



Bridging the gap: How investing in advanced practice nurses could transform emergency care in Africa

Abdulqadir J. Nashwan RN, MSc, PhD(c)^{1,2}  | Marwa M. Shaban RN, PhD³  |

John Bosco Kamugisha RN, MSc^{4,5}

¹Department of Public Health, College of Health Sciences, QU Health, Qatar University, Doha, Qatar

²Department of Nursing, Hamad Medical Corporation, Doha, Qatar

³Community Health Nursing Department, Faculty of Nursing, Cairo University, Giza, Egypt

⁴Global Emergency Care, Masaka, Uganda

⁵Mbarara University of Science and Technology, Mbarara, Uganda

Correspondence

Mr. Abdulqadir J. Nashwan, P.O. Box 3050 Doha, Qatar.

Email: anashwan@hamad.qa

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Abstract

Aim: This paper aims to highlight the vital importance of investing in advanced practice nursing (APN) for enhancing emergency care throughout Africa.

Background: APN's role is increasingly recognized as pivotal in optimizing healthcare, particularly in emergency settings in Africa. It offers improved patient care quality and strengthens the healthcare workforce.

Sources of evidence: Evidence is drawn from successful implementations of APN in various healthcare environments. This includes the development of APN-specific curricula and training, mentorship initiatives, clinical supervision, and defining advanced nursing roles within healthcare organizations. Investing in APNs in emergency care in Africa can lead to improved quality and access to care, cost-effectiveness, enhanced patient outcomes and satisfaction, and opportunities for professional development and career advancement in the healthcare workforce.

Discussion: Despite facing barriers in implementation, APN in emergency care presents innovative solutions. Investing in APN can help healthcare entities and policymakers surmount these challenges, providing specialized patient care and improving health outcomes. The discussion emphasizes the benefits such as enhanced access to care, reduced healthcare costs, and improved patient outcomes, alongside bolstering the healthcare workforce.

Conclusion: The necessity and benefits of investing in APN for emergency care in Africa are clear. It is crucial for improving healthcare delivery and outcomes.

Implications for nursing practice: APN investment leads to a more competent and efficient nursing workforce, capable of addressing complex emergencies and improving patient care.

Implications for nursing policy and health/social policy: The paper advocates for policies that support APN development and integration into the healthcare system, emphasizing the need for research to assess APN's long-term impact and establish best practices for its implementation in emergency care across Africa.

KEYWORDS

Advanced practice nursing, Africa, African countries, APN curriculum and training, clinical supervision, emergency care, healthcare policy in Africa, healthcare workforce development, mentorship in nursing

BACKGROUND

Emergency care in Africa faces numerous challenges, including limited access to care, inadequate infrastructure, medical

supplies, and a shortage of healthcare workers. These challenges are particularly acute in low- and middle-income countries, where emergency services are often underfunded and understaffed (Badolo et al., 2022; Ladd et al., 2020). One

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potential solution to address these challenges is the development and investment in advanced practice nurses (APNs) in emergency care.

APNs are healthcare professionals with advanced training and specialized skills who can provide high-quality care to patients with complex healthcare needs. In the emergency care setting, APNs can be crucial in triaging and managing patients, coordinating care, and educating patients and families (Woo et al., 2017). However, in many African countries, the concept of APN is relatively new, and their role in emergency care needs to be well established. Emergency nurses with postgrad diplomas possess specialized knowledge in emergency care. APNs, however, have broader clinical competencies due to advanced training, enabling more independent patient management (O'Grady, 2008). Although postgrad emergency nurses receive robust training, APN training offers deeper expertise.

APNs in emergency care is an emerging field that has the potential to improve the quality of care and patient outcomes in Africa. APNs are highly trained and skilled nurses who can provide comprehensive care to patients in emergency settings. These nurses have advanced clinical knowledge and skills and they can provide specialized care in areas such as critical care, trauma care, and emergency medicine (Wallis, 2020), as a study outlined a curriculum to teach point-of-care ultrasound (POCUS) to nonphysician clinicians (independent advanced practice providers) in a rural Ugandan emergency department (Stolz et al., 2015). Over 4.5 years, these clinicians performed 2,185 POCUS assessments on 1,886 patients, more frequently than traditional radiology. Positive findings were recorded in 46% of the assessments, demonstrating the successful integration of POCUS into their practice (Stolz et al., 2015).

APNs play a vital role in emergency care in Africa by providing high-quality care to patients and improving overall health outcomes (Galana-Camacho et al., 2018; Wallis, 2020). These nurses can order relevant investigations, diagnose, and treat a wide range of conditions and are often involved in the management of critically ill patients, including doing medical procedures that can save patients. In addition, they can provide holistic support and health education to patients and their families, improving patient satisfaction and overall health outcomes (Chimezie & Ibe, 2019). However, despite the potential benefits of APN in emergency care, there are still significant challenges to their implementation and integration into healthcare systems in Africa. These challenges include a need for recognition and understanding of the role of APNs, limited resources and funding, and a shortage of trained and skilled APNs. Lack of curricula in emergency care is also a big issue concerning APNs; limited trainers to run the courses also affect the implementation of APNs in Africa.

To overcome these challenges and promote the integration of APN in emergency care in Africa, there is a need to introduce curricula for APN, increase investment in training and education for APNs, and increase recognition and support from healthcare organizations and policymakers. There

is also a need for research to evaluate the impact of APN in emergency care in Africa and identify best practices for their implementation.

AIM

This paper aims to explore the potential benefits of investing in APNs in emergency care in Africa. Also, we provide a brief overview of the challenges faced by emergency services in African countries, discuss the potential advantages of investing in APNs, and provide examples of successful implementation of APNs in other healthcare settings. Ultimately, we aim to promote further investment in APNs and advance African emergency care.

SOURCES OF EVIDENCE

Recent studies have shown the potential benefits of APN in emergency care in Africa. For example, a study conducted in South Africa found that implementing a nurse-led trauma service was associated with improved patient outcomes, including reduced mortality rates and shorter hospital stays; however, the enhanced outcomes might be seen as a result of both system- and nursing-related contributions, illustrating the importance of integrating nursing expertise within the trauma care system to improve patient outcomes (Christmals & Armstrong, 2019a, 2019b; Wearmouth & Smith, 2019). Similarly, a study conducted in Nigeria found that utilizing APNs in emergency care was associated with improved triage and patient outcomes (Chimezie & Ibe, 2019). A study in Uganda also showed that investing in APNs increased access to emergency care and improved the quality of care and cost-effectiveness of care provided (Terry et al., 2012).

Another study evaluated the impact of implementing an advanced practice nurse-led trauma service in a South African emergency department. The intervention involved training APN to provide trauma care and lead the trauma team. The study found that implementing the trauma service was associated with improved patient outcomes, including reduced mortality rates and shorter hospital stays (Wearmouth & Smith, 2019). This was similarly done in Uganda, where nurses were trained to provide care to trauma patients, and this showed a reduction in fatality rates compared with other rates in regions (Chamberlain et al., 2015).

Another review article discussed the current state of APN in emergency care in South Africa and the challenges and opportunities associated with its implementation. The article highlighted the need for increased investment in training and education for APN in South Africa and increased recognition and support from healthcare organizations and policymakers. The article also discussed the potential benefits of collaboration between APN and other healthcare professionals in emergency care settings (Christmals & Armstrong, 2019b).

DISCUSSION

These studies demonstrate the importance of specific interventions and approaches in promoting APN integration in Africa's emergency care. These interventions and approaches include training and education programs, mentorship and clinical supervision, and collaboration between APN and other healthcare professionals. Previous studies explained the potential benefits of investing in APNs in emergency care in Africa.

Firstly, improved quality of care; APNs in emergency care are highly trained and skilled and can provide specialized care to patients in emergency settings. Investing in APNs can help to improve the quality of care provided to patients, leading to better health outcomes and increased patient satisfaction. This cadre of professionals is exceptionally equipped to manage a significant portion of patients autonomously, without the need for direct physician oversight. Their comprehensive skill set includes admitting patients, performing thorough examinations, ordering relevant investigations, and deciding on the best course of action or disposition. Additionally, they are adept at executing minor procedures such as incision and drainage, surgical toilet, suturing, and removal of foreign bodies. Beyond clinical tasks, they hold a pivotal role in teaching and mentoring, ensuring the perpetual transfer of their knowledge and expertise. Their proficiency also shines in conducting point-of-care ultrasounds, a tool often crucial in emergency settings. Further enriching their versatility, they have experience in the prehospital environment, adeptly managing calls and overseeing the dispatch of ambulances.

Secondly, increased access to care, as in many parts of Africa, healthcare professionals have a shortage, particularly in rural areas. APNs can help to address this shortage by providing care in underserved areas and improving access to emergency care services for patients. Thirdly, with reduced healthcare costs, APNs in emergency care can provide comprehensive care to patients, which can help to reduce healthcare costs by reducing the need for additional testing and procedures. In addition, APNs can educate and support patients and their families, which can help reduce the need for hospital readmissions.

Fourthly, improved patient outcomes. Studies have shown that utilizing APNs in emergency care is associated with improved patient outcomes, including reduced mortality rates, shorter hospital stays, and improved triage and treatment of patients (Brooten et al., 2002; Woo et al., 2017). Fifthly, enhanced healthcare workforce, where investing in APNs in emergency care can help to enhance the healthcare workforce in Africa by providing opportunities for professional development and career advancement. This can attract and retain skilled healthcare professionals, leading to a more stable and sustainable healthcare workforce.

Investing in APNs, healthcare organizations, and policymakers can help address the challenges facing emergency care in Africa and improve the overall health and well-being of the population. Furthermore, the creation of this professional cadre arose from the need to reduce patient waiting

times, especially in outpatient settings and theaters. Their introduction relieved system bottlenecks and allowed specialists to address more complex cases. These practitioners work collaboratively, often consulting with specialists to ensure comprehensive care. Although emergency nursing is advancing in countries like South Africa, Ghana, Tanzania, and Kenya, nations like Uganda are still embracing this specialty. Collaboration with educational authorities aims to solidify training curricula. Highlighting the significance of this cadre, particularly in Africa, underscores the urgent need for its development and training investments.

A study conducted by DiFazio and Vessey to examine implications for initiating APRNs in emergency care across Africa found that emergency care was uneven or unavailable and might result in unnecessary morbidity and mortality (DiFazio & Vessey, 2014). Many African countries recognized the lack of integrated emergency care as a significant public health need and sought to improve their infrastructures to address this concern. For example, Malawi, Mozambique, Sierra Leone, and South Africa had national efforts to improve transportation, communication, and triage. Fully integrated efforts, however, still need to be improved. Nurses were the only professionals available to care for individuals requiring emergency care in many African communities. Frequently, they needed to practice beyond their scope of education or credentialing. Introducing APNs can ensure more structured, effective, and specialized care, addressing the gap in emergency services and enhancing patient outcomes in underserved areas.

A study done by Brysiewicz et al. to describe the development of emergency nursing in Africa and to explain the operational challenges and successes, as well as the lessons learned to assist with future planning, found that the development of the African Emergency Nursing Framework (AFEM) served as a template to visualize the direction of emergency nursing development and was key to the creation of subsequent activities (Brysiewicz et al., 2021). The support of AFEM leadership and the AFEM interns needed to be acknowledged for the essential part they have played in ensuring the success of the AFEM Nurses Work Group. In addition, they recommend that emergency nurse champions be identified depending upon the willingness of the African emergency nursing fraternity to embrace the spirit of change for the benefit of emergency populations, and this is achieved by increased reach, collaboration with policymakers and governments as well as health service employers.

Implementing diploma training in emergency care in Uganda has improved patient outcomes at Masaka Hospital, Nyakibale Hospital, and Mbarara Teaching Hospital (Carne et al., 2012). These examples demonstrate the potential benefits of investing in APN in emergency care in African countries. Providing specialized training and support to APNs, healthcare organizations, and policymakers can help improve the quality of care provided to patients in emergency settings, leading to better health outcomes and increased patient satisfaction. Furthermore, Diploma/postgrad emergency nurses typically undergo foundational training focusing on general

emergency care, equipping them to handle a variety of urgent medical situations. Their training is usually more generalized and may not delve as deeply into specific specialty areas. On the other hand, APNs receive a higher level of training that encompasses specialized clinical competencies, allowing them to diagnose, treat, and manage patients more independently. APNs often have the expertise to prescribe medications, interpret advanced diagnostic tests, and collaborate closely with physicians on complex cases. Essentially, although both are integral to patient care, APNs have a broader and deeper clinical scope due to their advanced training.

There were potential barriers or challenges to implementing APN in emergency care in Africa as a need for recognition and understanding of the role of APNs. In many African countries, there needs to be more recognition and understanding of the role of APNs in emergency care. This can lead to a lack of support for APNs and make integrating them into healthcare systems difficult—limited resources and funding. Implementing APN in emergency care requires significant resources and funding, including funding for education and training programs, equipment, and staffing. Many African countries may need more resources and funding to support the implementation of APN in emergency care.

Additionally, there needs to be more trained and skilled APNs. There is a need for more trained and skilled APNs in many African countries, making implementing APN in emergency care difficult. This shortage may be due to a lack of educational programs and training opportunities for APNs and a lack of recognition and support for APNs—as well as resistance from healthcare organizations and policymakers. Healthcare organizations and policymakers may resist the implementation of APN in emergency care due to concerns about the cost and feasibility of the intervention. This resistance can make gaining support for implementing APN in emergency care difficult. In some African countries, there may be regulatory barriers to implementing APN in emergency care, such as restrictions on the scope of practice for APNs or limitations on using certain medical procedures or medications (Kleinpell et al., 2014). These regulatory barriers can make it difficult to implement APN in emergency care and can limit the ability of APNs to provide comprehensive care to patients.

Moreover, cultural, and social factors can also pose challenges to implementing APN in emergency care in Africa. For example, patients may be more comfortable receiving care from physicians rather than nurses, or there may be cultural taboos around certain medical procedures that may limit the ability of APNs to provide care, in addition to the lack of collaboration between healthcare providers. The lack of collaboration between healthcare providers, including physicians and nurses, can also pose challenges to implementing APN in emergency care (Geyer & Christmals, 2020). With collaboration and support from other healthcare providers, APNs may be able to integrate into healthcare teams and provide comprehensive care to patients.

Addressing these barriers and challenges will be critical to implementing APN in emergency care in Africa. This

may require increased investment in education and training programs for APNs and increased recognition and support from healthcare organizations and policymakers. It may also require changes to regulatory frameworks and cultural attitudes toward APNs and their role in emergency care.

In conclusion, our review highlights the potential benefits of investing in APNs in emergency care in African countries. APNs in emergency care are highly trained and skilled and can provide specialized care to patients in emergency settings. Our review also identifies several successful interventions and approaches that have been used to promote the integration of APNs in emergency care in African countries, including the development of APNs curricula and training programs, the use of mentorship and clinical supervision, and the establishment of APN roles and responsibilities within healthcare organizations. However, our review also highlights several barriers and challenges to the implementation of APNs in emergency care in African countries, including a lack of curricula, recognition and understanding of the role of APNs, limited resources and funding, a shortage of trained and skilled APNs to run the program, resistance from healthcare organizations and policymakers, regulatory barriers, cultural and social barriers, a lack of collaboration between healthcare providers, and a lack of training institutions to run the APNs training. The implications of our review for practice and policy in African countries are clear. Healthcare organizations and policymakers must invest in the education and training of APNs in emergency care, as well as provide the necessary resources, licensing, curricula, and support to integrate them into healthcare systems. This investment will improve the quality of care provided to patients in emergency settings, increase access to care, reduce healthcare costs, and enhance the healthcare workforce in African countries. Finally, we recommend further research to evaluate the impact of APNs in emergency care in African countries and to identify best practices for its implementation. Research should focus on the specific interventions and approaches that have successfully promoted the integration of APNs in emergency care in African countries, as well as the barriers and challenges that must be addressed to support the successful implementation of APNs in emergency care. This research should also focus on the long-term impact of APNs in emergency care on patient outcomes, healthcare costs, and the healthcare workforce in African countries.

IMPLICATIONS FOR NURSING AND HEALTH POLICY

APN investment leads to a more competent and efficient nursing workforce, capable of addressing complex emergencies and improving patient care. This paper advocates for policies that support APN development and integration into the healthcare system, emphasizing the need for research to assess APN's long-term impact and establish best practices for its implementation in emergency care across Africa via considering a multifaceted approach.

First, emphasize workforce development and specialization, highlighting the need for specialized training for APNs in areas like emergency care, pediatric nursing, and chronic disease management. This specialization enhances the nursing workforce's ability to handle diverse health challenges. Additionally, advocate for sustainable APN roles through supportive health policies, ensuring fair remuneration, career progression, and recognition of their integral roles in healthcare delivery. Complement this with the importance of ongoing research and evidence-based practice, particularly in emergency care settings crucial in African contexts. This focus on research will guide the establishment of best practices and effectiveness evaluation of APNs.

The second aspect involves cultural competence, community engagement, and the integration of technology in APN education and practice. APNs should be equipped to deliver culturally competent care and engage effectively with diverse communities, a critical aspect of the African healthcare landscape. Incorporating technology, like telemedicine and digital health records, enhances patient care and healthcare access. Furthermore, underline the importance of interdisciplinary collaboration, where APNs work alongside other healthcare professionals for comprehensive patient care. Incorporate global health perspectives in APN training to provide insights into tackling similar challenges worldwide, and advocate for APN participation in international partnerships and learning opportunities.

Thirdly, discussing the broader implications including policy influence, healthcare economics, and ethical considerations. APNs should be involved in health policy-making, leveraging their frontline experience to contribute to effective health strategies. Address the economic benefits of integrating APNs into healthcare systems, emphasizing their role in providing cost-effective, high-quality care. Conclude with the ethical aspects of APN practice, emphasizing the importance of upholding patient rights and privacy. This comprehensive approach to policy and practice implications will significantly enhance the role and impact of APNs in the African healthcare context. It is recommended that future research include an economic analysis of APN practices to provide a solid foundation for supporting the investment in APNs within Africa. This analysis would help to quantify the financial benefits of integrating APNs into the healthcare system, thereby offering compelling evidence to policymakers and healthcare providers about the value of expanding APN roles.

Lastly, in African countries, policies affecting APNs often lack clarity and support for their roles, creating a need for legislative frameworks that recognize and empower APNs in emergency care. The curriculum for APNs requires enhancement to cover advanced clinical skills, leadership, and decision-making, reflecting the complex needs of emergency departments. These departments frequently face shortages of medical professionals, high patient loads, and diverse medical emergencies, underscoring the necessity for APNs who can provide comprehensive care, manage critical cases, and improve healthcare outcomes in resource-constrained settings.

AUTHOR CONTRIBUTIONS

Conceptualization: Abdulqadir J. Nashwan, Marwa M. Shaban, and John Bosco Kamugisha. *Manuscript writing:* Abdulqadir J. Nashwan, Marwa M. Shaban, and John Bosco Kamugisha. *Critical revisions for important intellectual content:* Abdulqadir J. Nashwan, Marwa M. Shaban, and John Bosco Kamugisha. All authors read and approved the final manuscript.


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CONFLICT OF INTEREST STATEMENT

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

ORCID

Abdulqadir J. Nashwan RN, MSc, PhD(c)  <https://orcid.org/0000-0003-4845-4119>

Marwa M. Shaban RN, PhD  <https://orcid.org/0000-0002-7966-8796>

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