the basic principles of nursing care to integrate the methods and procedure of law enforcement (N. T. Abdool, 2006). Despite the chaotic nature of the emergency department and the multitude of priorities throughout the trauma “golden hour,” the preservation of evidence becomes the highest priority nursing care for forensic patients. Without a well-defined role as forensic nurses, nursing care for evidence chain of custody tends to be vague, resulting in evidence handling procedures that differ between emergency departments. This absence of defined roles creates a burden on emergency nurses unfamiliar with forensic principles but expected to handle evidence. Even within a single trauma center, discrepancies exist in how evidence is collected, documented, and transferred to law enforcement. Furthermore, the very presence of evidence in the form of a victim raises the unique challenge of care because the focus of nursing intervention shifts from life-preserving to sensitivity and confidentiality. All information regarding the mechanism of injury, previous personal history, or any trauma-related treatments must be withheld from everyone except the patient and the law enforcement officer assigned to the case. Although the patient may be in a life-threatening condition, nurses must begin the most detailed interview after a brief primary survey. Aside from the pre-existing knowledge of general trauma care, nursing staff dealing with forensic patients must possess specialized skills for conducting this interview and properly documenting the statement. In recognition of this growing need for nursing education, discussions regarding the role and importance of forensic nursing in emergency department trauma care focus on adult patients and gunshot-related injuries only. In addition to basic epidemiology, a general overview of law enforcement procedures regarding evidence and the vital role of emergency department nurses in preserving the evidence chain of custody is provided. Forensic nursing means the application of the nursing process to public or legal proceedings.

11. Ethical Considerations in Emergency Nursing

Emergency nursing is a specialty that is both exhilarating and exhausting, requiring specialized knowledge and quick decision-making in chaotic settings. Although emergency nurses perform many roles outside the hospital, there are essential considerations before entering these diverse settings. Safety, ethics, preparedness, and training are highlighted as critical factors. This section focuses on the ethical dilemmas faced by emergency nursing practitioners, who often find themselves in complex situations with moral implications.

Emergency nursing care is characterized by rapid, fragmented interventions in high-pressure, fast-paced, and hyper-stimulating environments. Life-and-death decisions are made with



patients often unconscious or unable to express their wishes, complicating respect for autonomy in care (Kumar et al., 2023). Informed consent is another ethical challenge, as the urgency of care can limit the ability to obtain consent. Resuscitation procedures may be performed before consent is given, particularly in cases of trauma, preventing patients from understanding the procedures to which they are subjected. The Code of Ethics for Nurses emphasizes that "nurses must protect the rights of patients, including confidentiality," yet patients in the emergency department are vulnerable and may be unable to protect their right to confidentiality (Coelho da Silva Duarte et al., 2024). The chaotic environment can lead to discussions of sensitive medical conditions in public areas, compromising confidentiality. Similarly, patient information may be shared with non-essential staff involved in care, breaching confidentiality.

The pressure of the environment also complicates ethical decision-making, often resulting in moral distress. Many emergency department nurses have experienced situations where care was not aligned with their understanding of what was best for the patient but were compelled to provide that care. In life-and-death situations, the inability to change the course of events despite understanding the best intervention also aggravates moral distress. Emergency code situations are illustrative of this complexity. Ethical dilemmas often arise during specific roles, such as triaging patients, which present unique moral challenges for emergency nursing practitioners. A case that demonstrates this quandary was presented: a 29-year-old man with a gunshot wound arrived at the emergency department while another patient already being treated questioned why he should wait when he had a higher Injury Severity Score (ISS). Ethics is often hidden in the background when it should be more central to emergency care. There must be a broader acknowledgment of the need for ethical guidelines in emergency care, not only for nursing but for all health professionals involved in this area of care.

12. Cultural Competence in Emergency Nursing

Cultural competence has been identified as a crucial element across nursing practice specialties, including emergency nursing. Given the diversity of patient populations seen in emergency and trauma settings, this aspect of nursing practice is worth exploration. Patients experience healthcare through the lenses of their own cultures which shapes their needs, beliefs, values, and expectations. It is essential that emergency nurses appreciate this cultural diversity and adopt appropriate communication strategies that respect cultural differences. Perceptions of health and illness, health-seeking behavior, openness to treatment, and responses to treatment are all strongly impacted by cultural beliefs (Costello et al., 2017). In recognition of the various components of cultural imperatives in emergency nursing, there is a call for educational training programs aimed at enhancing cultural competence amongst emergency nurses. Such programmes might involve exploring individual emergency nurses' belief systems, ideals, and preconceptions of different cultures; identifying potential barriers to the practice of culturally



competent care and strategies to overcome these; and research and education with respect to less dominant local cultures represented by patients presenting at emergency and trauma services. The provision of culturally competent care has been associated with improved patient outcomes. Conversely, a failure to provide culturally sensitive care may result in increased inappropriate use of services, unsafe discharges, patient dissatisfaction, and complaints (Bam et al., 2019). Since many patients arrive at emergency or trauma services without prior notification and with little opportunity or ability to convey details regarding cultural backgrounds, it is essential that emergency nurses be aware of, and adapt practice to, relevant cultural dynamics. Nonetheless, what constitutes cultural sensitivity in practice remains an area open for exploration. Furthermore, what patients perceive as culturally sensitive practices may not necessarily be congruent with the nurses' understandings of such practice. Hence, qualitative exploration as an avenue to expand the understanding of cultural matters in emergency nursing is warranted. Healthcare is delivered across a cultural backdrop that is often taken for granted. Being alive is in itself a cultural phenomenon which is manifested in a myriad of diverse ways.

13. Leadership and Management in Emergency Nursing

Leadership and management are essential components of every nursing specialty and emergency nursing is no exception. Emergency nurses take on a variety of leadership and management roles, both formally and informally, or are involved in specialties where these skills are essential to the success of the unit. Emergency department (ED) leaders such as charge nurses or nurse managers need specific training in leadership and management to be effective (J Zdradzinski et al., 2024). However, even emergency nurses not in formal leadership roles must possess leadership qualities to promote teamwork and collaboration on high-acuity and often chaotic units. In the emergency nursing specialty, there is a need for in-depth exploration of the qualities that highly influence good leaders and team dynamics, as well as the impact of good leadership on a department and patient care. Literature on management best practices is lacking, as well as how outside, departmental, or hospital resources can be used to develop these skills in emergency nursing practice. While management techniques, resource allocation, and policy implementation are often necessary parts of the job for nurses in leadership roles, there is a distinct lack of published literature on best practices in these areas. Literature discussing challenges in resource allocation and policy development exist and may serve as a good base, but more research on these topics would be beneficial to the nursing community. The focus will be put primarily on leadership qualities and strategies, but it is important to acknowledge the distinction between management and leadership, as well as the challenges involved in high-stress and chaotic environments.



14. Quality Improvement in Emergency Nursing

Quality improvement focuses on the processes by which quality is designed, sustained and enhanced within a service (Goenka et al., 2024). Within emergency nursing practices, a series of mechanisms exist for the evaluation of care delivery and patient outcomes. Services implement quality improvement initiatives pertinent to their contemporary issues addressing concerns raised through audits, patient complaints or incident reports. Quality improvement in emergency services is assessed through key performance indicators; metrics such as waiting time, length of stay, percentage of patients triaged within time and number of patients seen per hour are regularly collected. Such information provides continuous feedback on the service and highlights areas needing improvement. The engagement of stakeholders in quality initiatives is crucial for successful implementation. However, challenges exist, particularly in emergency settings also experiencing pressures with patient safety compromised by overcrowding and staff sickness (A Ogunlade et al., 2020). Most quality improvements rely on audit findings, necessitating collaboration across a multidisciplinary team to implement recommendations, such as the redesign of nursing triage and the development of a physician in-take pathway.

To assist emergency nurses in leading quality improvement projects, training programmes on data collection, monitoring and process improvement are needed. These could include basic statistical training, understanding audit methodology, group dynamics and action learning sets. Although progress has been made in enhancing quality across emergency services, improvements are often reactive rather than proactive. Nevertheless, continued commitment across emergency services to gain accreditation with robust systems for monitoring, maintaining and improving quality is evident. Emergency services worldwide face numerous challenges, but many are at the forefront in developing innovative practices to ensure excellence in emergency nursing care.

15. Emergency Nursing Research and Evidence-Based Practice

With the evolution of emergency care services worldwide, emergency nursing is a rapidly progressing specialty. New trends, roles, and innovations are emerging within this specialty. Despite the numerous challenges facing emergency care services globally, many opportunities for advancing emergency nursing practice exist (Bam et al., 2019). Emergency nursing is a developing specialty with new roles, responsibilities, and challenges. A general trend in emergency nursing worldwide is the growth of the specialty through new initiatives, programs, roles, and innovations in emergency care. Research is vital for emergency nursing specialty advancement. All emergency nurses must be aware of current emergency nursing research and innovations. Disaster care, pre-hospital care, trauma care, and acute care procedures are developing research areas in emergency nursing.



A culture of inquiry, quality improvement, and research should exist in all emergency departments. All emergency nurses should create opportunities to disseminate and discuss research findings and innovations in emergency nursing. Nurses should be encouraged to collaborate with higher educational institutions to conduct research studies in emergency departments. Nursing staff should also be trained in simple, cost-effective programs to enhance research or evidence-based practice competencies (E Humphrey, 2017). Interdisciplinary studies should be considered, as group studies regarding a single patient group or intervention may be easier to conduct. Designing research studies that consider other department activities or patient flow is highly recommended to minimize disruption. Research studies may be easier to conduct during low-patient-volume periods, such as night shifts in busy emergency departments. To ensure research studies are conducted, agreement from all decision-making levels is needed, as emergency department senior managers usually make decisions about daily operations.

Write-ups of innovative care changes, even without formal research, are necessary to share and inspire other emergency departments. Emergency nursing is a rapidly progressing specialty with challenges and opportunities for growth. Research and evidence-based practice are essential to emergency nursing specialty advancement. All emergency nurses should be aware of current trends, innovations, and research in emergency nursing. Discussions regarding research findings, innovations, and new trends in emergency nursing specialty should be encouraged among nurses. Collaborative research studies between emergency departments and higher educational institutions should be created, and nursing staff should be trained in conducting simple research studies or evidence-based practice projects.

16. Interprofessional Collaboration in Emergency Nursing

Interprofessional collaboration is an essential aspect of emergency nursing. In the emergency department, a diverse team of healthcare professionals, including emergency nurses, physicians, paramedics, and allied health staff, all play a role in delivering vital services to patients. Teamwork among these professionals is crucial in providing the best possible patient care (Al-Salloum et al., 2020). Collaborative practices contribute to the effective use of team skills, particularly in fast-paced settings like the emergency department. However, there is a need for clear communication regarding which team members will execute particular roles and responsibilities in terms of interprofessional collaboration. While role definitions may be apparent within certain professional groups, there can be a lack clarity in outlining the team approach.

The emergency department presents particular challenges in fostering interprofessional relationships. It is a high-pressure and unpredictable environment, with multiple team members from different professional backgrounds often attending to the same patient. Although there



are many opportunities to practice teamwork skills, these chances are often at a disadvantage as team members are forced to work together in stressful situations. Still, there are successful models of interprofessional collaboration in emergency settings. These typically focus on the roles of particular professions in collaborative practices. There is scope to conduct training programs to enhance teamwork skills among emergency nurses since this professional group is crucial in patient care coordination. Studies have shown that collaboration among professionals significantly improves workflow efficiency and patient outcomes by reducing repeat assessments and offering care alternatives. Thus, the importance and essential nature of interdisciplinary teamwork are apparent.

17. Emergency Nursing Education and Training

Emergency nursing is a specialty that can be practiced in a variety of roles, from entry-level to advanced practice for registered nurses. Most of the emergency nurses in a hospital setting are RN's who have a nursing diploma or degree from a college or university. Many developed countries have emergency nursing continuing education programs and certificate training for nurses wanting to specialize in emergency nursing. Although many nurses from developed countries with advanced training in emergency care choose to work in developing countries, there remains a lack of educational pathways and training in emergency nursing for developing countries. Nurses working in emergency settings therefore find themselves in a challenging situation with no formal education training or workshops to consider (Bam et al., 2019).

There are various levels of nursing education, as well as a variety of continuing education workshops and certificate training relevant to emergency care, from developed countries, that developing countries could adopt in part or as a whole. For example, in Ghana prior to treating a patient, a nurses assessment is limited to the general information verbally provided by the patients caregivers and a physical examination of the patient, whereas in developed countries, vital signs are routinely assessed prior to a patient being treated. Continuing education, specific workshops, and training on vital sign monitoring could be implemented in the Ghanaian emergency departments to address such gaps in care. Furthermore, emergency nursing training programs could be created to address specific competencies relating to emergency care. All programs are to integrate the following key competencies; 1) systematic approach to patient assessment, 2) develop and implement a plan of care, 3) understand and manage life-threatening conditions, 4) provide safe administration of medications, and 5) management and evaluation of care. Competencies 1-3 are to be integrated into training programs for nurses working in emergency settings, while competencies 4-5 are to be optional dependent on resources available for education in a specific country (Grochtdreis et al., 2016). It is necessary to use a combination of education techniques in training programs with an emphasis on hands-on experience, as simulation training alone may not be enough to effectively educate nurses in emergency settings. Finally, as a means to facilitate skilled practitioners, mentorship programs



should be considered to further develop skills acquired in training and workshops. Though educational pathways for emergency nursing in developing countries may face significant challenges, such as a lack of resources, educators, or finances or budget constraints, some programming could be inexpensive to implement and could progress emergency nursing education. For example, in Ghana, emergency departments are currently only equipped with triage tools and vital signs monitoring equipment for temperature, pulse, respiration, and blood pressure. Responding to these challenges would progress efforts to implement educational pathways for emergency nursing.

18. Technology and Innovation in Emergency Nursing

Emergency nursing practice is continually evolving, influenced by the emergence of new technologies, tools, and innovations. These advancements have significantly affected how patients are assessed, treated, and monitored. Various new technologies are already in practice or on the brink of implementation. Some tools help emergency nurses become more efficient with patient care and nursing tasks. Others assist with patient care delivery, whether performed directly by emergency nurses or other healthcare professionals (Li et al., 2012). With the ever-growing focus on and implications of new technologies in healthcare, it is crucial for emergency nurses to be aware of emerging tools and how they can be applied in practice.

Although the goal is to enhance patient care delivery, it is essential to recognize that not all problems should be corrected with technology. While the appropriate use of technology can increase efficiency in daily workflow, it can also create unneeded challenges. Furthermore, it is difficult to avoid technology entirely, as it has become fully integrated into existing workflows. Therefore, it is imperative to remember that technology and innovation should support patient care rather than distract from it. Another critical point is that existing technologies should be used to their full potential before focusing on new innovations. To ensure these points are considered, ongoing education and training in technology for emergency nurses should be a priority for emergency department management.

Although still a work in progress in some areas, some technologies have the potential to dramatically change emergency nursing practice. The most discussed innovations in emergency care are telehealth and its possible variations. Even before the COVID-19 pandemic, telehealth had many applications in emergency settings. Moreover, the pandemic necessitated even greater leaps forward in using this technology. Although recognized as a game-changer in emergency care, many hospitals have yet to utilize telehealth. The significance of innovation is recognized, but further development requires prioritization. Other rapidly developing technologies are digital health records. While deemed essential for documenting and tracking patient care, a uniform health record system has yet to be implemented. It is crucial to be aware of the possible implications of technology on patient



privacy and the security of their sensitive data. In light of recent data breaches, it is imperative to ensure that technology has the opposite effect and protects patient data rather than puts it at further risk.

19. Global Perspectives in Emergency Nursing

Introduction to Global Perspectives in Emergency Nursing Emergency care is an essential aspect of all health care systems, influenced by various factors like geography, economics, education, and culture. The development and functioning of emergency care systems vary across nations, cultures, and communities, reflecting differences in beliefs, values, and environmental adaptation (M. Patiño et al., 2022). As globalization and global health agendas reshape emergency systems, it is crucial to examine how local realities engage and respond to international regulations. Understanding the global perspective of emergency care systems—what is similar, what is different, and why—is vital for cultural and contextual adaptation of best practices and effective worldwide initiatives.

Global Overview of Emergency Nursing International regulations promote the development of emergency care systems, recognizing emergency care as an essential health service. However, despite the global movement, emergency care systems are rudimentary in most low- and middle-income countries, leading to the need for a broader global perspective on systems, services, and socio-political realities (Bam et al., 2019). In addition to resource limitations, emergency nurses face the challenge of adapting to the demands of a well-resourced nurse-centered emergency care continuum while dealing with the realities of different standards of emergency care. Effective emergency care requires an understanding of local contexts, demands, and nuances. Consequently, cultural awareness is essential when transferring emergency care systems and practices worldwide.

Developing emergency care systems and practices should begin with a local/global engagement model, understanding shared global issues while recognizing local complexities. Nonetheless, a transnational cultural shift—considering local realities in developing emergency systems and practices—is needed. Currently, diverse local responses to transnational emergency nursing cultural shifts are observed. Some local settings swiftly embrace change, while others critically examine ongoing processes or neglect them altogether. Worldwide, emergency nurses aspire to develop similar roles, responsibilities, and practices, facing analogous challenges. Therefore, efforts to share and comprehend diverse local responses are warranted.

Health challenges and services cross local, national, and regional boundaries, demanding a collaborative global/local response. Global health partnerships should focus on how globally shared health challenges are contextualized and responded to locally rather than what actions should be taken. Such an approach facilitates understanding of local/global engagement



models, helping recognize possible transnational cultural shifts that should be avoided or elaborated upon.

20. Professional Development and Career Advancement in Emergency Nursing

Exploring opportunities for professional development and career advancement is an important part of enhancing emergency nurses' specialty skills and competencies. Most nurses entering emergency nursing practice begin in the triage or treatment area of the emergency department as a staff nurse. Advancement options include positions as charge nurses, clinical nurse educators, nurse practitioners, nurse managers, or directors. Growth of the emergency department may also allow for advancement into positions as trauma program managers or community outreach coordinators. The emergency department can also provide a foundation for roles outside of emergency nursing practice in education, flight nursing, or leadership positions within hospital systems or local, state, or national emergency agencies .

Participating in a robust orientation and training program, mentorship, and having prior experience in emergency nursing can help with the transition to the emergency department practice environment. Most of the focus group participants in the study expressed a desire to be mentored during the transition period but perceived that mentoring did not occur or that mentors were not readily available. Mentorship and networking with others in the nursing field could facilitate career development and is something emergency nurses should foster. Advancement in emergency nursing practice can take many forms, but continuing education and specialized training programs play a large role in professional development. The ability to attend courses outside of the hospital or to participate in training courses can help emergency nurses stay current with trends and issues.

Though many programs are available to assist nurses in pursuing education and certifications, obstacles exist. Time constraints and staffing issues play a large role in emergency nurses' ability to pursue advancement. The pace of the emergency department often requires that staff nurses take on many roles and responsibilities throughout a shift, resulting in little time for continuing education or preparation for certification exams. Emergency nurses often express feelings of chaos and a lack of control over the work environment, which is compounded by the unpredictable nature of the patient population. Despite the many challenges, administration support and the opportunity to attend courses play a key role in nurses' decisions to pursue education and certification. Ultimately, emergency nursing provides many opportunities for career fulfillment through the promotion of lifelong learning, advancement in specialized skills, and increased professionalism.

21. Conclusion and Future Directions in Emergency Nursing

In conclusion, this comprehensive discussion has explored various aspects of emergency nursing specialties, including clinical nurse specialists, advanced practice nurses, triage nurses,



educator roles, and research nurses. Each specialty has been examined in terms of its unique role, responsibilities, challenges, and impacts on patient care. Emergency nursing is a dynamic specialty that addresses an increasingly changing environment due to social evolution, demographic shifts, and advancements in healthcare technology. Current trends shaping the future of emergency nursing include outpatient services, public health integration, technology incorporation, interdisciplinary approaches, patient empowerment, workforce transformation, and expanded roles. Ongoing education, research, and innovation are essential for emergency nursing to grow and effectively meet community health needs (M. Schultz, 2014).

After exploring the diverse roles of emergency nurses, attention has been drawn to some future challenges these nurses may face. As technology continues to advance, it provides opportunities for change but also presents challenges in adjusting to new developments. Close interaction with robotic technology may lead to shifts in the role of emergency nurses and other caregivers. In line with technological changes, healthcare policies are shifting from institutional to home-based care, placing more responsibility on patients. Patients are becoming caregivers themselves, which poses significant challenges for those with limited healthcare knowledge. As emergency nursing specialties continue to evolve and grow, it is imperative to engage in lifelong learning for development and improvement efforts. Standards, policies, and procedures need to be re-evaluated and adjusted to keep pace with changes. Improvement in patient care will only occur if all professionals collaboratively address these developments and changes.

Emergency nursing specialties are diverse and dynamic, playing a vital role in providing holistic and patient-centered care. Choices on how to practice emergency nursing should be considered, as the specialty offers various options to embrace. Ultimately, these choices will impact the care provided to patients in need.

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