

Perspectives of Physicians Related to Advanced Practice Nursing in Emergency Departments in Morocco: A Qualitative Descriptive Study

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Abstract: Advanced practice nursing roles are being developed in Morocco to address growing demands on emergency departments, yet physicians' perceptions of these roles remain poorly understood. The international literature highlights that contextual factors are crucial to the success of advanced practice nursing integration, with physicians as key stakeholders whose collaboration and support are considered essential. A qualitative descriptive study was conducted between June and September 2025, using semi-structured interviews with emergency physicians at a university hospital in Morocco. Participants were selected through purposive sampling, and interviews were audio-recorded, transcribed verbatim, and analyzed using an inductive thematic analysis approach. Nine physicians participated in the study and analysis generated five main themes: 1) The concept of advanced practice nursing: integrating autonomy, technical expertise, and standardized care; 2) Optimizing patient care through the advanced practice nurses: the clinical and organizational pivot; 3) The multidimensional challenge of implementing advanced practices; 4) Prerequisites for successful integration of advanced practices; and 5) The strategic path: the catalytic national context. Overall, physicians recognized the potential of advanced practice nurses to optimize emergency care delivery while highlighting substantial legal, organizational, and cultural barriers to their implementation. These findings require Moroccan emergency nurses to undertake three measures: advocate for a clear regulatory framework that defines the advanced practice nurse's scope of practice and legal protections; strengthen educational programs to build physicians' confidence through interprofessional collaboration; and capitalize on opportunities within the Moroccan context to advance the nursing profession. By taking these actions, nurses can ensure safe, effective, and sustainable integration of advanced practice nursing roles in Moroccan emergency departments.

Keywords: Advanced practice nursing, Emergency nursing, Physicians, Qualitative description

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Introduction

The concept of advanced practice nursing (APN) has significantly evolved in many countries since its origins in North America in the 1960s, becoming a cornerstone of modern healthcare systems worldwide. APN is currently growing at an accelerated rate. It was introduced specifically to better meet the care needs of and improve access to services within the healthcare system.¹ The International Council of Nurses (ICN) defines an advanced practice nurse as “a generalist or specialized nurse who has acquired, through additional graduate education (minimum of a master’s degree), the expert knowledge base, complex decision-making skills and clinical competencies for Advanced Nursing Practice, the characteristics of which are shaped by the context in which they are credentialed to practice.”^{2(p.6)}

Several Arab nations have moved to integrate APN roles. Leading this effort, Saudi Arabia became the first Arab country to establish dedicated master’s degrees in nursing programs for this purpose in 1990.³ Other nations, including Oman, the United Arab Emirates (UAE), Qatar, and Jordan, have since followed Saudi Arabia. Internationally, the roles of advanced practice nurses (APNs), including nurse practitioners, have demonstrated a substantial positive impact on healthcare delivery. The Moroccan healthcare system, particularly its hospital emergency departments, is facing immense and growing pressure. Characterized by chronic overcrowding, these departments see an annual influx of over six million patients, representing an annual increase of approximately 10%.⁴ This congestion is exacerbated by a critical shortage of qualified human resources. Emergency care relies heavily on general practitioners and physicians-in-training, who often work with limited supervision.⁵ Concurrently, although nursing staff are numerous, their specialized training in emergency care remains limited, relying predominantly on on-the-job experiential learning.⁵ This situation results in degraded working conditions, prolonged waiting times, and challenges in maintaining the quality and

safety of patient care. Furthermore, Morocco’s growing burden of chronic and complex care has necessitated the development of advanced practice nursing,⁶ yet research on stakeholder perceptions remains scarce, with only one study to date examining nurses’ familiarity with the role.⁷

To address these challenges and in line with the strategic orientations of framework law No. 06/22,⁸ Morocco has initiated an ambitious reform of its health care system. Under the leadership of the Ministry of Health and Social Protection, a pivotal development was the launch of various clinical master’s programs within the higher institutes of nursing professions and health techniques in 2016. Since 2022, two master’s programs in advanced practice, including emergency care, have been launched at the public Higher Institute of Nursing Professions and Health Techniques (ISPITS) and parallel private institutions.⁹ This strategic move aims to develop a cadre of highly skilled nurses to address the system’s specific needs. However, the effective implementation of these new roles is a complex process that extends beyond academic training. Global literature underscores that the success of APN integration is highly dependent on contextual factors, with stakeholders’ acceptance and collaboration appearing pivotal.^{10,11} These can significantly influence the scope of practice, interprofessional collaboration, and the ultimate sustainability of the APN role. Potential barriers, such as resistance from the medical profession, ambiguity in role definition, and the absence of a supportive regulatory framework, are well-documented obstacles to successful implementation.¹² In Morocco, while the first cohorts of APN students are being trained, the perceptions of emergency physicians who will be their primary collaborators regarding this innovative role, its potential, and its challenges remain unknown. This knowledge gap creates an urgent need to understand physicians’ viewpoints to inform a harmonious and effective implementation strategy. For this reason, this study’s research question was: How do emergency physicians in Morocco conceptualize

the role and identity of Advanced Practice Nurses, and what are their perceptions of the barriers, facilitators, and opportunities for implementing APN in emergency departments?

Review of Literature

Building on the existing literature, previous research from high-income countries, such as the United States, Canada, and Australia, has demonstrated that APN roles have had a measurable impact on clinical and organizational outcomes.¹³ Indeed, robust evidence confirms that APN integration improves access to care, reduces health disparities, and enhances the quality and efficiency of services.¹⁴ Some meta-analyses, particularly in emergency and critical care settings, have shown that care provided by APNs is not only safe but also often associated with reduced waiting times, shorter hospital stays, higher patient satisfaction, and significant economic benefits for the healthcare system.^{15,16}

In the Middle East, APNs are emerging but remain in their infancy. In Saudi Arabia, academic nurse leaders describe APNs as essential to health-system transformation yet constrained by scarce programs and incomplete regulatory frameworks; supportive laws, clear national definitions, and aligned education are seen as prerequisites for autonomous practice and effective collaboration with physicians.¹⁷ These diverse experiences provide a comparative framework for understanding the implementation of APN in emergency care in Morocco.

However, the notion of APNs is very new in Morocco, as it is in many African nations, and their role in emergency settings needs to be clearly defined as the field of APNs emerges. The development of advanced nursing practice in Morocco is occurring within a health system facing population ageing, rising chronic disease rates, and growing needs for complex and palliative care.⁶ Previous Moroccan studies examining stakeholders' perceptions of APN remain

limited. To date, only one study has explored the current state and nurses' familiarity with APN,⁷ and no published studies have investigated APNs in the emergency setting.

The decision to focus on physicians in this study stemmed from the fact that, in the Moroccan healthcare system, physicians serve as pivotal gatekeepers in emergency departments and traditionally hold decision-making authority over healthcare services. Secondly, positive physician perceptions have been identified as a facilitator of successful integration and collaboration with the emerging healthcare profile.¹² This knowledge gap highlights the need for qualitative research to investigate physicians' perspectives in the emergency setting. Qualitative findings can contribute to a robust foundation for APN implementation by identifying contextual barriers and facilitators that influence success.

Study Aim

This study aimed to explore how emergency physicians conceptualize the roles and identities of APNs, identify perceived barriers to APN implementation in Moroccan emergency departments, determine the factors perceived as facilitators of successful integration, and examine relevant contextual opportunities, thereby providing foundational evidence. The study provides a basis for guiding policymakers, healthcare administrators, and academic institutions in developing a tailored, effective strategy to integrate APNs into the Moroccan healthcare landscape.

Methods

Design: Prior to the implementation of APN in Moroccan emergency departments, a qualitative descriptive study was conducted to explore in-depth perceptions and experiences of physicians, the key stakeholders, given that no prior empirical research has examined Moroccan physicians' perceptions of

APN. This approach is well-suited for generating rich, textual data on complex, under-researched phenomena. It also allows researchers to stay close to participants' own words and provide a straightforward description of their views. The qualitative descriptive study was ideal for providing foundational, contextually grounded evidence and implementation strategies. The reporting of this study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist to ensure methodological rigor and transparency.

Participants and Setting: The study was conducted between June and September 2025 in the emergency departments of the IBN SINA University Hospital Center (UHC) in Rabat. This setting was specifically chosen because it employs a high concentration of academic physicians. In addition, the UHC is the largest and oldest in the kingdom of Morocco, serving as the referral facility for the Rabat/Sale/Kenitra region. Currently, the hospital's emergency and resuscitation services are temporarily relocated to other facilities in the region as part of a major reconstruction project to build a new 1,044-bed hospital. Participants were selected using purposive sampling. This sampling strategy ensured the recruitment of information-rich participants directly relevant to the research question. Physicians were eligible to participate if they: 1) were board-certified, 2) had at least one year of emergency department practice experience, and 3) gave informed consent. Exclusion criteria included physicians who: 1) were not currently practicing in an emergency department, 2) were of a foreign nationality, or 3) declined to participate or later withdrew consent.

Ethical Considerations: This study obtained ethical approval from the Biomedical Research Ethics Committee (CERB) of the Faculty of Medicine and Pharmacy at Mohammed V University in Rabat (reference: AF118/25). Before giving their consent, participants received a detailed information sheet explaining the objectives, procedures, and benefits of the study, as well as assurances of their confidentiality.

This sheet also included information about their right to withdraw at any time without consequences and the use of their data for research purposes only. In addition, participants were also informed that their participation was voluntary. To protect participants' identities, the interview recordings were named using the word 'physician' followed by a numerical code indicating the order in which they were conducted (Example: "P1"). Once encrypted and transferred to the principal investigator's Gmail account, the audio files were permanently deleted from the recording device to ensure data confidentiality.

Data Collection: Two phases of data collection were conducted over a 12-week period. The first step was to distribute an information note to participants explaining the study's purpose and objectives. Before the interviews, participants answered a brief, anonymous questionnaire about sociodemographic and career background. This gathered important data (e.g., age, gender, education level, professional experience, function, and their familiarity with the APN concept). The questionnaire was designed to be clear and appropriate for capturing relevant participant characteristics.

The semi-structured interview was designed using the existing literature and reviewed to assess the relevance and clarity of the questions. To ensure consistency, the principal investigator (PI) conducted all in-depth semi-structured interviews using a flexible interview guide developed collaboratively by three members of the research team: the PI and two nurse mentors with qualitative expertise. The limited number of eligible participants at the single study site made formal pilot testing with physicians unfeasible. The questions were designed to investigate the role and identity of APNs, understand influencing factors and identify contextual potential: 1) What thoughts or feelings come to mind when you first hear about the concept of APN? 2) How do you envision the role of APNs working in emergency departments? What factors do you think could impact either positively or

negatively the introduction of APNs? From your perspective, do you see any potential for expanding or strengthening the APN in the healthcare system?

Depending on participant availability and request, interviews were conducted either in person or via audio recording. Participants were informed that the interviews would be audio-recorded for data analysis, and verbal consent for recording was obtained prior to each session. Interviews lasted 20 to 30 minutes. These recordings were subsequently transcribed verbatim to enable detailed analysis of the data. All interviews were conducted in private, enclosed rooms. Most of these rooms were equipped with climate control. Participants were offered dedicated time for preliminary discussion before the formal interview started. The participants engaged in the dialogue without apparent time pressure. Data saturation was reached after seven successive interviews. Throughout the data collection period, an iterative method was used to evaluate data saturation. Following each interview, the PI consulted with two nurses' mentors to review the transcript and record emerging codes and themes. As no new codes or themes emerged, subsequent interviews confirmed previously noted patterns without offering novel views. Moreover, two more were added to confirm informational saturation using the method described by Guest et al.¹⁸ The quotes were translated and verified by a professional English-language speaker, who confirmed that the participants' original meaning and intent were preserved.

Data Analysis: Descriptive statistics were used to analyze the demographic characteristics of the study participants. The transcribed interviews were analyzed using an inductive thematic analysis, following the six-phase framework established by Braun and Clark.¹⁹ The analysis was conducted primarily manually, with all coding and theme development decisions made by the research team. NVivo version 11 was used solely as a data management tool to store transcripts, organize coded segments, and facilitate efficient retrieval of quotations. The transcripts were

independently coded by two members of the study team to guarantee analytic rigor. The emergent codes and themes were then reviewed and refined in a team meeting. The coding disagreement among the members was resolved through consensus discussion; both researchers revised the original transcript and discussed the interpretation until an agreement was reached.

Rigor and Trustworthiness: The study's trustworthiness was established using Lincoln and Guba's methodology.²⁰ Data triangulation was achieved by integrating two primary data sources: in-depth, semi-structured interviews and a sociodemographic questionnaire. The interview served as the primary data source, providing rich, detailed narratives of physicians' perceptions, experiences, and attitudes toward the APN role, offering depth and contextual understanding. Consequently, the sociodemographic questionnaire complemented the interview data by providing structured, quantifiable information on participants' professional backgrounds. Furthermore, the independent coding by two researchers helped to establish credibility. A comprehensive elucidation of all aspects of the phenomenon facilitates transferability. Dependability was attained through a transparent audit trail of methods, including saturation tracking. Confirmability was enhanced via member verification and peer debriefing. Finally, reflexivity was maintained by recognizing the investigator's role as an APN student. Bracketing, independent analysis, and team discussion were employed to mitigate bias and ensure that the findings were firmly rooted in participant data.

Findings

A total of nine emergency physicians participated in this study. **Table 1** presents individual participant characteristics with coded identifiers (P1–P9) that link to quotations throughout the findings. Participants ranged in age from 26 to 55 years, with the majority (n = 5) aged 36–45 years. There was

a slight predominance of female participants (n = 5). Most participants were professors (n = 8) with extensive clinical experience; seven participants reported more than 10 years of practice in emergency departments. Regarding familiarity with the APN concept, the level of information was moderate to low:

four participants described themselves as moderately informed, three as poorly informed, and only one participant as very well informed. All participants practiced exclusively at the university hospital center (e.g., **Table 1**).

Table 1. Sociodemographic and professional profile of participating physicians (N = 9)

Participant ID	Age group	Gender	Experience	Function	APN information level
P1	46–55	Female	> 10 years	Professor	Moderately informed
P2	36–45	Male	> 10 years	Professor	Moderately informed
P3	26–35	Male	6–10 years	Professor	Poorly informed
P4	36–45	Female	> 10 years	Specialist physician	Moderately informed
P5	46–55	Female	> 10 years	Professor	Very well informed
P6	36–45	Male	> 10 years	Professor	Moderately informed
P7	36–45	Male	> 10 years	Professor	Well informed
P8	36–45	Female	1–5 years	Professor	Poorly informed
P9	46–55	Female	> 10 years	Professor	Poorly informed

Thematic analysis of interviews with nine physicians revealed five central themes and eleven sub-themes reflecting their perceptions of the integration of APNs into Moroccan emergency departments. These themes paint a picture ranging from the definition of APNs and the roles assigned to APNs and their justification, significant obstacles, and the necessary facilitators and contextual opportunities.

Theme 1: The concept of APN: integrating autonomy, technical expertise, and standardized care

This theme captures how physicians perceive ANP as a distinct professional model characterized by clinical autonomy, advanced technical skills, and the ability to deliver standardized care within established protocols. The following sub-themes elaborate on this conceptualization.

Sub-theme 1.1: Autonomy and technicality

This first theme focused on the medical perspective on APN. Across all interviews, physicians consistently emphasized that APN represents a significant evolution in the nursing field, based on three interconnected elements: autonomy, technical

expertise resulting from specialized training, and in-depth scientific knowledge. The physicians viewed these elements as essential for APNs to mobilize complex clinical tools and validated protocols to deliver tailored, safe interventions and standardized care practices. This concept was strongly noted by one participant:

“They will have a certain freedom and autonomy in their practices.” (P6)

The term “technical expertise” was also clearly stated:

“That is to say, we are going to raise the level in terms of technical expertise.” (P7)

Sub-theme 1.2: Standardization of care

Physicians also highlighted that the APN is part of a standardized, high-quality care approach that promotes the harmonization of practices while ensuring continuity and optimal coordination within multidisciplinary teams, as one participant stressed the need to standardize tasks.

“Advanced practices must be pre-established and noted on sheets to standardize the care. It needs to be codified in all countries. Practices in the South must be the same as practices in the North. And standardize all practices.” (P1)

According to this conceptualization, physicians viewed the APN as a completely new professional category requiring advanced clinical reasoning, decision-making skills, and technical competence, implying that education and training programs must foster theoretical knowledge and advanced practice. In terms of policy, this implies the need to establish a legal framework for autonomous practice within standardized protocols that guarantee safety and accountability.

Theme 2: Optimizing patient care through the APNs: the clinical and organizational pivot

This theme reflects physicians' vision of APN as an integrative figure within emergency departments' operations. Participants described the role of the APNs as a hybrid, pivotal profession operating in the critical interval between the patient's arrival and the medical examination. This unique position fills critical gaps in patient care, allowing APNs to serve at the intersection of triage, initial assessment, team coordination, and ongoing patient management. The following sub-themes illustrate the pivotal function.

Sub-theme 2.1: Interprofessional coordination and leadership

APNs' roles extend beyond traditional nursing functions to encompass triage, autonomous clinical decision-making, leadership, and team coordination, ensuring a coherent response to emergencies, for example:

“We may have to triage between what is really urgent and what is not, so as not to abandon a patient who needs urgent care in favor of someone who is there for a headache.” (P9)

“A nurse with this new status can be the link that has been missing for a long time, because they can play the role of a maestro, guiding the orchestra of all the medical teams.” (P3)

This latter excerpt illustrates the theme by not positioning the APNs as a mere actor but rather as the “missing link” essential to harmonizing the efforts of the different medical teams. The term “maestro” implies a level of authority, supervision, and synchronization that is currently lacking, positioning APNs as a central partner responsible for the flow and quality of the emergency care process.

Sub-theme 2.1: Rapid action and triage

Another clinical aspect of this pivotal role was clarified by two participants:

“We may have to triage between what is really urgent and what is not, so as not to abandon a patient who needs urgent care in favor of someone who is there for a headache.” (P9)

“It's assessing the patient first, before the medical doctor arrives. And, of course, alerting him and knowing what actions to take.” (P1)

This quote highlights the expectation of advanced autonomous practice. The APNs are envisioned as primary assessors and initiators of action, responsible for making preliminary judgments and critical interventions. This represents a significant change from the care paradigm that describes nurses as actors under the supervision of medical instructions. However, clear protocols are needed to specify which triage decisions APNs can make independently and which require consultation with physicians. This role directly addresses an operational gap in the current patient journey and could reduce waiting time.

Theme 3: The multidimensional challenge of implementing advanced practices

While physicians expressed the potential role of APNs, they also identified several obstacles to implementation. These challenges are at multiple

levels of the healthcare system. The most critical barrier cited by the majority was the complete absence of an official regulatory framework defining the scope of practice, responsibilities, and legal protections. Additional challenges included resource constraints and anticipated resistance from both medical and nursing colleagues. The following sub-themes detail these barriers.

Sub-theme 3.1: Legal framework

This gap creates ambiguity, legal vulnerability, and institutional resistance, ultimately undermining APNs' self-confidence because they practice a profession not fully recognized by the state. Subsequently, it will cause a loss of self-confidence among APNs who practice without legal coverage. This will undoubtedly create an atmosphere of uncertainty and retreat, preventing the evolution of APN. Participants identify, across several sequences, that the legal framework is an absolute prerequisite.

"Since we don't yet have a legal framework that properly defines the role of APNs... this could be an obstacle." (P5)

"I think it is very important to have clear regulations that define the scope of action and to have clear organizational procedures that define the areas of assignment." (P9)

These excerpts illustrate the theme by emphasizing that without a legal framework or specific regulations, the role cannot be properly defined, leaving it theoretical and ineffective. In addition to serving as a bureaucratic formality, the legal framework provides a crucial basis for validating the position and enabling further activities, such as hiring and establishing specialized protocols. In the absence of a legal framework, it creates a cascade effect: role ambiguity, institutional resistance, professional hesitation, and ultimately, loss of confidence among APNs themselves.

Sub-theme 3.2: Professional resistance and resources

Other practical, human, and material barriers inside were cited in addition to the legal

ones. These included staffing shortages, financial constraints, and anticipated cultural resistance within the medical hierarchy, amid pre-existing tension. As one participant pointed out:

"A kind of resistance... Based on the principle that you don't change a winning team without having a clear idea of whether that team is really winning or not." (P3)

Another highlighted the strains of the current workload:

"The first obstacle we face is mainly the shortage of human resources... The workload is a bit heavy." (P2)

These quotes illustrate the challenge of introducing a new advanced role into a system already under pressure from chronic staff shortages and excessive workloads. They pose a realistic inquiry regarding their integration without intensifying current difficulties. Ultimately, several participants acknowledged intra-professional conflicts, as two participants articulated:

"Both, even nurses, I imagine, because even traditional nurses will see this nurse as an intruder and that he will do better than them." (P4)

"Because, for starters, if this role isn't clearly defined from the outset, it will create obstacles. The APNs themselves won't know what he's supposed to do. And as for the medical staff, doctors, nurses, nursing assistants, and orderlies, they won't know what they're supposed to expect from these APNs in this department." (P8)

This latter excerpt points to a complex type of resistance rooted in professional territoriality and a perception of threat. In addition, the ambiguity of role paralyses the APNs, without a clearly defined role from the start, the APNs will be confused while simultaneously preventing the medical team from understanding how to engage with them, rendering

the new position ineffective before it even begins, consequently the APNs are not perceived as a simple new colleague but could be seen as an “intruder” challenging established hierarchies and competencies, particularly among existing nursing staff. This highlights the need to overcome these cultural and psychological barriers.

Theme 4: Prerequisites for successful integration of advanced practices

In counterpoint to the identified barriers, physicians also articulated specific conditions that are essential for successful APN implementation. These prerequisites operate at multiple levels, namely structural, procedural, and cultural. These levels form a roadmap for the stakeholders to introduce the APN roles. The following sub-themes elaborate on these prerequisites.

Sub-theme 4.1: Organizational and legislative framework

According to physicians, successful APN facilitators were associated with organizational, professional, and structural aspects. Acting as a counterpoint to the obstacles, this sub-theme includes the actions and conditions necessary for successful integration. It encompasses both structural requirements and strategies for implementing advanced practices. Specifically, the need for a structural and legal framework governed by regulations and specific procedures is a crucial prerequisite. This structural clarity not only mitigates interprofessional conflict but also establishes a foundation for harmonizing collaborative clinical workflows among all members of the team members.

“There is also the fact that this is a new field, so it is absolutely essential that there be regulations specifying the scope of action of these caregivers so that they can be part of the teams.” (P5)

Sub-theme 4.2: Step-by-step approach

The next facilitator factor is a recommendation of a gradual and thoughtful approach, as one participant stated:

“For me, we need to go step by step, assigning specific tasks that are minimal at first, to allow for the gradual integration of advanced practice. We can’t give this new role everything right from the start; we need to move forward gradually.” (P3)

This recommendation advocates a cautious approach. Starting with small, well-defined tasks may show additional value, build trust, and manage risks, making change more acceptable and sustainable.

Sub-theme 4.3: Awareness raising and communication

In addition, financial and moral recognition were cited by participants; the comprehensive awareness-raising was deemed essential to explain the new profession and its role to other professionals, as expressed by one participant:

“Information, start with that. Awareness... so that we integrate in our heads that we are a team, that we form a single team, and that we are there for the good of the patient and the service.” (P4)

Participants emphasized that a legal and structural foundation is insufficient without a parallel effort to build understanding and acceptance at all levels of the healthcare ecosystem. As another participant noted, this process is crucial for fostering a unified team identity and establishing the patient as the central focus:

“For me, it’s really about raising awareness of the information so that we understand that we are here, we are a team, we form a single team, and we are here for the good of the patient and the service.” (P4)

This highlights the importance of addressing the human and cultural dimensions of integration in order to prevent resistance and build collective support. Physicians called for concurrent action at the procedural, cultural, and structural levels, meaning that healthcare institutions must establish supportive environments

where new roles can be introduced gradually with ongoing evaluation and feedback, and for consistent investment in both regulatory development and interprofessional collaboration.

Theme 5: The strategic path: the catalytic national context

The final theme emphasized the broader Moroccan context. Physicians noted several external factors, including major international events, ongoing health system reforms, and socio-economic developments. These opportunities serve as catalysts for generating the political will that can positively impact decision-making and the provision of infrastructure to support implementation. The following sub-themes capture these contextual opportunities.

Sub-theme 5.1: Major events and the growing need for new care models

The external contextual elements that provide a unique and compelling opportunity for APNs integration are captured in this theme. These are not direct enablers but rather catalytic events and trends that offer a powerful justification for action. One example highlights the use of major international events such as the Africa Cup 2025 and the World Cup 2030, which were perceived as accelerators of generating the political will and overcoming inertia:

“There’s nothing better than the Africa Cup. Yes, and the World Cup. That would be an opportunity.” (P1)

This excerpt illustrates how these international events are seen as catalysts that can generate non-negotiable deadlines for investment, reform, and the presentation of world-class emergency systems. In addition, the integration of emergency medical services into pre-hospital care, with APNs contributing to ABCDE assessment, early victim management, stabilization, and safe transfer to the hospital, was identified as a crucial factor due to the high rate of traffic accidents.

“The number of accidents we have, it can only... Victims who can be saved if we have an emergency medical service that provides early care to patients.” (P1)

The integration of APNs within the narrative of national progress was framed by the participants. The expansion of healthcare facilities and rising public expectations for quality care create fertile ground for the development of advanced roles like APN and long-term sustainability to meet future demand. These broader national developments were also seen as favorable by one participant, who commented:

“Morocco is in full development... The demand for care is going to increase enormously.” (P4)

Sub-theme 5.2: National reforms and socio-economic development

Notably, in the development of the health sector in terms of structural reforms: the creation of regional health authorities (RHA), the construction of new hospitals or the upgrading of other facilities, as well as the expansion of the private sector, which could bring added value in terms of advanced infrastructure and professional training grounds.

“By expanding internship and practice opportunities, APNs will have more opportunities and more chances to examine and practice the knowledge they have learned previously if we have partnerships, for example, with UM6 or CHEIKH ZAID.” (P3)

“The opportunities that are coming, the RHAs, because everyone is talking about it right now.” (P9)

Overall, physicians perceived an urgent need for APNs to serve as a clinical and organizational pivot to improve patient outcomes by addressing critical inefficiencies in emergency care. However, implementation is hampered by obstacles, including a lack of a legal framework, resource shortages, and potential resistance. For successful integration, a dual strategy is required: establishing solid structural and legal foundations, coupled with a cautious, gradual implementation plan that includes broad awareness-

raising. Finally, the timing of this transformation is opportune, as national ambitions and upcoming events provide a catalytic context for generating the political

and administrative will necessary to transform this perceived need into reality on the ground.

Table 2. Thematic analysis of physicians' perspectives on APN

Themes	Sub-themes	Codes
1. The Concept of APN: Integration of Autonomy, Technicality and Standardized Care	Autonomy and Technicality	Autonomous practice, Prescription, Technical acts
	Standardization of Care	Protocolization, Codified practices
2. Optimization of Patient Management by APN: The Clinical and Organizational Pivot	Interprofessional Coordination and Leadership	Collaboration, Team leader, "Maestro"
	Rapid Action and Triage	Rapid detection, triage, and evaluation before the doctor
3. The Multidimensional Challenge of Implementation	Legal Framework	Absence of a clear legal framework, Lack of regulatory texts
	Professional Resistance and Resources	Mistrust, Fear, Intrusion, Territoriality, Staff shortage
4. Prerequisites for Successful Integration of APN	Structural and Legal Framework	Clear regulatory texts, Delimitation of the field of action
	Step-by-Step Approach	Progressive integration, Continuous training
	Awareness Raising and Communication	Information, Awareness, Building a team identity
5. The Strategic Pathway: A Catalytic National Context	The Growing Need for New Care Models and Major Events	World Cup, Africa Cup
	National Reforms and Socio-Economic Development	Country development, Public-private health system reform (RHA)

Discussion

To our knowledge, this qualitative study provides the first in-depth exploration of Moroccan emergency physicians' perceptions of the implementation of APN. The findings reveal a landscape of cautious optimism, where the recognized potential of the APN role is conditional upon overcoming a fundamental, legally rooted barrier. The five emergent themes

collectively outline a clear physician-prescribed roadmap for integration, emphasizing that professional acceptance is contingent on systemic and regulatory preparedness. The findings of this study must be interpreted within the critical context of Morocco's physician shortage in emergency departments, as formally documented by the Social, Economic, and Environmental Council (SEEC).⁵ The perceptions of physicians, who themselves operate in a system under strain, revealed

that the integration of APNs is not seen as a mere addition to the workforce but as a necessary strategic response to a structural crisis.

The physicians have focused on integrating technical expertise and standardized care with a certain degree of autonomy. As the link one step ahead in technical expertise and advanced care, APNs will connect interdisciplinary teams in emergency departments. This conceptualization is corroborated by the American Association of Nurse Practitioners' (AANP) *Standards of Practice for Nurse Practitioners*. These standards define the role as one that synthesizes advanced knowledge, standardized care, and autonomous practice.²¹ This aligns with global evidence that APNs are a key resource for safe care, enhancing access to care in high-demand settings,¹⁶ and are linked to patient survival.²² Furthermore, the APNs were capable of managing non-urgent or routine cases to free up physicians for complicated cases and to provide care that complements medical care.²³ They are aware of their broader role in clinical leadership and education.²⁴

The physicians in our study consistently conceptualized the APN role as a "clinical and organizational pivot" or a "maestro," operating at the critical interface between triage and physician examination. This vision aligns closely with international models where APNs improve patient flow, reduce waiting times, and increase patient satisfaction by managing specific patient populations and coordinating care.²⁵ They emphasized that tasks such as preliminary assessment, triage, and initiating diagnostics are well-documented as effective strategies to enhance efficiency.²⁶ Our findings indicate that Moroccan physicians are not opposed to expanding nurses' roles but are actively defining their scope to directly address local operational inefficiencies. They advocated a cautious, task-shifting strategy. Starting with limited, well-defined tasks makes it possible to demonstrate benefit. This concept of delegation has been applied in quite a few countries that have already implemented APN, but the degree of task delegation varies from one country to another,

ranging from extensive to partial, or even a total absence.²⁷

Regarding the multidimensional challenge of implementing APN, the most salient finding of this study is the overwhelming identification of the absence of a legal and regulatory framework as the paramount barrier to implementation. This concern transcends other issues, positioning legal clarity as a non-negotiable prerequisite. This finding is consistent with implementation studies in other countries, where the lack of a clear legislative basis for APN practice leads to role ambiguity, legal vulnerability, and professional resistance.¹² Politically, the absence of a legal foundation and limited prioritization of advanced practice roles further compound this barrier. The "legal framework" is a fundamental basis that legitimizes the role and enables all subsequent actions, from recruitment to the definition of specialized protocols. The absence of this framework was also linked to professional hesitation and the lack of self-confidence. Moreover, studies identified key challenges, including restrictions on APNs' responsibilities, scope of practice, and professional autonomy.¹² This underscores that in the Moroccan context, the legal vacuum is not merely a bureaucratic hurdle but the central node from which other challenges, such as interprofessional resistance and role ambiguity. Interprofessional resistance also posed a significant barrier, as physicians frequently cited a lack of confidence in APNs' training, skills, and overall competence for an expanded scope of practice.²⁸ Culturally, the main cause of resistance stems from the historically hierarchical physician-nurse relationship and traditional professional boundaries. Furthermore, a recurrent theme across these studies was the expectation for APNs to function as physician substitutes, resulting in role overlap rather than a complementary, collaborative practice.²⁹

Previous research has described both the anticipation and actual experiences of increased workload following APN implementation.³⁰ Physicians, in particular, described the additional responsibility

of supervising the APNs.³⁰ A common finding was the restrictions APNs faced in performing essential patient care tasks, such as prescribing medications, ordering tests, and initiating referrals.²⁸ Moreover, Haroldene et al. reported that the emergency department environment is often characterized by oppressive practice settings where overwhelming service demands, restrictions on applying specialized skills, and limited practice opportunities can collectively lead to the attrition of advanced competencies.³¹

The physicians identified facilitators for the successful integration of APN and highlighted opportunities to be seized in the Moroccan context. From their perspectives, the key facilitators for successful APN implementation include a defined scope-of-practice framework; however, research has highlighted operational challenges for APNs, primarily involving externally imposed restrictions on their defined responsibilities and scope of practice, as well as limited autonomy.³² In the Moroccan context, where the primary barrier is the lack of a legal framework, the path forward must begin with advocating for and drafting enabling legislation that defines and protects the APN's role. Structurally, organizational reform is likewise essential to address insufficient financial and administrative support. Participants also underscored that supportive financial and administrative infrastructure from the ministry and hospital administration was a pivotal factor. This top-down endorsement is crucial for legitimizing the APN role internally, allocating necessary resources, and systematically removing institutional barriers to autonomous practice. This need for resourcing is substantiated by research: one study found that access to essential patient care resources directly supported APN implementation.³³ Another study emphasized that the necessary financial resources are twofold: sustained funding for APN salaries to secure the workforce, and the parallel development of structured reimbursement pathways to ensure the role's institutional and economic sustainability.³⁴ Physicians specifically recommended a gradual,

incremental approach to build trust, manage risks, and thereby make integration more acceptable and sustainable.

Finally, formal professional recognition requires a fundamental shift in perception, moving beyond the view of APNs as intruders. Studies have reported that physicians' positive beliefs about APN competence and supportive attitudes toward an expanded scope of practice facilitate successful APN role implementation.³⁵ In addition, communication and awareness-raising were considered essential to foster this recognition.³⁶

Building on these foundational facilitators, the strengths of the Moroccan context must be leveraged by seizing catalytic opportunities identified by physicians, such as the 2030 FIFA World Cup, the African Cup 2025 and the national health reform. Specifically, the creation of a regional health authority, the construction of new hospitals, the upgrading of existing facilities, and the expansion of the private sector are expected to generate significant value by providing advanced infrastructure and professional settings ideal for both placing APN master's students and employing graduates. These opportunities favor planning accreditation for all primary, secondary, and tertiary healthcare facilities, while emphasizing the organizational aspects of emergency services, in line with Moroccan Society of Emergency Medicine recommendations.³⁷ Furthermore, Saudi Arabia has developed a strategy called the 2030 Vision. The Healthcare Transformation Program (HTP) is one of the programs of Saudi Arabia's Vision 2030, aiming to improve healthcare delivery and population health. The APN contributes to this program's objectives by restructuring the healthcare system.³⁸

Limitations

This study has several limitations. Firstly, the participants were recruited from a single university hospital center in the capital, which may limit the transferability of findings to regional or provincial hospitals where resources and contexts differ.

Secondly, the perspectives of other crucial stakeholders, such as hospital administrators, policymakers, practicing nurses, and patients, are not included but are essential for a better understanding of the situation and for developing a comprehensive implementation strategy. Finally, as with all qualitative research, the findings are intended to provide depth and understanding rather than to be statistically generalizable.

Conclusion

This study reveals that Moroccan emergency physicians conceptualized APNs as autonomous, technically expert clinicians; they recognized the potential value of APNs by identifying their specific, pivotal role, highlighted significant systemic and cultural barriers, and identified the absence of a legal framework as the paramount, non-negotiable barrier to implementation. The participants articulated essential prerequisites for success, including a structural and legal foundation, gradual implementation, and awareness-raising. Finally, physicians recognized national events and health reforms as catalytic opportunities for APN deployment. These findings provide evidence grounded in physicians' own perspectives, offering a foundation for developing context-sensitive implementation strategies for APN roles in Moroccan emergency departments.

Implications for Emergency Nursing

This study outlines a clear pathway for the evolution of emergency nursing in Morocco. Nurses must prepare for an expanded, autonomous clinical role that requires advanced education in decision-making and protocol-based care. Nursing leaders must urgently advocate for the legal framework and scope of practice essential for APN legitimacy. Concurrently, proactive interprofessional collaboration and change management are needed to address resistance and build trust. For nursing education, this means strengthening specialized

master's degree programs and continuous professional development. Ultimately, emergency nurses are called to be both key beneficiaries and active architects in transforming care delivery and mitigating systemic strain in Moroccan emergency departments. Additionally, a broader understanding of Morocco's readiness to adopt APN is needed. To complement the physicians' perspectives discussed here, future studies should incorporate the viewpoints of nurses, administrators, and policymakers. Such findings will empower emergency nursing staff to advocate effectively within the complex systemic and professional environment in which they practice.

Author Contributions

Conceptualization, Method and design: M.J., L.Y.

Data collection, Drafting the manuscript: M.J., M.E.A., L.Y.

Data analysis and interpretation: M.J., M.E.A.

Editing the manuscript: M.J., L.Y.

Revising the manuscript: H.B., A.T.H., K.C., R.F.

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References

1. American Association of Nurse Practitioners. Literature on quality of nurse practitioner practice. 2026 Jan [cited 2026 Feb 12]. Available from: <https://www.aanp.org/advocacy/advocacy-resource/position-statements/quality-of-nurse-practitioner-practice>
2. International Council of Nurses [ICN]. Guidelines on advanced practice nursing 2020 [Internet]. Geneva: ICN; 2020 [cited 2024 June 13]. Available from: https://www.icn.ch/sites/default/files/2023-04/ICN-APN%20Report_EN.pdf.
3. Hibbert D, Aboshaiqah AE, Sienko KA, Forestell D, Harb AW, Yousuf SA, et al. Advancing nursing practice: the emergence of the role of advanced practice nurse in Saudi Arabia. *Ann Saudi Med*. 2017;37(1):72-8. doi: 10.5144/0256-4947.2017.72.
4. National School of Public Health, Ministry of Health. Reference framework: emergency departments, directorate of hospitals and outpatient care. 2020 [cited 2025 Apr 4]. Available from: <https://www.sante.gov.ma/Publications/Guides-Manuels/Documents/2020/CADRE%20REFERENTIEL%20STRUCTURES%20DES%20URGENCES.pdf> (in French).
5. Economic, Social and Environmental Council (Morocco). Improving the management of medical emergencies to preserve and save lives and contribute to ensuring quality care for all [Internet]. 2023 [cited 2025 Apr 3]. Available from: <https://www.cese.ma/media/2023/06/ebook-Avis-urgences-médicales-au-Maroc-2-vf.pdf> (in French).
6. Jounaidi K, Hamdoun M, Daoudi K, Barka N, Gantare A. Advancing palliative care through advanced nursing practice: a rapid review. *Indian J Palliat Care*. 2024;30(2):155-62. doi: 10.25259/IJPC_308_2023.
7. Ouzennou N, Aboufaras M, Bouighoulidne SA, Hilali A. Towards a model of advanced nursing practice in Morocco. *J Nurse Pract*. 2025;21(7):105424. doi: 10.1016/j.nurpra.2025.105424.
8. Morocco. Official Bulletin No. 7178: Framework Law No. 06-22 relating to the national health system. *Le Jourmada I*. 2022 Dec 9. Available from: <https://amdie.gov.ma/wp-content/uploads/2024/02/Loi-cadre-n%C2%B006-22-relative-au-systeme-national-de-sante.pdf> (in French).
9. Morocco. Official bulletin No. 6583. Minister of Health Decision No. 994.17 issued on 15 Sha'ban 1438 (May 12, 2017) approving the national pedagogical specifications for the master's program at the higher institutes of nursing professions and health techniques. 2017 [cited 2025 Mar 10]. Available from: https://ispits.sante.gov.ma/Texts%20Reglementaires/CNPN_Master_ISPITS_BO.pdf (in Arabic).
10. Jones M, Christoffis L, Smith S, Hodyl N. An exploration of the perceptions of emergency physicians and trainees, towards emergency nurse practitioners in Australia. *Australas Emerg Nurs J*. 2013;16(2):73-80. doi: 10.1016/j.aenj.2013.02.002.
11. Chenou A, Brillouet L, Guillon S, Bilbault P, Pelaccia T. Characteristics of emergency nurse practitioner professional identity: a multicenter qualitative study. *Int J Nurs Stud Adv*. 2025;9:100384. doi: 10.1016/j.ijnsa.2025.100384.
12. Torrens C, Campbell P, Hoskins G, Strachan H, Wells M, Cunningham M, et al. Barriers and facilitators to the implementation of the advanced nurse practitioner role in primary care settings: a scoping review. *Int J Nurs Stud*. 2020;104:103443. doi: 10.1016/j.ijnurstu.2019.103443.
13. De Raeve P, Davidson PM, Bergs J, Patch M, Jack SM, Castro-Ayala A, et al. Advanced practice nursing in Europe: results from a pan-European survey of 35 countries. *J Adv Nurs*. 2024;80(1):377-86. doi: 10.1111/jan.15775.
14. Woo BFY, Lee JXY, Tam WWS. The impact of the advanced practice nursing role on quality of care, clinical outcomes, patient satisfaction, and cost in the emergency and critical care settings: a systematic review. *Hum Resour Health*. 2017;15(1):63. doi: 10.1186/s12960-017-0237-9.
15. Fajarini M, Setiawan A, Sung CM, CM, Chen R, Liu D, Lee CK, et al. Effects of advanced practice nurses on health-care costs, quality of care, and patient well-being: a meta-analysis of randomized controlled trials. *Int J Nurs Stud*. 2025;162:104953. doi: 10.1016/j.ijnurstu.2024.104953.
16. Kreeftenberg HG, Pouwels S, Bindels AJGH, de Bie A, van der Voort PHJ. Impact of the advanced practice provider in adult critical care: a systematic review and meta-analysis. *Crit Care Med*. 2019;47(5):722-30. doi: 10.1097/CCM.0000000000003667.

17. Alhamed A, Almotairy MM, Nahari A, Moafa H, Aboshaiqah A, Alblowi F. Perspectives of executive nurse leaders on advanced practice nursing in Saudi Arabia: challenges to be overcome and opportunities to be seized. *J Nurs Manag.* 2023;2023:6620806. doi: 10.1155/2023/6620806.
18. Guest G, Namey E, Chen M. A simple method to assess and report thematic saturation in qualitative research. *PLOS One.* 2020;15(5):e0232076. doi: 10.1371/journal.pone.0232076.
19. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006;3(2):77–101. doi: 10.1191/1478088706qp063oa.
20. Lincoln YS, Guba EG. *Naturalistic inquiry.* SAGE: Thousand Oaks; 1985. doi: 10.1016/0147-1767(85) 90062-8.
21. American Association of Nurse Practitioners. Standards of practice for nurse practitioners. 2021 May 8 [cited 2025 Dec 10]. Available from: <https://www.aanp.org/advocacy/advocacy-resource/position-statements/standards-of-practice-for-nurse-practitioners>
22. Griffiths P, Saville C, Ball J, Culliford D, Jones J, Lambert F, et al. Nursing team composition and mortality following acute hospital admission. *JAMA Netw Open.* 2024;7(8):e2428769. doi: 10.1001/jamanetworkopen.2024.28769.
23. Htay M, Whitehead D. The effectiveness of the role of advanced nurse practitioners compared to physician-led or usual care: a systematic review. *Int J Nurs Stud Adv.* 2021;3:100034. doi: 10.1016/j.ijnsa.2021.100034.
24. Kerr L, Macaskill A. Advanced nurse practitioners' (emergency) perceptions of their role, positionality and professional identity: a narrative inquiry. *J Adv Nurs.* 2020;76(5):1201–10. doi: 10.1111/jan.14314.
25. Moran JL, Nakagawa K, Asai SM, Koenig MA. 24/7 Neurocritical care nurse practitioner coverage reduced door-to-needle time in stroke patients treated with tissue plasminogen activator. *J Stroke Cerebrovasc Dis.* 2016; 25(5):1148–52. doi: 10.1016/j.jstrokecerebrovasdis. 2016.01.033.
26. Jiménez-García Á, Pérez-Romero G, Hueso-Montoro C, García-Caro MP, Montoya-Juárez R. Impact of the advanced practice nurse in triage of primary care emergency departments. *J Emerg Nurs.* 2025;51(3):487–97. doi: 10.1016/j.jen.2024.11.001.
27. Maier CB, Aiken LH. Task shifting from physicians to nurses in primary care in 39 countries: a cross-country comparative study. *Eur J Public Health.* 2016;26(6): 927–34. doi: 10.1093/eurpub/ckw098.
28. Jakimowicz M, Williams D, Stankiewicz G. A systematic review of experiences of advanced practice nursing in general practice. *BMC Nurs.* 2017;16:6. doi: 10.1186/s12912-016-0198-7.
29. McGilton KS, Haslam-Larmer L, Wills A, Krassikova A, Babineau J, Robert B, et al. Nurse practitioner/physician collaborative models of care: a scoping review protocol. *BMC Geriatr.* 2023;23(1):98. doi: 10.1186/s12877-023-03798-1.
30. Choi M, De Gagne JC. Autonomy of nurse practitioners in primary care: an integrative review. *J Am Assoc Nurse Pract.* 2016;28(3):170–4. doi: 10.1002/2327-6924.12288.
31. Stevens H, Young C, Motsepe TL, Mabuda T. Barriers to implementing advanced skills in trauma and emergency nurse specialist practice. *Health SA.* 2025;30:2951. doi: 10.4102/hsag.v30i0.2951. Erratum in: *Health SA.* 2025;30:3228. doi: 10.4102/hsag.v30i0.3228.
32. Lockwood EB, Lehwaldt D, Sweeney MR, Matthews A. An exploration of the levels of clinical autonomy of advanced nurse practitioners: a narrative literature review. *Int J Nurs Pract.* 2022;28(1):e12978. doi: 10.1111/ijn.12978.
33. Petersen PA, Keller T, Way SM, Borges WJ. Autonomy and empowerment in advanced practice registered nurses: lessons from New Mexico. *J Am Assoc Nurse Pract.* 2015;27(7):363–70. doi: 10.1002/2327-6924.12202.
34. Conger MM, Plager KA. Advanced nursing practice in rural areas: connectedness versus disconnectedness. *Online J Rural Nurs Health Care.* 2008;8(1):24–38. doi: 10.14574/ojrnhc.v8i1.127.
35. Hu X, Coplan B, Barnes H, Smith N, Essary A, Dill M. Physicians working with physician assistants and nurse practitioners: perceived effects on clinical practice. *Health Aff Sch.* 2024;2(6):qxae070. doi: 10.1093/haschl/qxae070.
36. Carryer J, Boddy J, Budge C. Rural nurse to nurse practitioner: an ad hoc process. *J Prim Health Care.* 2011;3(1):23–8. PMID: 21359257.
37. Moroccan Society of Emergency Medicine. White paper on emergency medicine; 2020 (in French).
38. Suleiman AK, Ming LC. Transforming healthcare: Saudi Arabia's vision 2030 healthcare model. *J Pharm Policy Pract.* 2025;18(1):2449051. doi: 10.1080/20523211.2024.2449051.

มุมมองของแพทย์ต่อบทบาทการปฏิบัติการพยาบาลขั้นสูงในแผนกฉุกเฉิน ประเทศโมร็อกโก : การวิจัยพรรณนาเชิงคุณภาพ

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บทคัดย่อ: บทบาทการปฏิบัติการพยาบาลขั้นสูง (advanced practice nursing) กำลังได้รับการพัฒนาในประเทศโมร็อกโกเพื่อตอบสนองต่อความต้องการที่เพิ่มขึ้นในแผนกฉุกเฉิน อย่างไรก็ตาม มุมมองของแพทย์ต่อบทบาทเหล่านี้ยังไม่เป็นที่เข้าใจแน่ชัด วรรณกรรมระดับนานาชาติเน้นย้ำว่าปัจจัยด้านบริบทเป็นส่วนสำคัญต่อความสำเร็จในการบูรณาการการปฏิบัติการพยาบาลขั้นสูง โดยมีแพทย์เป็นผู้มีส่วนได้ส่วนเสียหลักที่ความร่วมมือและการสนับสนุนถือเป็นสิ่งจำเป็นอย่างยิ่ง ใช้การสัมภาษณ์แบบกึ่งโครงสร้างกับแพทย์ฉุกเฉิน ณ โรงพยาบาลมหาวิทยาลัยแห่งหนึ่งในประเทศโมร็อกโก ผู้วิจัยคัดเลือกผู้เข้าร่วมการวิจัยด้วยวิธีการสุ่มแบบเจาะจง บันทึกเสียงการสัมภาษณ์ ถอดความแบบคำต่อคำ และวิเคราะห์ข้อมูลโดยใช้การวิเคราะห์เนื้อหาเชิงอุปนัย (inductive thematic analysis)

ผลการศึกษาจากแพทย์ผู้เข้าร่วมวิจัยจำนวน 9 ท่าน พบประเด็นหลัก 5 ประเด็น ได้แก่ 1) แนวคิดเรื่องการปฏิบัติการพยาบาลขั้นสูง: การบูรณาการความเป็นอิสระ ความเชี่ยวชาญทางเทคนิค และการดูแลที่เป็นมาตรฐาน 2) การเพิ่มประสิทธิภาพการดูแลผู้ป่วยผ่านพยาบาลปฏิบัติการขั้นสูง: จุดเปลี่ยนสำคัญด้านคลินิกและองค์กร 3) ความท้าทายในหลายมิติของการนำการปฏิบัติการพยาบาลขั้นสูงมาใช้ 4) เงื่อนไขเบื้องต้นเพื่อความสำเร็จในการบูรณาการการปฏิบัติการพยาบาลขั้นสูง และ 5) เส้นทางเชิงกลยุทธ์: บริบทระดับชาติที่เป็นตัวเร่งปฏิกิริยา โดยรวมแล้ว แพทย์ยอมรับถึงศักยภาพของพยาบาลปฏิบัติการขั้นสูงในการเพิ่มประสิทธิภาพการบริการดูแลฉุกเฉิน ขณะเดียวกันก็ได้ชี้ให้เห็นถึงอุปสรรคสำคัญด้านกฎหมาย องค์กร และวัฒนธรรม ผลการวิจัยนี้เสนอแนะให้พยาบาลฉุกเฉินในโมร็อกโกดำเนินการใน 3 มาตรการ คือ ผลักดันให้มีกรอบระเบียบข้อบังคับที่ชัดเจนซึ่งกำหนดขอบเขตการปฏิบัติงานและการคุ้มครองทางกฎหมายของพยาบาลปฏิบัติการขั้นสูง เสริมสร้างโปรแกรมการศึกษาเพื่อสร้างความเชื่อมั่นให้กับแพทย์ผ่านความร่วมมือระหว่างวิชาชีพ และใช้ประโยชน์จากโอกาสภายในบริบทของประเทศโมร็อกโกเพื่อพัฒนาวิชาชีพการพยาบาล การดำเนินการเหล่านี้จะช่วยให้การบูรณาการบทบาทการปฏิบัติการพยาบาลขั้นสูงในแผนกฉุกเฉินของโมร็อกโกเป็นไปอย่างปลอดภัย มีประสิทธิภาพ และยั่งยืน

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