

Emergency Responses Teams: A Comprehensive Review of Social Work, Nursing, and Paramedic Contributions

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ABSTRACT

The role of emergency response teams is a key part of coping with acute and life-threatening situations in various healthcare settings. Complementary clinical, prehospital, and psychosocial skills are offered by nurses, paramedics, and social workers, which enhance patient safety, continuity of care, and clinical outcomes. The current review examines the personal roles of these professionals in emergency response models and highlights the importance of interprofessional cooperation. It further outlines such critical issues as role ambiguity, communication barriers, and lack of training in other disciplines. By integrating the known evidence, the review suggests new strategies that can be used to strengthen the teamwork and enhance the coordinated, holistic, and effective emergency care systems.

Keywords: Emergency response teams; Nursing; Paramedics; Social work; Interprofessional collaboration; Emergency care; Pre hospital care; Psychosocial support

The emergency response teams are highly important in the management of acute and life threatening situations and in the provision of well-coordinated care in the various healthcare environments [1]. These groups work in stressful conditions like trauma scenes, disasters, medical emergencies, and the public health crisis when quick decision-making and effective teamwork are needed [2]. Nurses, paramedics, and social workers are among the fundamental workers in the emergency response systems, and each has its own expertise, which, when combined, improves patient outcomes and safety and continuity of care [3]. It is essential to understand the combined functions of these fields to enhance the provision of emergency care and complex medical and psychosocial needs of individuals and communities in emergencies [4]. The involvement of nursing professionals in the emergency response process is also crucial because of their broad range of clinical competencies, ability to analyze patients, and the ability to take quick actions [5].

Nurses in the emergency and critical care departments are usually the first professionals to stabilize the patients, offer life-saving medication, and check physiological indicators. In addition to clinical care, nurses play the role of patient advocates, the organizers of the care process, and the fundamental communicators among the members of the multidisciplinary teams [6]. They are holistic and that is why they can even deal with emotional distress of the patients and families during emergency situations. Nurses are becoming more leaders, in triage decision-makers, and disaster preparedness in the changing healthcare systems as emergency healthcare systems change [7]. Prehospital emergency care is inseparable with paramedics who are present to offer immediate medical help at the scene and when transferring patients [8]. Their performance capacities to provide high-level life support, deal with traumas, and conduct quick examinations have a tremendous impact on patient survival and recovery.

The paramedics regularly work in unpredictable and resource constrained situations, demanding high-technique levels, flexibility and independence in judgement [9]. Their task is a very important connection between the community and health institutions to provide continuity of care in the prehospital environment to the emergency departments [10]. They have further enhanced their role in emergency response systems with the development of paramedicine such as increased clinical scopes and established community-based emergency care models [11]. Social workers provide essential psychosocial outlook to emergency response, taking into consideration the social, emotional and environmental factors influencing the health outcomes in cases of crisis [12].

Social workers in an emergency help patients and families who are traumatized, grieving, victims of violence, displaced, and struggling with mental health issues [13]. They support the process of crisis intervention, counseling, resource coordination assistance, and advocacy in the benefit of the vulnerable populations [14]. Their intervention is especially important in situations of disasters and mass casualties, when recovery and social support in the long run are equally important as immediate medical attention [15]. Social workers improve patient-centred care and build resilience by

mediating healthcare services to community resources [16]. Although the purpose of providing effective emergency care is similar, issues of role ambiguity, communication barriers and insufficient interprofessional training are some of the challenges that dominate the effective collaboration of these professions [17]. The proposed review will critically analyze the roles, contributions, and working relationship between social workers, nurses and paramedics in the emergency response teams. The article, based on the synthesis of existing evidence, outlines the existing challenges, emerging strategies, and opportunities to enhance the interdisciplinary practice and, eventually, make the emergency care systems more coordinated, holistic, and effective [18].

Review

1. The Nursing Professionals and the Emergency Response.

Nurses form an inseparable part of the emergency response teams offering far-range clinical experience and comprehensive care to patients. In the emergency departments, disaster scenes, and critical care units, nurses perform rapid patient assessment, triage, stabilization, medication administration, and constant monitoring of the vital signs. Their ability to identify minor modifications in the condition of patients is critical to prevent negative complications and intervene in time. In addition to direct clinical care, nurses play a focal role in the coordination and communication of multidisciplinary teams [19]. They often play the main interconnection between patients and their families, physicians, paramedics and social workers. Psychological support is another way that emergency nurses provide to patients and caregivers and alleviate fear, anxiety, and emotional suffering in the face of a crisis. With respect to the scenario of disaster and mass casualty events, nurses significantly contribute to the management of surge capacity, infection control, and resource distribution and, thus, highlight their flexibility and role initiative in emergency response mechanisms [20].

Table 1: This table shows nurses' critical roles in emergency response and care.

Aspect	Role of Nursing Professionals in Emergency Response
Clinical Care	Perform rapid patient assessment, triage, stabilization, medication administration, and continuous monitoring of vital signs in emergency departments, disaster sites, and critical care units.
Early Detection & Intervention	Identify subtle changes in patient conditions, enabling timely interventions and prevention of complications.
Coordination & Communication	Act as a key link between patients, families, physicians, paramedics, and social workers to ensure effective multidisciplinary collaboration.
Psychological Support	Provide emotional and psychological support to patients and caregivers, helping to reduce fear, anxiety, and emotional distress during crises.
Disaster & Mass Casualty Management	Contribute to surge capacity management, infection control, and efficient distribution of resources during disasters and mass casualty events.
Adaptability & Leadership	Demonstrate flexibility, initiative, and leadership in dynamic and high-pressure emergency response situations.

2. Paramedics contributions in Prehospital Emergency Care.

Paramedics form an integral component of the prehospital emergency response system, providing direct medical assistance at the site of injuries or disease and during the transportation of patients. They have a practice that includes airway management, cardiopulmonary resuscitation, traumatic injury management, hemorrhage control, and administration of exigent pharmacotherapy [21]. The rapid evaluation and decision-making of paramedics has a direct effect on the overall survival and clinical outcome of patients, especially in time-sensitive conditions like cardiac arrest, cerebrovascular accident, and severe traumatic injury. It is based on the fact that paramedics have to operate in unpredictable settings under limited resource conditions and in this context, they have to be of a high level of professional autonomy, technical competence, and situational awareness [22]. Their role is the primary point in the chain of emergency care delivery, thus guaranteeing the timely handover and communication with the ancillary teams in emergency departments. The latest developments in paramedicine, including the extension of clinical roles and the introduction of community paramedicine services have made a significant contribution to the increase in access to both acute emergency and preventive healthcare services, particularly among underserved groups [23].

Table 2: This table shows paramedics' essential roles in prehospital emergency care.

Aspect	Paramedics' Contributions in Prehospital Emergency Care
On-scene Medical Care	Provide immediate medical assistance at injury or illness sites and during patient transport.
Clinical Interventions	Perform airway management, cardiopulmonary resuscitation, trauma care, hemorrhage control, and administer emergency pharmacotherapy.
Rapid Assessment & Decision-Making	Conduct quick evaluations and make time-critical decisions that directly influence patient survival and clinical outcomes.
Management of Time-Sensitive Conditions	Play a crucial role in conditions such as cardiac arrest, stroke, and severe trauma.
Professional Autonomy	Operate independently in unpredictable environments with limited resources, requiring advanced technical skills and situational awareness.
Care Continuity & Communication	Serve as the first link in emergency care, ensuring timely handover and effective communication with emergency department teams.
Advancements in Paramedicine	Expanded clinical roles and community paramedicine services improve access to emergency and preventive healthcare, especially for underserved populations.

3. Social Worker Role in Emergency.

Providing emotional, social, and environmental aspects of health during the emergency response, social workers offer essential psychosocial assistance in the emergency response team. In emergency departments and disaster settings, they provide services to people and families that face trauma, grief, violence, abuse, or unexpected bereavement [24]. Crisis intervention, counseling, and emotional stabilization are some of the main aspects of their professional duties. Moreover, access to community resources, housing, financial support, legal aid and mental health service provision, which are major recovery factors, is promoted by social workers in the post-acute emergency care period. Their assertion of the vulnerable groups such as children, older citizens, people with disabilities, and those marginalized supports equity and patient-centred care. In massive emergencies, social workers play a role in the disaster response planning, family reunification, and recovery [25].

Table 3: This table shows social workers' vital roles in emergency care.

	Role of Social Workers in Emergency Care
Psychosocial Support	Provide emotional, social, and environmental support to patients and families during emergency situations.
Crisis Intervention	Offer counseling, emotional stabilization, and crisis intervention for individuals facing trauma, grief, violence, abuse, or sudden loss.
Support in Emergency & Disaster Settings	Deliver services in emergency departments and disaster environments to address immediate psychosocial needs.
Post-Acute Care & Recovery	Facilitate access to community resources, housing, financial assistance, legal aid, and mental health services.
Advocacy for Vulnerable Populations	Advocate for children, older adults, persons with disabilities, and marginalized groups to promote equity and patient-centred care.
Disaster Planning & Recovery	Participate in disaster response planning, family reunification efforts, and long-term recovery processes.

4. Interprofessional Teamwork during Emergency Response.

Effective coordination between nurses, paramedics, and social workers is the key to the effectiveness of the emergency response. The interprofessional teamwork improves the communication, reduces errors, and improves patient safety and outcomes. Each field provides distinctly complementary skills, namely clinical care, prehospital intervention, and psychosocial support as a result of which a complex approach to emergency management is formed [26]. However, issues like overlapping of roles, lack of communication and lack of interprofessional training hinder teamwork. The differences in the training backgrounds and the structures of organizations also lead to misunderstandings in the teams. The use of structured communication tools, shared protocols and interdisciplinary training programs has proven to enhance teamwork and coordination in the emergency settings [27].

Table 4: This table highlights the importance, challenges, and strategies of interprofessional teamwork during emergency response.

Aspect	Interprofessional Teamwork during Emergency Response
Team Composition	Collaboration among nurses, paramedics, and social workers in emergency response.
Importance of Coordination	Enhances communication, reduces errors, and improves patient safety and outcomes.
Complementary Roles	Integrates clinical care, prehospital intervention, and psychosocial support for comprehensive emergency management.
Barriers to Teamwork	Role overlap, poor communication, limited interprofessional training, and organizational differences.
Impact of Training Differences	Variations in professional education and organizational structures may cause team misunderstandings.
Strategies for Improvement	Use of structured communication tools, shared protocols, and interdisciplinary training programs.

5. Challenges and New Strategies.

Emergency response teams deal with a multiplicity of challenges such as workload, emotional stress, resource strain, and an increase in the number of services to be provided. Workforce shortages, compassion fatigue and burnout undermine team effectiveness. To reduce such difficulties, the organizational support, mental health resources, and policies aimed at fostering the well-being of the workforce are required [28]. There have been promising emerging strategies, such as simulation-based interprofessional education, technological adoption, standard care paths, and increased community-based emergency care, which have been shown to strengthen emergency response mechanisms. The development of more collaborative practice and holistic care models may help improve patient outcomes and professional satisfaction [29].

DISCUSSION

The current review highlights the fact that effective emergency response depends on the coordinated efforts of nurses, paramedics, and social workers as each offers unique but complementary skills [30]. Nurses play a key role in emergency care through the rapid assessment, clinical stabilization, persistent observation, and multidisciplinary team coordination [31]. Their engagement in patient advocacy, psychological assistance, and disaster management has a significant positive impact on patient safety and continuity of care [32]. The paramedics are central to the prehospital phase, during which it becomes possible to have a direct impact on the degree of survival by making quick decisions and providing life-saving interventions [33]. Their ability to work independently in unforeseen and resource constrained situations highlights their relevance in handling time sensitive situations [34]. The growth of the paramedics and community-based services has also contributed to an increased access to emergency and preventive care, particularly to underserved groups [35]. Social workers have a vital psychosocial lens in that they deal with trauma and crisis intervention, resource coordination, and advocacy of vulnerable populations [36]. They will not only care about acute crises but also about post-disaster recovery, family reunification, and long-term care, which will guarantee holistic and patient-centred care [37]. Interprofessional relationships between these professions promote communication, minimize errors, and patient outcomes [38]. However, issues such as role ambiguity, communication, and interprofessional training are still there [39]. The use of structured communication tools, common protocols, interdisciplinary education, and organizational support are essential strategies that can be used to strengthen teamwork and reduce workforce stress and burnout [40].

CONCLUSION

Nurses, paramedics, and social workers all rely on each other and the coordinated efforts of all the mentioned groups to deliver effective, timely, and holistic care. Individual professions also offer unique clinical, pre-hospital, and psychosocial experience that complement each other to improve patient outcomes and safety. Enhancing the level of collaboration between professionals, managing human resources, and supporting the joint training and practice concepts is inevitable to better the emergencies care systems and the ultimate provision of the complicated needs of people and communities in times of emergency.

REFERENCES

- [1]. Jin Y, Maimaitiming M, Li J, Hoving DJ, Yuan B. Coordination of care to improve outcomes of emergency medical services. *Cochrane Database Syst Rev*. 2023 Mar 10;2023(3):CD015316. doi: 10.1002/14651858.CD015316. PMID: PMC9999672.
- [2]. Wang H. Public health emergency decision-making and management system sound research using rough set attribute reduction and blockchain. *Sci Rep*. 2022 Mar 4;12(1):3600. doi: 10.1038/s41598-022-07493-w. PMID: 35246582; PMCID: PMC8897403.
- [3]. Haggerty JL, Roberge D, Freeman GK, Beaulieu C. Experienced continuity of care when patients see multiple clinicians: a qualitative metasummary. *Ann Fam Med*. 2013 May-Jun;11(3):262-71. doi: 10.1370/afm.1499. PMID: 23690327; PMCID: PMC3659144.
- [4]. Sim HS, How CH. Mental health and psychosocial support during healthcare emergencies - COVID-19 pandemic. *Singapore Med J*. 2020 Jul;61(7):357-362. doi: 10.11622/smedj.2020103. PMID: 32754765; PMCID: PMC7926602.
- [5]. Mrayyan MT, Abunab HY, Abu Khait A, Rababa MJ, Al-Rawashdeh S, Algunmeeyn A, Abu Saraya A. Competency in nursing practice: a concept analysis. *BMJ Open*. 2023 Jun 1;13(6):e067352. doi: 10.1136/bmjopen-2022-067352. PMID: 37263688; PMCID: PMC10255110.
- [6]. Taberna M, Gil Moncayo F, Jané-Salas E, Antonio M, Arribas L, Vilajosana E, Peralvez Torres E, Mesía R. The Multidisciplinary Team (MDT) Approach and Quality of Care. *Front Oncol*. 2020 Mar 20;10:85. doi: 10.3389/fonc.2020.00085. PMID: 32266126; PMCID: PMC7100151.
- [7]. Khirekar J, Badge A, Bandre GR, Shahu S. Disaster Preparedness in Hospitals. *Cureus*. 2023 Dec 6;15(12):e50073. doi: 10.7759/cureus.50073. PMID: 38192940; PMCID: PMC10771935.
- [8]. Committee on Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations; Institute of Medicine. Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response. Washington (DC): National Academies Press (US); 2012 Mar 21. 6, Prehospital Care Emergency Medical Services (EMS) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK201058/>
- [9]. Settembre-Blundo D, González-Sánchez R, Medina-Salgado S, García-Muiña FE. Flexibility and Resilience in Corporate Decision Making: A New Sustainability-Based Risk Management System in Uncertain Times. *Glob J Flex Syst Manag*. 2021;22(Suppl 2):107-132. doi: 10.1007/s40171-021-00277-7. Epub 2021 Aug 3. PMID: 40477510; PMCID: PMC8329640.
- [10]. Sudhakar-Krishnan V, Rudolf MC. How important is continuity of care? *Arch Dis Child*. 2007 May;92(5):381-3. doi: 10.1136/adc.2006.099853. PMID: 17449521; PMCID: PMC2083711.
- [11]. Shannon B, Eaton G, Lanos C, Leyenaar M, Nolan M, Bowles KA, Williams B, O'Meara P, Wingrove G, Heffern JD, Batt A. The development of community paramedicine; a restricted review. *Health Soc Care Community*. 2022 Nov;30(6):e3547-e3561. doi: 10.1111/hsc.13985. Epub 2022 Sep 5. PMID: 36065522; PMCID: PMC10087318.
- [12]. Woods EH, Zhang Y, Roemer EC, Kent KB, Davis MF, Goetzel RZ. Addressing Psychosocial, Organizational, and Environmental Stressors Emerging From the COVID-19 Pandemic and Their Effect on Essential Workers' Mental Health and Well-being: A Literature Review. *J Occup Environ Med*. 2023 May 1;65(5):419-427. doi: 10.1097/JOM.0000000000002802. Epub 2023 Jan 25. PMID: 36701793; PMCID: PMC10171099.
- [13]. Biswas PS, Jalaluddin M, Sarangi P, Bagchi S. Assessment of Overall Self-Care Among the East Indian Population: An Experimental, Observational, and Validated Study. *Oral Sphere J. Dent. Health Sci*. 2025;1(3):123-133. doi: 10.63150/osjdhs.2025.9
- [14]. Headrick G, Ruth A, White SA, Ellison C, Seligman H, Bleich SN, Moran AJ. Integration and coordination across public benefit programs: Insights from state and local government leaders in the United States. *Prev Med Rep*. 2022 Dec 1;31:102077. doi: 10.1016/j.pmedr.2022.102077. PMID: 36483579; PMCID: PMC9723913.
- [15]. Prang KH, Berecki-Gisolf J, Newnam S. Recovery from musculoskeletal injury: the role of social support following a transport accident. *Health Qual Life Outcomes*. 2015 Jul 3;13:97. doi: 10.1186/s12955-015-0291-8. PMID: 26138816; PMCID: PMC4490643.

- [16]. Ahmed A, van den Muijsenbergh METC, Vrijhoef HJM. Person-centred care in primary care: What works for whom, how and in what circumstances? *Health Soc Care Community*. 2022 Nov;30(6):e3328-e3341. doi: 10.1111/hsc.13913. Epub 2022 Jul 21. PMID: 35862510; PMCID: PMC10083933.
- [17]. Steihaug S, Johannessen AK, Ådnanes M, Paulsen B, Mannion R. Challenges in Achieving Collaboration in Clinical Practice: The Case of Norwegian Health Care. *Int J Integr Care*. 2016 Jul 18;16(3):3. doi: 10.5334/ijic.2217. PMID: 28435416; PMCID: PMC5351059.
- [18]. Danasekaran R. One Health: A Holistic Approach to Tackling Global Health Issues. *Indian J Community Med*. 2024 Mar-Apr;49(2):260-263. doi: 10.4103/ijcm.ijcm_521_23. Epub 2024 Mar 7. PMID: 38665439; PMCID: PMC11042131.
- [19]. National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on the Future of Nursing 2020–2030; Flaubert JL, Le Menestrel S, Williams DR, et al., editors. *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*. Washington (DC): National Academies Press (US); 2021 May 11. 8, Nurses in Disaster Preparedness and Public Health Emergency Response. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK573904/>
- [20]. Shafiei A, Arsalani N, Beyrami Jam M, Khankeh HR. The impact of surge capacity enhancement training for nursing managers on hospital disaster preparedness and response: an action research study. *BMC Emerg Med*. 2024 Aug 26;24(1):153. doi: 10.1186/s12873-024-00930-1. PMID: 39183329; PMCID: PMC11346052.
- [21]. Alruwaili A, Khorram-Manesh A, Ratnayake A, Robinson Y, Goniewicz K. The Use of Prehospital Intensive Care Units in Emergencies-A Scoping Review. *Healthcare (Basel)*. 2023 Nov 2;11(21):2892. doi: 10.3390/healthcare11212892. PMID: 37958036; PMCID: PMC10647734.
- [22]. Reay G, Rankin JA, Smith-MacDonald L, Lazarenko GC. Creative adapting in a fluid environment: an explanatory model of paramedic decision making in the pre-hospital setting. *BMC Emerg Med*. 2018 Nov 15;18(1):42. doi: 10.1186/s12873-018-0194-1. PMID: 30442096; PMCID: PMC6238402.
- [23]. 2021 National Healthcare Quality and Disparities Report [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2021 Dec. ACCESS TO HEALTHCARE AND DISPARITIES IN ACCESS. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK578537/>
- [24]. Heris CL, Kennedy M, Graham S, Bennetts SK, Atkinson C, Mohamed J, Woods C, Chennall R, Chamberlain C. Key features of a trauma-informed public health emergency approach: A rapid review. *Front Public Health*. 2022 Nov 28;10:1006513. doi: 10.3389/fpubh.2022.1006513. PMID: 36568798; PMCID: PMC9771594.
- [25]. Drolet JL, Lewin B, Khatiwada K, Bogdan E, Windsor E. The role of social work practitioners and human service professionals in long-term disaster recovery after the 2016 Alberta wildfires in Canada. *Int Soc Work*. 2024 Nov;67(6):1449-1463. doi: 10.1177/00208728241269680. Epub 2024 Aug 9. PMID: 39529793; PMCID: PMC11550181.
- [26]. Deans C, Carter S. Evidenced Interventions Supporting the Psychological Wellbeing of Disaster Workers: A Rapid Literature Review. *Int J Environ Res Public Health*. 2025 Sep 19;22(9):1454. doi: 10.3390/ijerph22091454. PMID: 41007597; PMCID: PMC12470247.
- [27]. Kaim A, Bodas M, Camacho NA, Peleg K, Ragazzoni L. Enhancing disaster response of emergency medical teams through "TEAMS 3.0" training package-Does the multidisciplinary intervention make a difference? *Front Public Health*. 2023 Apr 12;11:1150030. doi: 10.3389/fpubh.2023.1150030. PMID: 37124785; PMCID: PMC10130359.
- [28]. Pladdys J. Mitigating Workplace Burnout Through Transformational Leadership and Employee Participation in Recovery Experiences. *HCA Healthc J Med*. 2024 Jun 1;5(3):215-223. doi: 10.36518/2689-0216.1783. PMID: 39015600; PMCID: PMC11249184.
- [29]. Elendu C, Amaechi DC, Okatta AU, Amaechi EC, Elendu TC, Ezech CP, Elendu ID. The impact of simulation-based training in medical education: A review. *Medicine (Baltimore)*. 2024 Jul 5;103(27):e38813. doi: 10.1097/MD.00000000000038813. PMID: 38968472; PMCID: PMC11224887.
- [30]. Huang N, Che Y, Hu X, Liu J, He C. Current Status and Factors Influencing Emergency Response Capability of Shared Nurses in the Internet + Nursing Service Model: A Descriptive Cross-Sectional Study. *Risk Manag Healthc Policy*. 2024 Apr 6;17:803-814. doi: 10.2147/RMHP.S452053. PMID: 38606346; PMCID: PMC11006594.
- [31]. Rosen MA, DiazGranados D, Dietz AS, Benishek LE, Thompson D, Pronovost PJ, Weaver SJ. Teamwork in healthcare: Key discoveries enabling safer, high-quality care. *Am Psychol*. 2018 May-Jun;73(4):433-450. doi: 10.1037/amp0000298. PMID: 29792459; PMCID: PMC6361117.
- [32]. Wang W, Li H, Huang M. A literature review on the impact of disasters on healthcare systems, the role of nursing in disaster management, and strategies for cancer care delivery in disaster-affected populations. *Front Oncol*. 2023 Jul 14;13:1178092. doi: 10.3389/fonc.2023.1178092. PMID: 37519811; PMCID: PMC10382130.
- [33]. Johnston S, Brightwell R, Ziman M. Paramedics and pre-hospital management of acute myocardial infarction: diagnosis and reperfusion. *Emerg Med J*. 2006 May;23(5):331-4. doi: 10.1136/emj.2005.028118. PMID: 16627830; PMCID: PMC2564076.

- [34]. Thokala P, Duarte H, Wright S, Husereau D, Durand-Zaleski I, Lindgren P, Postema R, Machnicki G, Garrison L. Incorporating Resource Constraints in Health Economic Evaluations: Overview and Methodological Considerations. *Pharmacoecon Open*. 2025 Mar;9(2):161-178. doi: 10.1007/s41669-024-00537-z. Epub 2024 Dec 17. PMID: 39688639; PMCID: PMC11865382.
- [35]. Lazo-Porras M, Penniecook T. Health equity: access to quality services and caring for underserved populations. *Health Policy Plan*. 2023 Nov 16;38(Supplement_2):ii1-ii2. doi: 10.1093/heapol/czad073. PMID: 37995262; PMCID: PMC10666925.
- [36]. Open Resources for Nursing (Open RN); Ernstmeyer K, Christman E, editors. *Nursing: Mental Health and Community Concepts* [Internet]. Eau Claire (WI): Chippewa Valley Technical College; 2022. Chapter 17 Vulnerable Populations. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK590046/>
- [37]. Amatya B, Khan F. Disaster Response and Management: The Integral Role of Rehabilitation. *Ann Rehabil Med*. 2023 Aug;47(4):237-260. doi: 10.5535/arm.23071. Epub 2023 Aug 22. PMID: 37644718; PMCID: PMC10475811.
- [38]. Reeves S, Pelone F, Harrison R, Goldman J, Zwarenstein M. Interprofessional collaboration to improve professional practice and healthcare outcomes. *Cochrane Database Syst Rev*. 2017 Jun 22;6(6):CD000072. doi: 10.1002/14651858.CD000072.pub3. PMID: 28639262; PMCID: PMC6481564.
- [39]. O'Daniel M, Rosenstein AH. Professional Communication and Team Collaboration. In: Hughes RG, editor. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 33. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK2637/>
- [40]. Meneses-La-Riva ME, Fernández-Bedoya VH, Suyo-Vega JA, Ocupa-Cabrera HG, Grijalva-Salazar RV, Ocupa-Meneses GDD. Enhancing Healthcare Efficiency: The Relationship Between Effective Communication and Teamwork Among Nurses in Peru. *Nurs Rep*. 2025 Feb 7;15(2):59. doi: 10.3390/nursrep15020059. PMID: 39997795; PMCID: PMC11857919.