

Nurses vs. Paramedics: Potential and Real-World Scenarios of Nurse-Paramedic Substitution in Professional Practice

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Abstract

The healthcare labor market is currently grappling with a widespread shortage of nurses across hospitals and other healthcare facilities. One potential strategy to alleviate this deficit involves substituting nurses with paramedics, although this practice is presently limited to certain hospital departments. This article seeks to examine this issue in-depth and to outline potential solutions based on insights gathered from detailed interviews.¹

Keywords: nursing shortage, paramedics, healthcare workforce, hospital staffing solutions

Introduction

The healthcare services market is distinguished by unique characteristics, most notably its inherent instability, which influences both the demand for medical services and the availability of healthcare professionals. Hospitals employ a wide array of healthcare workers, each varying in educational backgrounds, professional responsibilities, and remuneration, influenced by broader labor market dynamics (Lenik, 2024, p. 123). Ensuring that all medical professionals meet the necessary qualification standards

¹ The author also addressed the issue of the medical workforce shortage and potential strategies for its mitigation in her doctoral dissertation, titled *Determinants and Consequences of Employment Forms and Work Organization in the Context of Medical Workforce Shortages*.

is a fundamental concern, particularly given the strenuous psychological and social conditions they often face. These demanding environments necessitate advanced skills and competencies, such as affective neutrality and the ability to maintain professional objectivity under situational pressures (Faculty of Forensic & Legal Medicine, 2024; Hadida, Wacht, Livshiz Riven, Grinstein-Cohen, 2024). Such stringent requirements further limit staffing options, which intensifies the acute workforce shortages plaguing healthcare institutions (Kautscha, 2015, p. 91). Currently, the nursing profession is among the most affected by these deficits.

The primary objective of this paper is to shed light on the urgent need for innovative strategies to mitigate the nursing shortage in hospitals and other healthcare facilities. One viable solution involves substituting nurses with paramedics in certain roles. While this approach is currently limited to specific hospital departments, there are significant practical, ethical, and regulatory concerns about its feasibility and propriety. This study seeks to outline and elucidate these issues and considers potential solutions. The proposed approach is both feasible and grounded, rather than purely theoretical. Drawing extensively on data from in-depth interviews with healthcare professionals, the article explores the practicalities and implications of such a substitution strategy and offers a nuanced perspective on the challenges and opportunities involved in addressing the nursing shortage.

Legal and Professional Distinctions Between Nurses and Paramedics

The nursing profession, like other medical professions, is unique in its focus on protecting human health and life. Nurses, along with doctors, dentists, and midwives, belong to the esteemed category of professions of public trust, a status that arises not only from legal definitions but also from the high regard and deep trust society places in nurses. This recognition is both a source of pride and a considerable responsibility (Trzpiel, 2022, p. 14). In acknowledgment of these demands, legislators have established provisions in both general labor laws (e.g., the Labor Code) and specific regulations governing medical personnel, such as the Law on the Profession of Nursing and Midwifery. These provisions include the employer's obligation to facilitate the professional development of employees (Law of June 26, 1974) and the employees' obligation to continually update their knowledge and enhance their professional skills (Law of July 15, 2011).

In recent years, upgrading and expanding the qualifications of medical personnel has extended beyond the routine improvement of strictly job-related qualifications and competencies. It now encompasses the operation of state-of-the-art medical equipment, which is increasingly replacing older technologies in healthcare facilities, requiring personnel to adopt less invasive and more advanced methods for diagnosing and treating patients. Nurses and midwives, along with physicians, constitute the backbone

of essential healthcare services in healthcare facilities. As populations age and the prevalence of chronic and degenerative diseases increases, these professions—tasked with direct patient care and assistance in day-to-day functioning—are becoming increasingly critical. The roles of nurses and paramedics, in particular, extend far beyond basic care and the safeguarding of a patient’s health and life, and cannot be regarded as merely supplementary or peripheral, as their work involves comprehensive patient management, and the delivery of advanced, holistic medical services (Piatkowski, 2010, p. 156).

The provisions governing the nursing profession are outlined in the Act on the Profession of Nursing and Midwifery (Law of July 15, 2011). To legally provide professional services, nurses must hold the required qualifications, verified through appropriate documentation: a diploma awarded upon completing a medical school with a specialization in nursing and a valid license to practice. The responsibilities of nurses include a wide range of services, including nursing care, preventive measures, diagnostics, therapeutic interventions, rehabilitation, and health promotion. The legal framework governing the paramedic profession is outlined in the Act on State Emergency Medical Services (Law of September 8, 2006). According to this legislation, to practice as a paramedic, an individual must hold a diploma verifying their professional title as a paramedic or confirming qualifications in the paramedic profession. The medical procedures that paramedics are authorized to perform are further specified in the Regulation of the Minister of Health on Emergency Medical Actions and Other Health Services (Regulation of June 22, 2023). These tasks include providing advanced first aid, securing individuals at accident scenes, assessing health conditions, and transporting patients in medical emergencies.

In March 2024, a decree issued by the Ministry of Health amended the regulation on emergency medical activities and additional health services that paramedics are permitted to provide (Decree of March 7, 2024). This amendment expanded paramedics’ responsibilities, granting them new competencies such as collecting upper respiratory tract samples, performing antigen tests for viruses, conducting ultrasound examinations (subject to completing emergency ultrasound training), and administering a broader range of medications. Michal Kucap, a national expert in emergency medical services from the Polish Society of Paramedics, remarked: “We advocate for the continuous development of the paramedic profession, but it is equally important to assess the quality of this development” (Knorps-Tuszyńska, 2024). This statement underscores the expanding scope of paramedics’ responsibilities, with further advancements likely to gain momentum.

Similarly, a new regulation issued by the Minister of Health took effect on June 15, 2024, broadening the professional competencies of nurses. Nurses now have access to an extended list of medications that they can prescribe and additional diagnostic tests that they can administer. For instance, nurses are now authorized to make decisions regarding flu and HPV testing and to prescribe emergency contraception (Szczepeńska, 2024). The increasing responsibilities and expanded competencies of both nurses and

paramedics have raised concerns among other medical professionals, such as physicians and radiology technicians. These groups fear that tasks traditionally associated with their roles are being reassigned to other professions, potentially threatening their job security. Beyond the practical challenges of redefined roles, this issue has created a degree of unease that may impact the overall operational dynamics and workplace morale within medical institutions.

The potential substitution of nurses with paramedics in healthcare facilities has sparked significant controversy and debate in the media. Eight years ago, Lucyna Dargiewicz, the chairwoman of the All-Poland Trade Union of Nurses and Midwives, voiced concerns about a Ministry of Health draft regulation regarding paramedics' scope of practice. She argued that this regulation would allow paramedics to work across all healthcare facilities, including those without emergency departments, and essentially replace nurses. Dargiewicz also questioned whether paramedics taking over nurses' responsibilities (thereby displacing them from their jobs) would bear the same level of accountability for potential mistakes (Lurka, 2016).

In contrast, paramedics have expressed optimism about expanding their professional scope. Jakub Nelle, a paramedic from the District Ambulance Station in Krotoszyn, stated, "we are united by a common passion," and supported the draft regulation as a significant step forward for the paramedic community. He noted that it would enable paramedics to apply their expertise not only in emergency medical teams and hospital emergency departments, but also in hospital wards, clinics, and other healthcare settings where their qualifications could be valuable.

Two years later, the nursing self-government body issued a position paper in response to a draft amendment to the regulation on guaranteed inpatient services (Regulation of October 11, 2018). The statement demanded that paramedics be removed from the list of professions eligible for employment in hospital wards as auxiliary staff. The nursing representatives argued that paramedics lacked the necessary qualifications to provide "comprehensive, holistic care for hospitalized patients," as their training had been designed specifically for emergency medical services (Lurka, 2018). This stance outraged the Polish Association of Paramedics, whose leadership expressed surprise at what they described as a misunderstanding and dismissal of paramedics' competencies, knowledge, and skills honed through rigorous training and professional experience (Lurka, 2018).

The following year, tensions escalated further. The nursing self-governance body accused paramedic advocates of lobbying efforts aimed at discrediting the nursing profession. They also voiced opposition to the Health Minister's Regulation of June 27, 2019, which allowed paramedics to work in hospital wards beyond emergency departments (Bednarz, 2019). In a formal statement, the Supreme Council of Nurses and Midwives firmly declared: "The profession of nursing and the profession of paramedic are two distinct professions with different statuses and competencies as regulated by law. Treating these professions interchangeably is both a systemic and substantive error" (Bednarz, 2019).

It is undeniable that hospitals are grappling with a severe nursing shortage. To alleviate this, paramedics are often employed to assist in hospital wards, yet they cannot fully replace nurses due to the distinct scopes of duties and competencies associated with each profession. As Anna Staniuk, chairwoman of the All-Polish Trade Union of Nurses and Midwives of the Lower Silesia Region, explains, paramedics primarily serve as field responders, operate as an on-call service, and work in hospital emergency departments (Krajewska, 2022). The debate surrounding the potential replacement of nurses with paramedics continues to provoke a wide range of opinions. Many of these are rooted in mutual animosity and accusations between these two professional groups. This tension has fueled a palpable sense of antagonism and mistrust. However, what is the reality in hospitals where nurses and paramedics work side by side, in the same ward? How do these professionals view this contentious topic? What are their perspectives on finding a viable resolution to this issue, which is complex not only in practical terms, but also from formal and ethical standpoints?

To explore, analyze, and attempt to resolve these questions, the author sought the opinions of individuals directly involved in the healthcare profession and deeply invested in this matter. Through in-depth interviews,² a wealth of relevant insights and perspectives were gathered, shedding light on this multifaceted issue.

Nurses versus Paramedics: An Analytical Perspective Based on Survey Data

The author conducted in-depth interviews with six healthcare professionals employed in both public and private provincial hospitals. The characteristics of the respondents are detailed in Table 1, offering a snapshot of their demographics, professional roles, and employment conditions.

Table 1: Characteristics of Respondents

Gender	Age	Occupation, position	Education	Years of Experience	Form of employment
Male	23	Paramedic	University	1 year	Civil law contract
Male	47	Paramedic	University	21 years	Civil law contract
Male	54	Physician, department head	University	11 years	Civil law contract
Female	47	Physician, department head	University	15 years	Civil law contract
Female	56	Nurse	High School	9 years	Employment contract
Female	59	Nurse	University	38 years	Employment contract

² In the in-depth interview survey, the author incorporated several questions from a similar survey conducted as part of the doctoral dissertation titled *Conditions and Consequences of Employment Forms and Work Organization in the Context of the Medical Workforce Shortage*.

During the in-depth interviews, the first question addressed whether the respondents were satisfied with the current standards and work scheduling system. Only physicians expressed dissatisfaction with their civil law contract employment, citing excessive working hours, including on-call duties, as reasons. One paramedic remarked, “The working time norms and systems and scheduling systems seem to be one of the perks of the profession, as they offer greater control over leisure time compared to other forms of employment. However, working 12- or 24-hour shifts can be exhausting.” Another paramedic suggested that an ideal arrangement would combine the benefits of a standard employment contract paired with the flexibility to work 24-hour shifts. Conversely, one nurse preferred shift work as it allowed for higher earnings.

Respondents also shared their views on the organizational structure and workflow of their departments. While they generally assessed these parameters positively, they highlighted difficulties in collaborating with diagnostic facilities and other hospital departments, which, they noted, hinder patient care and prolong hospital stays—though this broader problem falls outside the scope of this article.

The respondents expressed a positive view of the collaboration between nurses and paramedics. Paramedics emphasized the importance of nurturing good relationships and building mutual trust rather than focusing on differences. One physician remarked on his appreciation of working with paramedics, expressing regret that they cannot be employed in all hospital departments. Nurses similarly noted no significant issues in collaborating with paramedics, acknowledging that while their responsibilities differ, there are overlaps in certain duties. Importantly, all respondents confirmed that they adhere strictly to the responsibilities outlined by law for their respective roles. This is a crucial point, as each medical profession has a clearly defined set of duties established by legal frameworks, and is authorized to perform only those tasks within their scope of practice.

The respondents shared insightful perspectives on structural determinants influencing the operation of healthcare facilities, particularly regarding the benefits of employing both nurses and paramedics. Paramedics emphasized the importance of openness, communication, and dialogue between the two professional groups, along with the value of flexible employment options, opportunities for professional development, and a remuneration system based on professional competence rather than solely on seniority. They also stressed the value of improving qualifications, commitment to work, workplace identification, and contributing to the reputation of the hospital or treatment facility.

Some notable comments from physicians included:

“The breadth of training for paramedics is a positive aspect.”

“Currently, paramedics can only be employed in specific departments. I hope this changes soon, given the growing shortage of nurses. . . . It is a positive step that both nurses and paramedics can choose between employment contracts or civil law contracts.”

Nurses expressed similar views, raising issues such as the importance of upgrading qualifications, participating in courses and training, and having flexibility in employment forms. They noted that employment contracts provide job security and social protections, while self-employment offers higher earnings, flexible hours, and greater professional independence. However, they also voiced concerns about working hours often exceeding reasonable limits. The respondents also identified challenges and proposed changes to improve the system. They noted deficits in effective dialogue and insufficient competitiveness in the workplace. Many stressed the importance of recognizing employees who are loyal to a single workplace, contribute to its reputation, and represent it through their professional achievements.

Physicians pointed out the lack of opportunities for paramedics to work across all departments, limited pathways for paramedics to specialize, lower salaries for paramedics compared to nurses, and the rising average age of nurses. Nurses expressed concerns about the shrinking pool of nursing staff, the aging demographic of those still working, and the reliance on retirees to fill gaps. They also noted staffing issues in many hospitals and other medical facilities, with nurses and paramedics frequently working back-to-back shifts, leading to exhaustion. Both groups underscored the urgent need to increase financial resources and revise staffing policies to address the deepening nursing shortage.

Staffing shortages were a recurring theme among all respondents. Most agreed that shortages exist, although paramedics noted that the adequacy of staffing often depends on the workload during specific shifts. One paramedic raised concerns about the increasing administrative tasks imposed on medical staff that detract from their primary medical duties, while another remarked that staffing levels at his workplace were optimal and should be maintained to prepare for unforeseen emergencies, such as mass casualty events. One nurse acknowledged the staffing shortage across both professions but expressed a preference for prioritizing the hiring of more nurses rather than paramedics.

All respondents agreed on the need for formal and legal reforms to improve the current situation. However, when asked whether these legislative changes would genuinely benefit healthcare facilities and their staff, they provided mixed responses. One paramedic noted uncertainty, stating, "It remains to be seen how it will affect the paramedic profession." One nurse expressed optimism, acknowledging some positive outcomes, but other respondents disagreed, suggesting that the changes would not always be advantageous, pointing out that recent laws, such as the pay raise legislation, had created divisions among staff. This divergence in opinions shows that the introduced legal measures often fall short of meeting the expectations of their intended beneficiaries—medical personnel. Ambiguities in the laws frequently leave facility managers struggling to interpret them, which can potentially result in financial liabilities and misunderstandings between management, staff, and professional associations.

Regarding the collaboration and competition between nurses and paramedics, paramedics shared overwhelmingly positive feedback. One paramedic stated, "In the hospital

unit where I am employed, nurses and paramedics support each other.” Another remarked that:

“A lot depends on the employer. At my workplace, there is cooperation, and I am happy about that, but I know places where it’s more of a rivalry between the two sides, sometimes fueled by higher-level institutions or representatives of these professional groups. ... Healthy competition is beneficial as it improves individual performance and the functioning of units. Both professional groups bring unique experiences from their workplaces, would be valuable to utilize these through meetings or activity debriefings.”

Doctors also confirmed that nurses and paramedics often cooperate and assist each other. Nurses, for their part, commented that there is cooperation, as both groups must fulfill their duties responsibly, although as one nurse noted: “In general, they cooperate with us, but when it comes to emergency procedures, there is some competition (such as during defibrillation or administering drugs during CPR).”

The respondents also discussed employment-related factors that could improve the efficiency of hospital services and promote the physical and mental well-being of nurses and paramedics. Paramedics emphasized concerns such as the imposition of additional duties, a lack of recognition for their efforts, and the absence of incentive bonuses or non-monetary rewards. They also suggested the importance of “increasing the visibility of what they do in the media.” Doctors pointed to the need for higher salaries, opportunities for professional development funded by employers, and flexibility in choosing their working hours or shift patterns. Nurses similarly advocated for flexibility and higher wages:

“It would be best if they could decide about their work themselves, but that’s not possible. With so many people employed, someone has to be responsible for organizing the work. We should get higher salaries.”

“Increasing the number of employed medical personnel will lead to greater reliability in work and an improvement in the quality of medical services.”

This range of responses underscores the need for comprehensive changes that address both structural and interpersonal dynamics:

“Increasing the number of medical personnel employed will enhance reliability in operations and improve the quality of medical services provided.”

During the interviews, respondents were asked how they envision the future operation of healthcare providers in Poland. One paramedic remarked, “It’s not about quantity but quality,” while a nurse commented that: “The functioning of hospitals will depend on the financial situation, the actual debt level, and the ability to secure funding from external sources, such as EU grants.”

The discussion also touched on the potential replacement of nurses with paramedics in healthcare facilities. Paramedics noted that the two professions might increasingly alternate roles due to staffing shortages, noting that this practice is already being implemented in some facilities. One doctor linked this possibility to adjustments in paramedics' skill sets and professional responsibilities, while another stated, "Yes, absolutely. This is already happening in many hospitals." Among nurses, opinions were divided. One firmly opposed the idea, asserting, "No, I'm a nurse, and I'm against replacing nurses with paramedics or anyone else." In contrast, another nurse acknowledged the reality of nurse shortages and said, "In our hospital, this happens due to the shortage of nurses. I believe nurses and paramedics should collaborate and complement one another."

To delve deeper into the topic, the respondents were asked whether the responsibilities of nurses and paramedics should be altered—expanded or made comparable. Paramedics offered nuanced perspectives:

"Given the evident shortage of nurses, both professions should have opportunities for self-directed learning, accompanied by increased salaries and a tiered system for personnel. This tiering could be based on experience and skills."

"A lot depends on the workplace—whether it's a hospital or Emergency Medical Teams. The nursing profession has historically been structured around direct patient care, bedside responsibilities, executing doctors' orders, and developing and implementing care plans. The paramedic profession is relatively younger but requires workers to make independent decisions, often without consulting a doctor. Those choosing between these professions should ask themselves: Can I handle this? Some people prefer having decisions made for them, while others thrive on the 'front line,' relishing the opportunity to take on more responsibility."

Doctors, meanwhile, were firm in their stance, advocating for paramedics' responsibilities to be made comparable to those of nurses. They argued that this would enable paramedics to replace nurses on a broader scale across all hospital departments. Nurses, however, opposed the idea, offering arguments such as: "No. A nurse is a nurse, and a paramedic is a paramedic. And it should stay that way. If a paramedic wants to replace a nurse, then they should obtain nursing qualifications." Another said: "These are two separate professions, but I would expand paramedic education to include certain nursing tasks, and nursing education to cover standards in emergency medicine."

After conducting in-depth interviews, it became evident that perceptions regarding employment arrangements, work organization, and working time norms varied significantly among respondents, and depended on individual expectations and professional experiences. The respondents emphasized the importance of maintaining positive

relationships between employers and medical personnel, alongside offering flexible employment options, opportunities for professional development, and remuneration based on competencies, commitment, and workplace identification. The discussion also touched on employment-related factors that could enhance hospital service efficiency and improve the physical and improve the mental well-being of nurses and paramedics. Key issues included the imposition of additional duties, the absence of incentive systems, and the urgent need for increased staffing levels, higher salaries, and employer-funded professional development opportunities.

Surprisingly, in contrast to some of the earlier concerns and differing views cited in this article, the respondents uniformly described collaboration between nurses and paramedics as positive. However, when asked about the potential substitution of nurses with paramedics, significant disagreement emerged. The nurses strongly opposed the idea, whereas the doctors expressed hope that paramedics could be employed in all hospital departments to address the escalating shortage of nurses. The nurses themselves underscored the worsening deficit, pointing out that current workforce is aging and increasingly overburdened. They also highlighted the problem of medical personnel working across multiple facilities, a practice that jeopardizes both patient safety and staff well-being due to excessive workloads, long commutes, and exhaustion. A similar divide emerged regarding whether the scope of duties for nurses and paramedics should be expanded or aligned. Nurses were the only group to oppose such a change, insisting that the two professions are distinct and should remain so.

The in-depth interviews provided valuable insights into the dynamics of collaboration between nurses and paramedics and the contentious issue of replacing nurses with paramedics. As previously mentioned, the medical services sector has seen a steady decline in the number of practicing nurses year after year. While statistical data reveals an overall upward trend in the total number of nurses, a closer examination of detailed age-specific information uncovers a concerning pattern. The most significant increase in the number of nurses is observed among those aged 65 and older, as well as those aged 55–64—essentially the retirement-age demographic.

It is worth noting that nurses employed in specific settings, such as in psychiatric wards, surgical teams, or anesthesiology, are eligible for early retirement—five years before the standard retirement age—provided they meet statutory requirements (Law of December 19, 2008). However, the Central Statistical Office (GUS) does not collect data on the employment status of retired nurses, leaving uncertainty about how many nurses aged 55–64 remain active in the profession.

Table 2 provides a breakdown of nurses authorized to practice, categorized by age group and gender, for the years 2018, 2020, and 2022. Unfortunately, at the time of preparing this article, the CSO had not yet released data for 2023.

Table 2: Nurses Authorized to Practice by Age Group and Gender in 2018, 2020, and 2022 (Status as of December 31 of Each Year)

Year	Total	Including women	Nurses									
			Of which									
			Below 35		35 – 44		45 – 54		55 – 64		65 and over	
			Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
2018	295,464	288,799	26,874	1,931	41,363	2,114	96,522	1,698	85,761	794	38,279	128
2020	303,211	295,571	28,257	2,350	24,432	2,257	97,633	1,945	91,112	909	54,137	179
2022	313,213	304,365	31,036	2,424	24,529	2,604	86,590	2,366	92,649	1,123	69,562	330

Based on CSIOZ (2019); CeZ (2021, 2023).

It is crucial to note that the figures above represent nurses authorized to practice, which does not necessarily mean that all of them are actively practicing in the field.

Table 3 presents data on the number of nurses and paramedics employed in healthcare facilities over selected years, allowing for a comparative analysis.

Table 3: Nurses and Paramedics Employed in Healthcare Facilities (Status as of December 31 of Each Year)

Year	Nurses		Paramedics	
	Absolute number	Index per 10,000 population	Absolute number	Index per 10,000 population
2018	182,671	47.6	14,234	3.7
2020	181,625	47.5	15,006	3.9
2022	182,040	48.2	15,498	4.1

Based on CSIOZ (2019); CeZ (2021, 2023).

A comparison of the data in Table 2 and Table 3 reveals that the number of nurses employed in healthcare facilities is significantly lower than the total number of nurses authorized to practice. Over the analyzed period, the total number of nurses in healthcare facilities fluctuated slightly, with minor increases or decreases, mirrored by a consistent rate per 10,000 population. While the data undeniably show a slight rise in the number of nurses employed in healthcare facilities, the Central Statistical Office (CSO) does not provide an age breakdown for this group. However, if these data were proportionally aligned with the figures for nurses licensed to practice, it could be reasonably inferred—based on information from district chambers of nurses and midwives—that a significant proportion of nurses employed in healthcare facilities are over the age of 55. This reflects the aging workforce within the profession.

In contrast, the number of paramedics employed in healthcare facilities has demonstrated an upward trend, both in absolute terms and relative to the population (per 10,000). Although paramedics remain far fewer in number than nurses, their increasing presence highlights their potential role in alleviating the nurse shortage. Employing paramedics in certain hospital departments may provide a practical solution to mitigating staffing deficits in nursing.

Conclusion

A central tenet of contemporary human resource management is the notion that employers seeking to thrive in competitive markets, including the healthcare sector, must focus on attracting and retaining top talent (Pierścieniak, Grzebyk, 2014, p. 22). For nurses and paramedics alike, continuous professional development is not just an expectation but a necessity. The current state of the medical services market, combined with rapid advancements in technology, demands that medical personnel consistently update and expand their qualifications. Operating cutting-edge medical equipment and delivering high-quality care require considerable expertise, making the work of nurses and paramedics a specialty in its own right requiring substantial competencies (Curts, Ramsten, 2016, p. XII).

The persistent shortage of nurses in the medical services market, particularly in hospitals, has led to a search for solutions aimed at mitigating this issue. One proposed strategy is to replace nurses with paramedics in certain hospital departments. Deputy Health Minister Jerzy Szafranowicz has gone a step further, suggesting a broader rethinking of employment standards. He remarked: "Within the framework of the dialogue, we are also discussing employment norms for nurses, and whether to account for dependencies arising from the employment of paramedics, medical caregivers on the ward as well" (Mielcarek, 2024).

Analyses derived from both secondary literature and empirical findings through in-depth interviews reveal the necessity of medical professionals understanding the complexities of this issue. Additionally, the entities responsible for creating and regulating laws governing qualification requirements, duties, and competencies for paramedics must recognize the potential for paramedics to substitute for nurses in specific roles. This perspective was echoed by several respondents in the interviews, who highlighted paramedics' potential to help alleviate staffing shortages.

It is worth reiterating that both nurses and paramedics share a common mission: saving human health and lives. Therefore, professionals in both fields should place the patient and their overall well-being at the forefront of their efforts. The challenges posed by these staffing shortages will not resolve themselves over time, nor can they be dismissed as mere theoretical concerns. Instead, they demand proactive engagement

and innovative approaches. The realities of the healthcare sector, along with its inherent challenges, will continue to drive public awareness and policymaking efforts, creating opportunities to develop and implement practical, effective solutions to enact meaningful change in the healthcare system.

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