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Emergency and Critical Care Management Experiences of Nurses in Selected Hospitals in MIMAROPA Region

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Abstract. Emergency and critical care nurses play an important role in providing immediate care to patients, especially in hospitals with limited resources. However, few studies have explored the experiences of nurses working in geographically isolated and resource-limited areas. Most studies focus on patient outcomes rather than the challenges nurses face in managing emergencies, stabilizing patients, and arranging patient transport. This study explored the experiences of nurses in managing emergency and critical care cases in selected hospitals in the MIMAROPA Region. It focused on their experiences, challenges, and strategies in providing care from initial treatment to patient stabilization and referral. A qualitative research design using narrative inquiry was employed. Fifteen (15) nurses from three government hospitals were selected through purposive sampling. Data were collected through semi-structured interviews and analyzed using thematic analysis with the help of NVivo software. The findings showed that nurses often handled emergency cases that required quick decisions and immediate action. However, they faced challenges such as limited medicines, problems with patient monitoring, financial difficulties among patients, and transportation barriers. Despite these difficulties, nurses showed resourcefulness, teamwork, and adaptability in providing care and stabilizing patients. The study concluded that limited resources and healthcare support affect the quality and timeliness of emergency care. Therefore, the implementation of the S.A.F.E. Emergency Response Framework is recommended to improve resource availability, clinical decision-making, teamwork, patient transport, and continuity of care. This framework aims to promote patient safety and improve healthcare services and patient outcomes.

Keywords: Emergency and Critical Care; Emergency Response Framework; MIMAROPA Region; Nurse Experiences; Patient Transport

Introduction

Excellence in emergency and critical care means providing timely, safe, and equal access to life-saving healthcare services to prevent deaths and serious health problems (Crawford et al., 2023). Globally, emergency care focuses on treating sudden illnesses and injuries, while critical care provides close monitoring and specialized treatment for patients with life-threatening conditions (World Health Organization [WHO], 2025). However, many healthcare facilities, especially those with limited resources, still face problems such as inadequate equipment, lack of facilities, and shortage of healthcare workers. These challenges can delay treatment and affect patient safety.

These problems are also seen in low- and middle-income countries like the Philippines, where rural and isolated communities have difficulty accessing healthcare services. The MIMAROPA Region, because of its island locations, faces challenges in transportation, healthcare facilities, and the distribution of medical resources. According to the Philippine Statistics Authority (2024), many municipalities in the region belong to lower-income groups, which may contribute to delays in seeking healthcare and receiving proper treatment.

Government hospitals in these areas often have limited resources but must handle many emergency cases. Nurses play an important role in providing emergency care through patient assessment, stabilization, monitoring, and referral coordination. However, a lack of staff, medical equipment, hospital beds, and reliable transportation can make their work more difficult. These challenges are more common in Level I infirmary hospitals, where patients often need to be transferred to other hospitals for specialized treatment.

Addressing these challenges supports Sustainable Development Goal 3 (SDG 3), which promotes good health and well-being for everyone, and the Universal Health Care Act (Republic Act No. 11223), which aims to provide equal access to quality healthcare in the Philippines. Despite these efforts, many communities,

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especially those in remote areas, still experience difficulties in accessing emergency and critical care services because of limited facilities, healthcare workers, and specialized services (Guegan & Suzan, 2018; Lui & Dong, 2021; McKinney & Swartz, 2021).

Although previous studies have discussed healthcare challenges, there are still limited qualitative studies about the actual experiences of nurses handling emergency and critical care in hospitals with limited resources and remote locations. Most studies focus on patient outcomes rather than how nurses manage difficult situations, make decisions, stabilize patients, and coordinate referrals despite limited resources. This shows the need for more studies that focus on the experiences of nurses in the MIMAROPA Region.

In response to this gap, this study explored the experiences of nurses in selected government hospitals in the MIMAROPA Region. It focused on their roles, challenges, and strategies in managing emergency and critical care, from the first patient assessment to stabilization and referral. The findings were used to develop the S.A.F.E. Emergency Response Framework, based on Donabedian's Structure–Process–Outcome (SPO) Model. The framework aims to improve emergency preparedness, nurses' skills, ambulance services, patient monitoring, stabilization, and referral coordination. Ultimately, it aims to promote patient safety and improve the delivery of quality emergency and critical care, especially in hospitals with limited resources.

Research Questions

This study aimed to explore nurses' experiences in managing emergency and critical care cases, focusing on the initiation of care, intervention strategies, and transport management. Understanding these experiences provided insights into the barriers, coping mechanisms, and best practices employed by nurses in selected government hospitals in the MIMAROPA Region and

Specifically sought to answer the following research questions;

1. How do nurses describe their experiences in handling emergency and critical cases?
   1.1. Can you describe a specific emergency or critical case you have managed?
   1.2. What feelings or emotions have you experience while handling critical patients?
   1.3. How do you assess and prioritize care in emergency situations?
   1.4. How does the hospital setting (being infirmary or level 1) affect your ability to provide emergency care?
2. How do nurses describe the challenges they face in handling emergency and critical cases?
   2.1. What are the most common difficulties you encounter in patient stabilization?
   2.2. Can you share and describe a situation where a patient's condition worsened during transport?
   2.3. What challenges do you experiences in arranging patient transport to a higher-level hospital?
   2.4. How do these difficulties impact the quality of patient care before transport?
3. How do nurses describe their strategies to overcome the challenges in handling emergency and critical cases?
   3.1. What strategies do you usually apply when faced with limitations in providing emergency and critical care?
   3.2. How do you communicate and coordinate with colleagues, other hospitals, or transport teams during emergencies?
   3.3. What approaches do you use to manage patients who deteriorating while in transit or under your care?
   3.4. What teamwork or collaboration practices have helped you improve patient outcomes in emergency and critical situations?
4. Based on the study's findings, what framework can be proposed for emergency and critical care nurses?

Scope and Delimitation of the Study

This study focused on the experiences, challenges, and strategies of nurses in managing emergency and critical care cases in three selected government hospitals classified as Infirmary and Level I hospitals in the Philippines from November 2025 to April 2026. Using a qualitative research design through Narrative Inquiry, the study explored how nurses handled emergency situations, made clinical decisions, provided immediate care, stabilized patients, and managed patient transfers despite limited resources. The participants were fifteen (15) registered nurses assigned to emergency, critical care, and general wards, selected through purposive sampling based on their experiences in handling emergency cases. Data were gathered through individual, in-depth, semi-structured interviews and analyzed using thematic analysis to identify common experiences, challenges, and strategies. The study examined the availability of medical equipment, staffing, emergency procedures, nursing skills, teamwork, decision-making, patient stabilization, and patient transfer. It also explored challenges such as a lack of equipment and staff, delayed referrals, unclear procedures, and the stress of handling emergency cases. Furthermore, it identified the strategies nurses used, including resourcefulness, teamwork, critical thinking, good judgment, and adaptability. The study was limited to the

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experiences of nurses from the three selected government hospitals and did not include nurses from private hospitals, urban medical centers, or higher-level healthcare facilities. Since the study used a qualitative approach, its findings were based on the participants' personal experiences and responses rather than statistical data or direct observations of patient outcomes. Possible limitations included biased responses, scheduling difficulties, and the small number of participants. Despite these limitations, the study provides important insights into the experiences of nurses working in hospitals with limited resources. Its findings may help improve emergency care, strengthen nurses' skills, address hospital resource shortages, and develop better emergency response and patient transfer procedures.

Literature Review

Emergency and critical care involve the quick assessment, treatment, stabilization, and continuous monitoring of patients with serious or life-threatening conditions. Emergency care focuses on treating sudden illnesses and injuries, while critical care provides continuous treatment and close monitoring for patients who need specialized medical attention (Schell et al., 2018; Davis et al., 2020; Urden et al., 2021). Both require nurses to have proper knowledge, clinical skills, good judgment, and teamwork to provide safe and timely care (Aitken et al., 2020; Urden et al., 2021). These responsibilities become more important in rural and resource-limited hospitals, where nurses often handle initial assessments, emergency treatment, patient stabilization, and referrals because specialized staff and equipment may not be available (Schell et al., 2018).

Studies show that emergency and critical care nursing is challenging because nurses often handle serious cases, unexpected situations, and heavy workloads. These situations require quick decision-making, flexibility, and the ability to remain calm under pressure (Bam, 2020; Macey et al., 2021; Spencer et al., 2023; Teske et al., 2024). Nurses often depend on their experiences, teamwork, clinical judgment, and professional skills to manage patients despite limited resources. Spencer et al. (2023) emphasized the need to improve emergency and critical care systems, including facilities, workforce, and healthcare services. Meanwhile, Macey et al. (2021) focused on how nurses develop their skills through actual experiences and teamwork. Bam (2020) highlighted the importance of nurses as first responders, while Teske et al. (2024) emphasized their ability to work independently and adapt to different emergency situations. These studies show that providing quality emergency care depends not only on nurses' skills but also on the support and resources available in their hospitals.

Aside from their clinical duties, nurses also experience emotional and psychological pressure when handling emergency and critical cases. Lawn et al. (2018) and Wu et al. (2023) discussed the stress experienced by healthcare workers in emergency and critical care settings. Lawn et al. (2018) focused on the effects of traumatic events and long working hours, while Wu et al. (2023) highlighted burnout and emotional exhaustion, especially during public health emergencies. These studies show that nurses must deal with both the physical demands of their work and the emotional challenges of caring for seriously ill patients.

Another important finding in the literature is the ability of nurses to adapt when equipment, medical supplies, and specialized doctors are limited. Sole et al. (2020) explained that nurses in resource-limited settings often rely on their knowledge, experience, and judgment when providing care. Similarly, Bam (2020) emphasized the role of nurses in responding to sudden changes in patients' conditions. McCaul et al. (2018) also found that some clinical guidelines are not suitable for low- and middle-income countries because they do not consider local resources and conditions. These studies show that nurses need to be resourceful and flexible, but personal skills alone cannot replace proper equipment, guidelines, and hospital support.

In the Philippines, similar challenges are found in emergency and critical care services. Paguio and Banayat (2018) identified gaps in the implementation of critical care nursing standards, particularly in specialization, certification, and continuing professional development. On the other hand, Yummul et al. (2023) found that most emergency medicine research in the Philippines focuses on Metro Manila, leaving rural and provincial areas with limited research. These studies show the need to improve nurses' professional development and conduct more research in different parts of the country, especially in areas with limited healthcare services.

Government policies also play an important role in improving emergency care. The Department of Health (DOH) supports the Universal Health Care Act (Republic Act No. 11223), which aims to provide equal access to quality healthcare services. Programs such as the Health Facility Enhancement Program (HFEP) and the provision of Patient Transport Vehicles (PTVs) help improve hospital facilities and patient referral systems, especially in underserved areas (DOH, 2024–2025). Similarly, the World Health Organization (WHO, 2018) emphasizes the importance of organized referral systems, trained healthcare workers, and proper patient transportation. These efforts are important in rural areas where nurses play a major role in stabilizing patients and coordinating hospital transfers.

Several studies also identify common problems affecting emergency and critical care in hospitals with limited resources. These include inadequate facilities, lack of medical equipment, shortage of healthcare

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workers, limited training, weak referral systems, and insufficient funding (Diaz et al., 2019; Watkins et al., 2017; Burrows et al., 2019; Côté and Shrestha, 2023). Diaz et al. (2019) focused on the lack of local research and weak healthcare systems, while Watkins et al. (2017) discussed problems with healthcare access, quality, and efficiency. Burrows et al. (2019) emphasized the need for more training, mentorship, and professional development. Meanwhile, Côté and Shrestha (2023) identified problems related to hospital facilities, population needs, and healthcare funding. Together, these studies show that quality emergency care depends on proper hospital resources, enough staff, and effective healthcare management.

The availability of proper clinical guidelines is also important in providing emergency care. McCaul et al. (2018) found that some emergency care guidelines are not suitable for hospitals in low- and middle-income countries because they do not consider the limitations of these settings. Similarly, Diaz et al. (2019) highlighted the lack of research that addresses local healthcare needs. These findings show that hospitals need guidelines that match their available resources, staff, and actual working conditions.

Workforce development is also necessary to improve emergency and critical care services. Burrows et al. (2019) emphasized the importance of training, mentorship, and continuing education for nurses. Mwandri and Hardcastle (2018) found that having proper hospital facilities is not enough if healthcare workers do not have the necessary skills to provide emergency treatment. Similarly, Bagaria et al. (2024) identified limited funding, weak policies, and insufficient training programs as challenges affecting trauma care systems in Asian countries. These studies show that improving hospital facilities must go together with developing the knowledge and skills of healthcare workers.

Patient transfer is another important part of emergency and critical care. Kulshrestha and Singh (2016) explained that transferring patients to other hospitals helps them receive the medical services they need. However, safe transfers require proper transportation, monitoring equipment, trained personnel, and good communication. Boutilier and Chan (2019) emphasized the importance of improving ambulance services to reduce response times, while Schamisso (2024) discussed how delays in hospital transfers may increase the risk of poor patient outcomes. Heaton and Kohn (2025) also highlighted the need for ready equipment, trained staff, and proper coordination between hospitals.

Although these studies discuss patient transportation, they focus on different areas. Kulshrestha and Singh (2016) focused on maintaining continuous patient care, Boutilier and Chan (2019) discussed improving ambulance services, and Heaton and Kohn (2025) emphasized coordination between hospitals. The WHO Emergency Care System Framework (2018) also recognizes the importance of proper transportation and referral systems in connecting emergency services and hospitals. Overall, these studies show that patient transfer is not just about moving patients from one hospital to another. It also requires proper monitoring, communication, coordination, and medical care throughout the process.

In the Philippines, Sharif and Rubio (2022) identified time limitations, communication problems, and patients' emotional conditions as challenges experienced by nurses in emergency settings. These challenges are also important during patient transfers, where clear communication and proper coordination are needed. The Department of Health's programs, such as Patient Transport Vehicles and the Health Facility Enhancement Program, aim to improve transportation and hospital facilities. However, problems with staffing, medical equipment, transportation, and healthcare facilities remain, especially in geographically isolated areas (DOH, 2024–2025).

Overall, the reviewed studies show that emergency and critical care nursing in hospitals with limited resources is affected by nurses' skills, emotional challenges, staffing, hospital facilities, medical equipment, clinical guidelines, and patient referral systems. The studies agree that nurses play an important role in providing emergency care, especially in hospitals with limited medical resources and specialized personnel. However, they focus on different concerns, including nurses' experiences, workplace challenges, training, hospital resources, and patient transportation. These findings show that improving emergency care requires both skilled nurses and proper hospital support.

Despite the existing studies, there is still a lack of qualitative research focusing on the actual experiences of nurses working in geographically isolated and resource-limited hospitals. Most previous studies focus on healthcare systems, nursing skills, clinical guidelines, and patient outcomes, with less attention to how nurses handle emergency situations, make important decisions, stabilize patients, and coordinate referrals despite limited resources. This gap is important in the MIMAROPA Region because its island geography, transportation difficulties, limited hospital resources, and lack of specialized services create additional challenges in providing emergency care.

Therefore, the present study aims to explore the experiences of nurses in selected government hospitals in the MIMAROPA Region, focusing on their roles, challenges, and strategies in handling emergency and critical care cases. It examines their experiences from the initial assessment of patients to stabilization and hospital referral. Through the nurses' personal experiences, the study aims to provide useful information that

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can help improve emergency care services and support the development of the S.A.F.E. Emergency Response Framework.

Methodology

Research Design

The researcher used a qualitative research design, specifically the Narrative Inquiry approach, to explore the experiences of nurses in managing emergency and critical care cases. This approach was appropriate because it focused on understanding nurses' real-life experiences through their own stories and descriptions without changing their work environment. It helped explain how nurses handled patient assessment, treatment, stabilization, and transportation despite limited hospital resources. The study also identified the challenges they faced and the strategies they used to provide proper patient care. Through their personal experiences, the researcher gathered detailed information about their practices, decisions, and interventions. Finally, the findings served as the basis for developing the S.A.F.E. Emergency Response Framework, guided by Donabedian's Structure–Process–Outcome Model. This framework connects hospital resources and facilities (Structure), emergency care practices (Process), and patient safety and healthcare outcomes (Outcome). It also helped develop a conceptual model showing how different aspects of nurses' experiences are connected in emergency and critical care.

Research Locale

This study was conducted in three government hospitals located in a rural island province within the MIMAROPA region of the Philippines. The area was considered a health service delivery-challenged area with limited access to advanced healthcare services, which made emergency and critical care management particularly demanding. The selected hospitals included Hospital A (a level I facility), Hospital B, and Hospital C (both infirmaries). These facilities primarily handled emergency and critical care cases before referring patients to higher-level medical institutions in more urbanized areas. They represented the healthcare system's frontline, where nurses were responsible for patient stabilization, administering life-saving interventions, and coordinating patient transport. This setting was highly relevant to the study's objectives, as it enabled an in-depth exploration of nurses' experiences providing care under constrained, high-pressure conditions. The realities of practice in these under-resourced environments offered valuable insights into nurses' experiences, challenges, and strategies, which influenced the quality of emergency and critical care services in rural areas.

Research Participants

The study involved fifteen (15) registered nurses who were currently working as nurses in selected government hospitals in the MIMAROPA Region. Saturation was considered achieved when responses became repetitive, and no new themes emerged during the final interviews. Given the nature of narrative inquiry, which values depth over breadth, a total of fifteen participants were deemed sufficient to generate meaningful, context-rich insights. The sample size was guided by data saturation, in line with the requirements of the narrative inquiry design, as supported by Subedi (2021), who noted that qualitative research sample sizes may range from 1 to 20 selections, justified by the richness and depth of the required information. Specifically, five (5) nurses were selected from each hospital to ensure representation across institutions and capture diverse experiences and perspectives.

Research Instrument

The researcher used a researcher-developed semi-structured interview guide to gather information about nurses' experiences, challenges, and strategies in handling emergency and critical care cases, particularly in patient transport management. The guide contained open-ended questions to encourage detailed and meaningful responses. It was validated by four experts: a Clinical Nurse Specialist or Nurse Supervisor in Emergency/Critical Care, a Hospital Administrator or Nursing Service Chief, a faculty member specializing in nursing or qualitative research, and a DOH representative from CHD MIMAROPA with a master's degree in Public Management major in Health System Development. The experts assessed the questions' clinical relevance, practicality, research appropriateness, and connection to healthcare policies and practices. Their suggestions were used to improve the clarity and relevance of the interview guide. After validation, a pilot interview was conducted with one qualified nurse who was not included in the main study to check the clarity, wording, and flow of the questions. The necessary revisions were made, and the final interview guide was submitted to the Oral Examination Committee for review and approval before the actual data collection.

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Data Gathering Procedure

The step-by-step process was undertaken to collect qualitative data for this study. The data collection process followed a structured and ethical approach to ensure credibility and reliability. Approval from hospital administrators was secured before initiating participant recruitment. Nurses with at least one year of experience in emergency and critical care were purposively selected and formally invited to participate. Semi-structured interviews were conducted in a private, convenient setting, guided by open-ended questions to explore their experiences in emergency and critical care management, including patient transport and the challenges encountered. The interview lasted approximately one hour. With participants' consent, the interviews were audio and video-recorded and supplemented by field notes to capture contextual details. Verbatim interviews were transcribed, followed by an initial analysis to identify key themes. To enhance the accuracy of the findings, member checking was conducted, allowing participants to validate their responses. The entire data collection process was completed over a period of four (4) weeks, from the first week of October 2025 to the last week of October 2025, including the conduct of in-depth interviews. The scheduling and conduct of interviews were coordinated with participants' availability to minimize disruption to their clinical duties.

Results and Discussions

Research Question 1: How do nurses describe their experiences in handling emergency and critical cases?

Table 1. Managing Emergency and Critical Cases as experienced by the nurses

	Participants' Code	Exemplars	Sub-themes	Theme
1.	P1	*"There were a lot of cases already, including one who was in an accident, a VA patient with severe head trauma, who needed to be intubated."*	High Burden of Trauma-Related Emergencies	Managing Emergency and Critical Cases
2.	P2	*"We encounter more trauma cases, such as vehicular accidents."*		
3.	P3	*"There was a vehicular accident, and the patients needed immediate attention because they had severe wounds."*		
4.	P4	*"The critical cases that we handle here involve trauma-related issues like vehicular accidents."*		
5.	P5	*"Trauma cases, such as vehicular accidents, often result in severe wounds."*		
6.	P7	*"Most of the time, vehicular accidents are the critical cases we receive in the ER."*		
7.	P13	*"Those VA cases with head trauma, most cases are repetitive."*		
8.	P6	*"We have cases of trauma or heart conditions such as myocardial infarction (MI) cases."*	Time-Sensitive emergency cases	
9.	P8	*"Most of the time, these were CVA patients."*		
10.	P9	*"Those M.I. cases, sometimes there is no doctor available."*		
11.	P10	*"Emergency case, similar to MI cases, chest pain is usually the most common presenting complaint."*		
12.	P11	*"I handled a critical case of a patient because the patient had ACS, who could have had an MI."*		
13.	P14	*"Teenage pregnancy, specifically pre-term labor, is already 2cm dilated."*	Obstetric Emergencies	
14.	P5	*"I have handled numerous mass casualties."*	Mass Casualty Incidents	
15.	P10	*"I was there during a Mass Casualty Incident; we just went and provided backup."*		
16.	P12	*"There were approximately 30 casualties, with 3 declared dead on arrival. Patients were rushed without proper prioritization."*		
17.	P15	*"Around 30–33 patients arrived, we prioritized the critical patients and performed CPR."*		
18.	P1	*"We are not licensed to intubate patients, and we do not have the necessary tools."*	Resource Limitations	
19.	P5	*"The challenges lie in the limited capacity of our staff and doctors."*		
20.		*"We are on an island, despite our limited capabilities and resources."*		
21.	P9	*"The unavailability of a doctor would often hinder immediate action."*		
22.	P7	*"We first assess the situation to determine which cases*	Clinical	

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		require immediate attention."	Judgment and Prioritization
23.	P9	*"We can take initial steps, providing oxygen, ECG, and an IV line."*	
24.	P15	*"We prioritized the critical patients... then attended to each patient individually."*	

The findings in Table 1 revealed that nurses experienced different types of emergency and critical cases that required immediate attention, proper assessment, and quick decision-making. These included trauma-related emergencies, time-sensitive medical cases, obstetric emergencies, mass casualty incidents, resource limitations, and the need for clinical judgment and prioritization. The results showed that nurses regularly handled serious and unpredictable situations, especially in hospitals with limited resources.

Trauma-related emergencies, particularly vehicular accidents, were among the most common cases encountered by nurses. Patients often arrived with serious injuries, such as head trauma and extensive wounds, requiring immediate care. As one participant stated, "Most of the time, vehicular accidents are the critical cases we received in the ER" (P7). This shows that nurses were frequently exposed to high-risk situations that required quick assessment and immediate stabilization. Repeated exposure to these cases also added to their physical and emotional responsibilities

Similarly, nurses encountered time-sensitive medical emergencies, including myocardial infarction (MI), acute coronary syndrome (ACS), chest pain, and cerebrovascular accidents (CVA). These cases required immediate interventions, such as oxygen administration, ECG monitoring, and establishing intravenous access. One participant shared, "Those MI cases, sometimes there is no doctor available" (P9). This indicates that nurses often had to respond immediately, especially when doctors were unavailable. These findings are supported by Bam (2020), who emphasized the importance of rapid response and early intervention in resource-limited emergency settings. Macey et al. (2021) also highlighted the additional responsibilities nurses carry when medical support and resources are limited.

Obstetric emergencies were also part of the nurses' experiences, although they occurred less frequently. One participant described handling a teenage pregnancy involving pre-term labor: "Teenage pregnancy, specifically pre-term labor, already 2cm dilated" (P14). This situation required immediate assessment, initial stabilization, and timely referral to prevent further complications. This finding is consistent with Cagayan et al. (2022), who identified limited staffing and resources as challenges in providing emergency obstetric care in rural areas.

Moreover, nurses experienced mass casualty incidents (MCIs), where several patients arrived at the same time and required immediate attention. One participant explained, "We prioritized the critical patients, then attended to each patient individually" (P15). Another participant recalled, "Around 30-33 patients arrived, with some declared dead on arrival" (P12). These experiences show how nurses managed overwhelming situations through proper triage and prioritization. Similarly, Schell et al. (2018) emphasized the importance of an effective emergency care system in responding to large-scale emergencies

Another concern was the lack of hospital resources and medical support. Nurses experienced problems with limited equipment, insufficient staff, unavailable doctors, and restrictions on performing certain procedures. One participant shared, "We are not allowed to intubate, and we do not have the necessary tools" (P1). Another stated, "The challenges lie in the limited capacity of our staff and doctors; we are on an island" (P5). These responses show that limited resources and medical support made it difficult for nurses to provide immediate and complete care. This supports Schell et al. (2018), who emphasized the importance of having enough resources and an effective emergency care system.

Despite these challenges, nurses used their clinical judgment to assess and prioritize patients based on the seriousness of their conditions. One participant stated, "We assess first which cases need immediate attention" (P7). Another shared, "We prioritize the critical patients first" (P15). Nurses also provided early care, such as giving oxygen, conducting ECG monitoring, and inserting IV lines while waiting for further medical instructions. This supports Bam (2020), who highlighted the importance of quick decisions and proper prioritization in emergency care.

Overall, the findings showed that nurses played an important role in managing emergency and critical cases despite limited resources and medical support. They handled serious injuries, urgent medical conditions, obstetric emergencies, and mass casualty incidents. These situations required quick assessment, proper prioritization, teamwork, and immediate care. Despite challenges with equipment, staffing, doctor availability, and geographical isolation, nurses continued to provide care through resourcefulness and adaptability. These findings show the need for better hospital resources, stronger medical support, and an effective emergency response system to provide timely and quality patient care.

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Table 2. Emotional Journey Experiences of Nurses

	Participants' Code	Exemplars	Sub-themes	Theme
1.	P1	*"It is disappointing; we do not have the license to intubate, and we also lack sufficient equipment."*	Emotional Distress from Resource Limitations	Emotional Journey Experiences of Nurses
2.	P2	*"Sometimes it becomes frightening that you may not be able to provide the necessary treatment because of the lack of resources."*		
3.	P9	*"It is challenging because sometimes, there is no medication available, and they do not have any money."*		
4.	P3	*"The sight was overwhelming because of the large amount of blood. I used to be afraid of blood."*	Fear and Anxiety in Critical Situations	
5.	P4	*"I was naturally anxious and unsure of how to handle it."*		
6.	P10	*"Sometimes I get nervous too, especially when you should have thought ahead."*		
7.	P14	*"Even as a nurse, I also experience fear."*		
8.	P4	*"Over the year, I have become less fearful, more adept at managing such cases."*	Emotional strain and Empathy	
9.	P5	*"With the length of experience and training, I am now more confident."*		
10.	P7	*"It is overwhelming, and it is pitiful when everything, empathy is already there."*		
11.	P6	*"Being understaffed and having a large number of patients made me feel overwhelmed."*		
12.	P14	*"One should remain relaxed; it is necessary to remain calm."*		
13.	P15	*"It was sad but fulfilling. I realized that I was capable of handling such a situation."*	Fulfillment and Emotional Recovery	
14.	P2	*"It is extremely fulfilling, despite the struggles."*		
15.	P3	*"Like a sense of relief that everything has been resolved."*		
16.	P4	*"I felt happy knowing that the patient was alive."*		
17.		*"As long as you hear that she is okay, it is awe-inspiring."*		
18.	P7	*"I tend to empathize quickly with others."*		
19.	P8	*"Sometimes, I really cry, especially when the patients are children."*		
20.		*"The fulfillment comes from being able to recover a patient, despite the lack of equipment."*		
21.	P11	*"I also feel compassion for the patient and their family, but it is still traumatic."*		

The findings in Table 2 revealed that nurses experienced different emotions while handling emergency and critical cases. These included emotional distress due to resource limitations, fear and anxiety during critical situations, emotional strain and empathy, and fulfillment and emotional recovery. The results showed that nurses experienced both negative and positive emotions depending on the challenges they faced and the outcomes of patient care.

One major experience was emotional distress caused by limited hospital resources and system constraints. Nurses expressed frustration and helplessness when they could not provide the necessary care because of insufficient equipment, medication shortages, and restrictions in their scope of practice. One participant shared, "It is disappointing, we are not allowed to intubate, and we lack sufficient equipment" (P1). This shows that nurses sometimes experienced emotional difficulty when they knew what care was needed but could not provide it due to limited resources.

Similarly, nurses experienced fear and anxiety when handling serious and life-threatening cases. One participant stated, "The sight was overwhelming, I used to be afraid of blood" (P3). Another participant shared, "Being understaffed and having a large number of patients made me feel overwhelmed" (P6). These experiences show that the severity of emergency cases, combined with heavy workloads and limited staffing, contributed to nurses' emotional stress. This finding is consistent with McDermid et al. (2020), who identified occupational stress and emotional strain among emergency nurses exposed to demanding patient care situations.

Despite these emotional challenges, nurses gradually developed confidence through experience and training. One participant explained, "With experience and training, I am now more confident" (P5). This indicates that continuous exposure to emergency situations and proper training helped nurses become more prepared and confident in handling difficult cases.

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Along with fear and distress, nurses also experienced fulfillment and happiness when they successfully managed critical cases. One participant stated, "It is extremely fulfilling, despite the struggles" (P2), while another shared, "I felt happy knowing that the patient was alive" (P4). These responses show that successful patient outcomes gave nurses a sense of accomplishment and satisfaction despite the difficulties they encountered. This finding is consistent with Rodrigo (2025), who highlighted the importance of resilience and positive coping in managing the emotional demands of emergency nursing.

Overall, the findings showed that nurses experienced both emotional difficulties and personal fulfillment while handling emergency and critical cases. Limited resources, heavy workloads, and exposure to serious conditions contributed to fear, frustration, and emotional stress. However, experience, training, and successful patient outcomes helped them develop confidence, resilience, and a sense of purpose. These findings highlight the importance of emotional support, proper training, and adequate hospital resources in helping nurses manage the demands of emergency and critical care..

Table 3. Clinical Decision-Making Experiences in Emergency Care

Participants' Code	Exemplars	Sub-themes	Theme
1. P1	*"What is essential is the presence of mind; the patient arrived as an emergency."*	Triage and Prioritization	Clinical Decision-Making Experiences in Emergency Care
2. P2	*"First assess if the person is conscious, if they are breathing, vital signs first."*		
3. P2	*"Approach is similar to the protocol, including the triage process."*		
4. P2	*"Patients with less severe conditions are set aside for the time being."*		
5. P3	*"Observe first, assessing the level, you will see the level of priority."*		
6. P4	*"I still prefer to prioritize whoever is in greater need."*		
7. P5	*"Emergent, urgent, and non-urgent classification based on triaging."*		
8. P6	*"There is a process called triaging, assessing who should be given immediate attention first."*		
9. P6	*"Ambulatory patients can wait."*		
10. P8	*"We focus first on the basics, difficulty breathing, GCS-3."*		
11. P10	*"The initial step is to take vital signs and assess the level of consciousness."*		
12. P11	*"Priority should be given to critically ill patients, even at the triage stage."*		
13. P12	*"Prioritization is already being done in the Emergency Room through triage."*		
14. P14	*"All patients are treated without bias, with equal treatment."*	Clinical Competence and Team Coordination	
15. P15	*"The number one priority is indeed the airway."*		
16. P1	*"We need to secure and facilitate the doctor's orders immediately."*		
17. P2	*"I have undergone training such as BLS and ACLS."*		
18. P3	*"Instruct Doctor to attend to the most urgent case first."*		
19. P5	*"Basic life support is a must, cardiac life support."*		
20. P7	*"Will immediately carry out the doctor's orders."*		
21. P12	*"We have a baseline there, in the BLS, attended the MCI."*		
22. P13	*"Delegation of work is important for identifying the most critical cases."*		

The findings in Table 3 revealed how nurses assessed and prioritized patients when handling emergency and critical cases. Two major sub-themes emerged: triage and prioritization, and clinical competence and team coordination in emergency care. The results showed that nurses relied on quick assessment, proper decision-making, teamwork, and clinical skills to provide timely care to patients.

Triage and prioritization were important parts of emergency care. Nurses explained that they first assessed the patient's condition to identify those who needed immediate attention. One participant stated, "The number one priority is the airway" (P15). Another explained, "First assess if the person is conscious, if they are breathing, vital signs first" (P2). Similarly, one participant shared, "There is a process called triaging, assess who should be given immediate attention first" (P6). These responses show that nurses used initial

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patient assessment to determine the urgency of each case and identify patients who required immediate intervention.

Nurses also emphasized fairness in providing care while considering the seriousness of each patient's condition. One participant stated, “Priority should be given to critically ill patients” (P11), while another shared, “All patients are treated without bias, equal treatment” (P14). These experiences show that nurses considered both the urgency of patients' conditions and the importance of treating everyone fairly. This finding is consistent with Aitken et al. (2020), who emphasized the importance of clinical judgment in emergency and critical care decision-making. Similarly, Alanazi et al. (2025) highlighted the importance of quick decision-making and teamwork in managing emergency situations.

Anther important finding was the role of clinical competence and teamwork in providing emergency care. Nurses emphasized the importance of following medical orders, performing life-saving interventions such as Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS), and properly assigning tasks among healthcare workers. They also explained that training and previous experiences, particularly during Mass Casualty Incidents (MCIs), helped improve their confidence and ability to respond to emergencies. These experiences show that effective emergency care depends not only on individual knowledge and skills but also on proper communication, teamwork, and coordination. This is supported by Aitken et al. (2020) and Vasli and Dehghan-Nayeri (2016), who emphasized the importance of clinical skills and collaborative practice in emergency nursing.

Furthermore, nurses working in geographically isolated and resource-limited hospitals faced difficulties related to communication, staffing, referral processes, and coordination. These limitations affected their ability to provide immediate and effective care. Nakahara et al. (2019) emphasized that emergency care requires proper leadership, clear referral processes, and coordination among healthcare professionals and facilities.

Overall, the findings showed that assessing and prioritizing emergency cases require quick decision-making, clinical competence, fairness, and teamwork. Nurses must identify patients who need immediate attention while ensuring that appropriate care is provided to everyone. However, their ability to respond effectively is also influenced by the availability of resources, hospital support, and coordination among healthcare workers. Therefore, improving emergency care requires continuous training, clear protocols, effective teamwork, and stronger referral systems.

Research Question 2: How do nurses describe the challenges they face in handling emergency and critical cases?

Table 5. Challenges in Patient Stabilization in Resource-Limited Emergency Settings

Participants Code		Exemplars	Sub-Themes	Theme
1.	P1	*"Perhaps one of these is the facilitation of their laboratories that are not available here, because, of course, since we also do not have a CT-Scan here in the hospital."*	Limited Diagnostic and Treatment resources	Challenges in Patient Stabilization in Resource-Limited Emergency Settings
2.	P3	*"The lack of equipment and medication, you cannot provide what is not available."*		
3.	P9	*"Sometimes, there are no medications, sometimes there are, but we focus more on medications because that is all we have."*		
4.	P11	*"We do not have certain equipment like 2D echo, which makes it difficult for us because, in my opinion, sir, even if we are at level 1, it is still challenging. Instead of transporting the patient to the ICU as needed, we cannot do it and have to transfer them to another hospital, which is also difficult to handle."*		
5.	P12	*"That is precisely the problem, because we have a shortage of certain medications, which is what becomes our issue. For instance, when we have a patient with a case of appendicitis, the surgeon is not available at our hospital."*		
6.	P13	*"Like Diazepam, that is what will be done, and it is also not available from others."*		
7.	P14	*"There are many, first the medication, sometimes our oxygen supply is insufficient, but now the medication is somewhat improving. Only three of us are taking turns. I live far from here, so I will wait for them when they need me. The protocol of the doctor here is that only permanent staff can transfer, only permanent staff are allowed to transfer here."*		

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8.	P15	*"We lack the equipment for other diagnostic tests. We do have an ECG, and ideally, we would have an X-ray, ultrasound, and CT scan, but these are difficult to obtain."*	
9.	P2	*"The main issue here is under-staffing."* *"Monitoring is somewhat compromised."* *"Because even if you want to monitor a patient to stabilize their condition closely, like keeping track of their vital signs and level of consciousness, you cannot do it because you have a large number of patients to attend to."*	Workforce Shortages and Monitoring Gaps
10.	P4	*"challenge for me, where I feel that the order is incomplete and requires further management, but that is not what was ordered. This is a challenge for me, as it is difficult to explain to the patient, given that the doctor is the authority figure and cannot be contradicted."*	
11.	P4	*"Additionally, working with a team, such as nurses who may not be as functional, can also be challenging."*	
12.	P6	*"especially when I am alone, since there are only two nurses in the emergency room. There are instances when numerous emergency cases arise. However, I am unable to stabilize them immediately because I am handling them alone, while my colleague is attending to another patient."*	
13.	P11	*"It is a matter of the workforce. Sometimes, of course, it is the government's concern. However, we also struggle because sometimes the ratio is 1 to 20, making it hard for us to provide quality care to all patients since there are too many and we cannot manage them properly or meet their needs."*	
14.	P15	*"Here, in my workplace, the primary issue is the lack of available medicine. Additionally, our human resources are sometimes insufficient."*	
15.	P15	*"For instance, during a code blue, we have a limited team, and we cannot provide the full range of services due to our limited manpower."*	
16.	P3	*" Those Uncooperative relatives and patients"*	Socio-Financial and Administrative Barriers
17.	P5	*"The approach depends on the nurse, particularly if the nurse is new."*	
18.		*"Believe you should first master the ward before being assigned to the special area, as this is where decision-making and immediate action are crucial, and there is no room for delay or hesitation."*	
19.	P7	*First and foremost, the patient who arrived was unable to decide immediately, and the patient's condition was critical, yet the relatives were also unable to make a decision promptly."*	
20.	P10	*"Typically, the issue is that when relatives cannot purchase or afford the necessary medication that is not available in the pharmacy, it becomes difficult because you know that it is what can cure the patient, but they are unable to provide it."*	
21.	P1	*"We cannot immediately provide the necessary treatment; we have to wait for laboratory results."*	Facilities and Operational Limitations
22.	P9	*"We do not have an Intensive Care Unit (ICU)."*	
23.	P15	*"We have only one transport vehicle."*	
24.	P4	*"The years of experience, because when my colleagues are new, they are somewhat uncertain when faced with such emergencies, which affects their performance, and the care."*	Clinical Competence Gaps
25.	P8	*"Of course, sir, the availability of equipment is a concern, and sometimes even the doctors are insufficient, as some of them are new and may not be fully accustomed to their duties."*	

The findings in Table 5 revealed the different challenges nurses encountered when stabilizing patients during emergency and critical care situations. Five major sub-themes emerged: limited diagnostic and treatment resources, workforce shortage and monitoring gaps, socio-financial and administrative delays, facilities and operational limitations, and clinical competency gaps. These findings showed that patient

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stabilization was affected not only by the nurses' clinical responsibilities but also by the availability of hospital resources, staff, financial support, and medical services.

One major challenge was the lack of diagnostic tools, medications, and life-saving equipment. Nurses explained that the absence of CT scans, 2D echocardiography, ICU facilities, oxygen supplies, and essential medicines made it difficult to provide complete and timely treatment. Some patients also required specialist care, such as surgical services, which were not available in their hospitals. These limitations affected nurses' ability to make immediate decisions and provide proper stabilization before referral. According to Alberto et al. (2022), healthcare resources remain limited in rural and geographically isolated areas, affecting the delivery of timely and complete medical care.

Another challenge was the shortage of healthcare workers and difficulties in monitoring patients. Participants described situations where only a few nurses were responsible for several critically ill patients. This made continuous monitoring and immediate intervention more difficult. Some nurses also experienced challenges in coordinating with less experienced staff and managing incomplete medical orders. These findings show that understaffing affects not only the workload but also teamwork, communication, and patient safety. This is consistent with Atento et al. (2025), who identified nursing workforce shortages as a factor affecting healthcare services and staff responsibilities.

The findings showed that financial and administrative problems caused delays in patient care. Some patients could not receive their needed medicines immediately because their families did not have enough money to buy them. Others experienced delays because their family members could not give immediate consent. These situations made it harder for nurses to provide urgent treatment. This is similar to Sharif and Rubio (2022) and Kironji et al. (2018), who identified financial and social factors as barriers to receiving emergency care.

Nurses also faced problems with limited hospital facilities and support. The lack of intensive care units, delayed laboratory results, and limited transport vehicles affected patient care and transfer. These problems made it difficult for hospitals to provide complete emergency services. This supports Watkins et al. (2017), who explained that limited hospital facilities and resources can affect the quality of healthcare services.

Another challenge was the difference in the clinical experience and skills of healthcare workers. Some nurses felt unsure when handling emergency cases, especially those with limited experience. Newly assigned doctors also needed time to become familiar with emergency procedures and responsibilities. These findings show the importance of continuous training, proper guidance, and actual experience in improving emergency care skills. This is consistent with Burrows et al. (2019) and Del Mundo et al. (2023), who emphasized the importance of training and professional development.

Overall, the findings showed that patient stabilization was affected by limited resources, insufficient staff, financial problems, inadequate facilities, and differences in clinical experience. Despite these challenges, nurses continued to provide initial treatment and stabilize patients before referring them to higher-level hospitals. However, their ability to provide timely and complete care depended on the resources and support available. Therefore, hospitals need enough medical supplies, sufficient staff, better facilities, improved referral and transportation systems, and continuous training to ensure safe and effective emergency care, especially in areas with limited resources.

Table 6. Challenges in Managing Patient Deterioration During Emergency Transport

Participants Code		Exemplars	Sub-themes	Theme
1.	P1	*"The patient was already in a critical state and during transport went into cardiac arrest; performing CPR inside the moving ambulance was very difficult."*	Sudden Patient Deterioration During Transport	Challenges in Managing Patient Deterioration During Emergency Transport
2.	P2	*"During travel, the patient started bleeding, and the vital signs worsened."*		
3.	P3	*"The doctor explained there was a possibility the patient could die during the trip… it was the only time I experienced losing someone during transport."*		
4.	P5	*"A patient with GCS 15 suddenly deteriorated due to bleeding and severe headache."*		
5.	P6	*"During transport, the liver cirrhosis patient became cold and clammy."*		
6.	P7	*"The patient left with a GCS of 9, but upon arrival, it dropped to 3, and the patient died."*		
7.	P8	*"COVID patients went into cardiac arrest during transport even with a GCS of 15."*		
8.	P14	*"The child deteriorated due to undisclosed trauma and lack of seizure medications during transport."*		
9.	P2	*"The patient arrived, but by the time they got there, they had already coded, because the condition had really deteriorated. This was partly because the patient could*	Limited Resources for Stabilization	

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		not be intubated here due to the lack of equipment and our infirmary-level facilities, which likely contributed to the deterioration."	
10.	P9	*"We do not have ICU facilities, so the best action is to transfer the patient."*	
11.	P11	*"The patient needed intubation, but the family refused; during transport, oxygenation was inadequate, causing distress."*	
12.	P12	*"Transport delays happened due to a lack of drivers, signal issues, and weekend schedules."*	
13.	P15	*"During transport, we perform CPR while the ambulance is moving, with very limited manpower."*	
14.	P4	*"The patient deteriorated even before we arrived, so I decided to bring the patient to the nearest hospital for immediate assessment."*	Financial and Ethical Challenges in Decision-Making
15.	P3	*"Some patients arrive late because they have no money when their condition worsens, it is already too late."*	
16.	P9	*"If the patient has no money, they sometimes sign a waiver and refuse transfer."*	
17.	P4	*"Since we are on an island, time is a significant factor because we need to travel via RORO to provide proper management."*	Delays Due to Distance and Transport Barriers
18.	P8	*"The ship's departure time influenced the transfer, sometimes forcing rushed decisions."*	

The findings in Table 6 revealed the challenges experienced by nurses when patients' conditions worsened during emergency transport. Four major sub-themes emerged: sudden patient deterioration during transport, limited resources for stabilization, financial and ethical challenges in decision-making, and delays due to distance and transport barriers. The results showed that nurses faced difficulties in maintaining patients' conditions during transfer because of unexpected medical emergencies, limited resources, financial concerns, and transportation problems.

Sudden patient deterioration during transport was one of the major challenges experienced by nurses. Participants shared situations in which patients developed cardiac arrest, active bleeding, changes in consciousness, and signs of shock while inside the ambulance. One participant stated, "The patient was already in a critical state and during transport went into cardiac arrest; performing CPR inside the moving ambulance was very difficult" (P1). Another shared, "A patient with GCS 15 suddenly deteriorated due to bleeding and severe headache" (P5). Similarly, P7 recalled that a patient's GCS dropped from 9 to 3 upon arrival at the receiving hospital. These experiences show that patients can suddenly deteriorate during transport, even when they appear stable before departure. This makes continuous monitoring, proper assessment, and immediate intervention important throughout the transfer process.

Another important finding was the limitation of resources for stabilizing patients during transport. Nurses explained that the lack of equipment, medications, oxygen supply, and adequate personnel made it difficult to provide immediate interventions. One participant stated, "We do not have ICU facilities, so the best action is to transfer the patient" (P9). Another shared, "During transport, we perform CPR while the ambulance is moving, with very limited manpower" (P15). These responses show that nurses sometimes struggle to manage critical patients because of the limited resources available in their hospitals and ambulances. This finding is consistent with Kulshrestha and Singh (2016), who emphasized the importance of proper stabilization, monitoring, communication, and adequate resources during patient transfer. Similarly, Mamalelala et al. (2023) identified inadequate equipment, limited training, and logistical difficulties as challenges affecting emergency transport in rural settings.

Furthermore, financial and ethical challenges influenced nurses' decisions regarding patient transfer and referral. Participants explained that some patients experienced delays in seeking medical attention because of financial difficulties, while others refused transfer due to the expenses involved. One participant stated, "Some patients arrive late because they have no money when their condition worsens, it is already too late" (P3). Another shared, "If the patient has no money, they sometimes sign a waiver and refuse transfer" (P9). These experiences show that financial limitations can affect patients' access to immediate treatment and their decisions to accept referral. This finding is supported by Capuno et al. (2017), who explained that financial and physical barriers can affect healthcare access and the timely use of health services. Similarly, Sharif and Rubio (2022) and Kironji et al. (2018) highlighted the influence of economic and social barriers on access to emergency care.

Another important challenge involved delays due to distance and transportation barriers. Nurses explained that transferring patients from island communities required careful consideration of travel time, available transportation, and communication. One participant stated, "Since we are on an island, time is a

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significant factor because we need to travel via RORO to provide proper management" (P4). Another shared, "The ship's departure time influenced the transfer, sometimes forcing rushed decisions" (P8). These responses show that geographic isolation and limited transportation can delay the transfer of critically ill patients to hospitals with higher levels of care. This finding is consistent with Collado (2024), who emphasized that physical accessibility remains a challenge to healthcare services in geographically isolated and disadvantaged areas (GIDAs).

Overall, the findings showed that managing patient deterioration during emergency transport requires continuous monitoring, proper stabilization, quick decision-making, and effective coordination. Nurses must respond to unexpected changes in patients' conditions while dealing with limited resources, financial concerns, and transportation difficulties. However, their ability to provide safe and timely care is also influenced by the availability of hospital facilities, trained personnel, and reliable referral systems. Therefore, improving emergency transport requires adequate ambulance equipment, sufficient staffing, proper stabilization procedures, and stronger coordination between healthcare facilities to ensure the safety and continuity of patient care.

Table 7. Challenges in High-Risk Patient Transport Due to System and Resource Limitations

Participants Code		Exemplars	Sub-themes	Themes
1.	P1	*"The hospital refused to accept the patient. The patient was already having difficulty breathing during the transfer, and I had to increase the oxygen supply."*	Hospital Systems and Coordination Barriers	"Challenges in High-Risk Patient Transport due to System and Resource Limitations"
2.	P2	*"Our ambulances are only equipped with basic facilities, without advanced care."*		
3.	P2	*"Since I am alone in the ambulance, I have to transport the patient, perform CPR, and administer injections."*		
4.	P5	*"The boat setup for an ambulance is very limited."*		
5.	P5	*"Traveling by ship is very challenging; the ride takes three hours."*		
6.	P6	*"Distance is the major factor, making it extremely difficult to stabilize the patient."*		
7.	P7	*"The first hospital will not accept the patient because they allegedly do not have an ICU. The second hospital to be called will have no available rooms, and the third hospital will say they have four more."*		
8.	P11	*"Ambulance equipment is often insufficient… medicines are not available."*		
9.	P14	*"I transferred her to MPH, and the ER doctor there immediately asked me why she was only being transferred now, which is a valid question. The measurement from her ER record was 32 cm, which was already incorrect, and my measurement was 36 cm after her water broke. The ER doctor from MPH to our hospital said that in a situation like this, with a polyhydramnios twin pregnancy, it is not suitable for our facility. The real problem lies in the coordination of our system, from the OPD."*		
10.	P4	*"When the one transferring has more experience, the care provided is better."*	Competency and Workforce Challenges	
11.	P7	*"We are understaffed, we are forced to include responders."*		
12.	P15	*"The challenge lies in identifying the truly critical case."*		
13.	P3	*"Financial constraints are often the main problem they face."*	Financial and Ethical Constraints	
14.	P4	*"I feel guilty as a nurse; it is embarrassing when our management is questioned."*		
15.	P7	*"Patients get angry, especially when told they have something to pay."*		
16.	P9	*"The airlift was discussed but delayed due to the cost."*		
17.	P12	*"Relatives unwilling to transfer, we have them sign a waiver."*		
18.	P15	*"Every time I transfer an unstable patient, I think about the possible risks."*		

The findings in Table 7 revealed the challenges experienced by nurses when arranging the transfer of emergency and critical patients to higher-level hospitals. Three major sub-themes emerged: hospital system and coordination barriers, clinical staff and decision-making challenges, and financial and ethical constraints. The results showed that nurses faced difficulties in arranging safe and timely patient transfers because of limited hospital resources, staffing shortages, referral delays, and financial concerns.

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Hospital system and coordination barriers were among the major challenges encountered by nurses during patient transfer. Participants explained that limited personnel, inadequate ambulance equipment, unavailable medications, and long travel distances affected their ability to prepare patients for transfer. P2 reported that emergency tasks, such as performing CPR and administering medications, became difficult when only a few healthcare workers were available. Similarly, P6 identified staff shortages as a factor affecting immediate care, while P11 described the lack of ambulance equipment and medications needed for patient stabilization. P5 also shared concerns about the limitations of ambulance facilities, while P6 emphasized how long travel distances affected emergency transfers. These experiences show that limited hospital resources and transportation capacity can affect the safety and timeliness of patient transfer.

Nurses also faced difficulties when referring patients to other hospitals. Some receiving hospitals delayed accepting patients and requested additional tests, such as CT scans, before admission. P14 also reported problems with getting complete patient information and checking vital signs before transport, especially in trauma cases. These situations show that poor communication and different referral requirements can delay patient transfers. This supports Kironji et al. (2018), who identified problems with facilities, communication, transportation, equipment, and staff as barriers to emergency care. Lagrade et al. (2025) also emphasized the importance of cooperation and proper referral procedures. Therefore, hospitals need better communication, clear referral guidelines, complete patient records, and proper coordination to ensure safe and timely transfers.

Another challenge was the lack of available and experienced staff during patient transport. Participants explained that staff shortages and differences in experience affected who would accompany critically ill patients. P7 shared that they sometimes had to assign available or auxiliary staff who had limited experience in emergency transport. On the other hand, P4 emphasized the importance of assigning experienced nurses to accompany patients. P15 also explained that it was difficult to identify which patients needed immediate referral. These responses show that safe patient transport requires healthcare workers with proper knowledge, skills, and experience.

This supports Burrows et al. (2019), who identified limited training, guidance, and staff as factors affecting healthcare workers' readiness. Bam (2020) also explained that nurses in hospitals with limited resources often make quick decisions during unexpected situations. Whyte and Narvey (2017) emphasized the need for trained transport teams, continuous training, and proper medical supervision. Similarly, Campbell et al. (2022) highlighted the importance of checklists, practical training, and skills assessment. These findings show that nurses need continuous training and clear guidelines to prepare them for handling high-risk patient transfers, especially in hospitals with limited staff.

Financial and ethical problems also affected decisions about emergency transfers. Some patients could not afford laboratory tests, medicines, and transportation to higher-level hospitals. P3 shared that financial problems prevented some patients from receiving needed medical services, while P9 explained that transportation costs could delay emergency care. Nurses also experienced emotional difficulties when patients or their families became upset about the expenses. P7 described situations where families became angry about the costs, while P4 felt guilty when their decisions were questioned. P15 also shared the emotional difficulty of transferring unstable patients who were still at risk during the journey. Meanwhile, P12 explained that when families refused the recommended transfer, they were asked to sign a waiver. These experiences show that nurses must consider both the medical needs of patients and the financial situation and decisions of their families.

These situations also created ethical challenges for nurses. They needed to respect the decisions of patients and their families while still encouraging them to receive timely and proper medical care. Lawn et al. (2018) and Wu et al. (2023) explained that healthcare workers experience emotional and psychological stress when handling serious and difficult cases. The findings also show that financial problems and transfer decisions added to the emotional burden of nurses, especially when patients could not receive the recommended care because of financial difficulties or family refusal.

Overall, the findings showed that safe patient transport requires proper hospital coordination, enough resources, skilled healthcare workers, and good decision-making. Nurses faced problems with limited equipment, staff shortages, referral delays, and financial difficulties during patient transfers. Despite these challenges, they continued to assess patients, coordinate with other hospitals, and support patients and their families. Therefore, hospitals need stronger referral systems, better communication, enough ambulance resources, continuous staff training, and financial assistance for patients who need urgent transfer. These improvements can help reduce delays, protect patients, and ensure continuous care during emergency transfers.

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Table 8. Challenges in Delivering Quality Patient Care During Pre-Transport Emergencies

Participants Code	Exemplars	Sub-themes	Theme
1. P2	*"The treatment that should have been provided immediately was compromised because we did not have it."*	Delayed and Compromised Emergency Management	Challenges in Delivering Quality Patient Care During Pre-Transport Emergencies
	"The treatment was delayed, which affects his healing process."		
2. P4	*"Yes, of course, the potential effect if our resources are insufficient, particularly with a shortage of doctors, is that there will be a higher likelihood of patient mortality, and management will be delayed."*		
3. P6	*"The immediate care that should be given to them is delayed, usually when, for instance, there is a shortage of doctors here, such as surgeons."*		
	"There are many cases where, when patients are transferred, they are often delayed along the way."		
4. P7	*"When we arrive at the other hospital, they do not immediately accept the patient. They require a lot of things, and sometimes they even ask for a CT scan."*		
	"We cannot transfer them right away."		
5. P7	*"The patient is delayed, their departure is delayed, and even their treatment is delayed."*		
6. P8	*"Of course, the life span of the transfer, sir, instead of being extended, is rather being wasted due to the excessively long transfer time."*		
7. P11	*"The situation deteriorates further, sir, to the point where it becomes severely critical, and if I may say so, the patient can no longer be immediately saved, similar to stroke patients who experience bleeding. Naturally, the primary concern in such cases is the distance and the time it takes to transfer the patient, as the longer it takes, the more critical the patient's condition becomes extremely severe."*		
	"By the time the patient arrives, their condition has become extremely severe, prompting the doctor at the hospital to prioritize their transfer immediately."		
8. P12	*"Of course, in such cases, it will not be possible to determine, for instance, the patient's vital signs, such as a sudden drop in blood pressure, or the onset of tachycardia or bradycardia, which would necessitate the administration of necessary medication."*		
9.	*"Because here, in our case, for instance, in emergency trauma, we only have limited baseline information, but we do not yet have the most specific details regarding trauma."*		
10. P5	*"It is difficult when you have a patient who arrests, and you do not have a complete set of equipment, and you do not have a doctor with you."*	Resource Shortage and Limited Facility Capability	
	"Our capabilities as nurses are still limited because we have a scope of nursing practice that we must adhere to, and if problems arise, our license is at stake, and that is the challenge, but hopefully, the transportation system will be improved with a nurse and a doctor on board.		
11. P9	*"Sometimes, the medicines we buy outside are expensive, like omeprazole, which we cannot afford, and even basic supplies like Solu-Set are not available."*		
12. P13	*"As a provider, the delayed treatment is the issue. The availability of medications is also a concern. This compromises the quality of patient care."*		
13. P15	*"This is a cause of delay in providing nursing care to the patient or even treatment that involves our doctor. If our infirmary were equipped with the necessary equipment, perhaps we could have provided the appropriate treatment to the patient promptly."*		
14. P3	*"Sometimes when individuals are uncooperative and, in some cases, intoxicated, there are situations that highly intensify their emotions, leading to outbursts; in such instances, it is best to maintain professionalism."*	Socioeconomic, Ethical, and Emotional Challenges	
	"Mostly, it is somewhat offensive because it is common knowledge that this is a hospital, so one would naturally expect a doctor to be present."		

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15.	P9	*"It seems that when that happens, some of those who join are affected, "perhaps it is happening again, we thought it was just Lucena, then they will be transferred, and it is as if they are still invoking the patients' rights of their relatives". A new team is supposedly joining, but sometimes they are still traumatized from their previous trip."*

The findings in Table 8 revealed the challenges experienced by nurses in providing quality emergency care before transferring patients to higher-level hospitals. Three major sub-themes emerged: delayed and compromised management, resource shortages and limited facility capabilities, and socioeconomic, ethical, and emotional challenges. The results showed that timely emergency care was affected by limited resources, lack of specialist support, referral difficulties, and the different challenges experienced by nurses.

One major challenge faced by nurses was the delay in providing emergency care. Participants shared that the lack of medical supplies and doctors affected the treatment of patients. P2 explained that some emergency procedures could not be done because the needed supplies were unavailable. P4 and P6 also experienced delays because doctors and specialists, especially surgeons, were not always available. P7 shared that some hospitals required additional tests, such as CT scans, before accepting patients. P8 and P11 also experienced long transport times and limited patient monitoring. These experiences show that delays in emergency care are caused by a lack of resources, unavailable doctors, and poor coordination between hospitals. This supports Schell et al. (2018) and Kironji et al. (2018), who identified limited resources and poor coordination as common problems in emergency care.

Another challenge was the lack of hospital resources and facilities. Participants shared that limited equipment, medicines, supplies, and staff made it difficult to provide proper emergency care. P5 explained the difficulty of handling cardiac arrest cases without complete equipment and doctor support. P13 reported a lack of medicines and basic supplies, while P9 shared that some medicines and IV materials were unavailable or too expensive for patients. P15 also explained that limited equipment affected the hospital's ability to provide emergency treatment. These findings show that nurses cannot always provide the needed care because of limited hospital resources. This supports Watkins et al. (2017) and Solheim (2018), who explained that a lack of medical supplies and proper facilities can affect the quality of emergency services. Therefore, hospitals need enough medicines, equipment, staff, and training to manage critical cases before patient transfer.

Social, ethical, and emotional problems also affected emergency care. P3 shared that uncooperative or intoxicated patients made treatment more difficult. Nurses also experienced pressure from patients and families who expected immediate care even when doctors or resources were unavailable. These situations caused stress and communication problems. This shows that nurses do more than provide medical treatment. They must also handle patient concerns, communicate with families, and make decisions despite limited resources. Turner et al. (2022) also explained that social and financial problems can affect access to emergency care. Therefore, nurses need proper support, and hospitals should improve communication among healthcare workers, patients, and families.

Overall, the findings showed that proper emergency care before patient transfer requires enough resources, available doctors and nurses, good hospital coordination, and clear communication. Nurses faced difficulties because of treatment delays, limited facilities, and financial and social problems. These challenges were greater in isolated hospitals with limited access to specialists and advanced equipment. Therefore, hospitals should improve their facilities, provide enough medical supplies and medicines, train their staff, and strengthen referral systems. These improvements can help nurses provide safe and timely care before transferring patients.

Research Question 3: How do nurses describe their strategies to overcome the challenges in handling emergency and critical cases?

Table 9. Resilient and Resourceful Nursing Strategies in Emergency Care

Participants Code		Exemplars	Sub-Themes	Themes
1.	P1	*"We immediately explain to the patient that our hospital is only an infirmary with limited capabilities."*	Clear Communication of Service Limitations	Resilient and Resourceful Nursing Strategies in Emergency Care
		"We inform them upfront that we can only treat basic illnesses."		
2.	P5	*"I explain the current scenario and situation to them. I have to provide explanations, and the challenges exist because the staff knows that they lack certain skills."*		
3.	P2	*"to be resourceful with what is available, make the most of it, and then prioritize adhering to the rules of your infirmary."*	Adaptive Clinical Resourcefulness	

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4.	P4	*"It was improvised, maximizing the use of supplies, especially when they were insufficient."*	
5.	P5	*"As nurses in the Philippines, we were taught in school to be resourceful, to find alternatives when something is not available. For example, with splints, you need a good one, but if you do not have it, you can use cardboard or Wood, and then wrap it to protect the patient and prevent further injury."*	
6.	P7	*"Sometimes we do not have large splints, so we just improvise, because since we are in a level 1 hospital, we do not have complete equipment."*	
7.	P10	*"We are maximizing the available resources to the fullest extent possible."*	
8.	P11	*"I know that resources are limited, so I prepare in advance, just in case of emergencies, because certain medications, particularly dangerous drugs, are essential for patients. In such situations, I naturally look for alternative treatments or medications that I can use, in case I encounter patients with those needs."*	
9.	P12	*"In medications, there are times when the doctor's order for a specific medication for a particular case is not available, so we ask, 'Doctor, would it be possible to use an alternative medication?" They do order alternative medications that can be given, and of course, it ultimately depends on the availability of the necessary supplies."*	
10.	P3	*"Sometimes I have to relay tasks to them since I cannot divide myself."*	Teamwork and Task Sharing in Care Delivery
11.	P8	*"We have a new setup; we work in pairs."*	
12.	P9	*"We ask for assistance from other wards."*	
13.	P13	*"In cases of deficiencies, particularly about medication, it is essential to inform the doctor, as they can modify the treatment and approach accordingly."*	
14.	P5	*"It is not just that we cannot sustain it, but as nurses, the resourcefulness that drove us to enter this profession is still there."*	Professional Commitment and Emotional Resilience
15.	P8	*"Of course, sir, before I start my day, I always make sure to prepare myself for duty, and as a result, I no longer think about the stress; I just focus on doing my job to the best of my abilities."*	
16.	P12	*"Because our facility only has an infirmary, and at night, there is no medical technologist on duty, but we can be on call."*	Strategic Management and Referral Coordination
17.	P14	*"The child who had a bicycle accident, according to our doctor, required a direct ultrasound, which we were able to conduct. Upon arrival at the ultrasound with Dr. Alipio, we were instructed to immediately transfer the patient to MPH without sending them back because the patient's spleen was ruptured, resulting in severe bleeding. Fortunately, since there was an available operating room and doctor, an emergency operation was performed, and the patient was saved."*	
		"Yes, the result will be directly stated, so we do not have to come back here, as it would be pitiful to keep going back and forth, but for instance, if it is still direct to Lucena through referral, then so be it."	
18.	P15	*"What I learned, my practice here, because abroad, everything is complete, all the equipment, here perhaps it is just the daily treatment that we do for the patients since we are an infirmary, whatever immediate treatment we can provide to the patients, such as making available medication, oxygen, and available equipment, that is all we can offer to the patients."*	

The findings in Table 9 revealed the strategies used by nurses in managing emergency and critical cases despite limited resources and challenging working conditions. Five major sub-themes emerged: clear communication of service limitations, adaptive clinical resourcefulness, teamwork and task sharing in care delivery, professional commitment and emotional resilience, and strategic management and referral coordination. The results showed that nurses relied on communication, resourcefulness, teamwork, and proper decision-making to maintain patient care.

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Clear communication of service limitations was one of the strategies used by nurses in managing patient and family expectations. P1 explained the importance of informing patients about the basic services available in their infirmary, while P5 emphasized explaining the facility's capabilities to help patients and families understand appropriate treatment and referral decisions. These experiences show that honest and clear communication helps build trust and avoid misunderstandings, especially when hospitals have limited services. This finding is consistent with Erickson (2021), who emphasized the importance of transparent communication in maintaining trust and effective teamwork during stressful situations.

Another important strategy was adaptive clinical resourcefulness. Participants described using available materials and finding alternatives when standard medical supplies were unavailable. P5 shared the use of cardboard or wood as temporary splints, while P11 explained preparing alternatives when certain medications were unavailable. P12 also emphasized coordinating with physicians to identify substitute treatments. These responses show that nurses used their clinical knowledge and practical skills to address immediate patient needs despite resource limitations. This finding is supported by Alsabri et al. (2025), who highlighted how healthcare providers in low-resource emergency settings adapt their practices to address shortages in equipment, infrastructure, and essential supplies.

Teamwork and sharing of tasks also helped nurses provide emergency care. P3 explained that they assigned tasks to each other when many responsibilities needed to be done. P8 shared that they worked in pairs to divide the workload. P9 also asked help from other wards, while P13 communicated with doctors to adjust patient treatment. These experiences show that teamwork helps nurses manage their workload and continue providing care despite having limited staff. This supports Lin et al. (2020), who emphasized the importance of teamwork and clear responsibilities in emergency care.

Professional commitment and emotional strength also helped nurses continue their work despite stress, heavy workloads, and limited resources. P8 shared that being resourceful was an important part of nursing. These experiences show that nurses remained dedicated to their duties even when working conditions were difficult. This supports Norouzinia et al. (2020), who highlighted the importance of personal qualities, professional skills, and workplace support in helping nurses handle challenging situations.

Another strategy was proper patient management and referral coordination. Nurses focused on stabilizing patients while arranging their transfer to hospitals with better facilities and treatment services. P14 shared an experience involving a patient with a splenic rupture, where quick assessment and referral helped the patient receive surgery at another hospital. P15 also explained that nurses provided basic care, such as oxygen, medicines, and patient stabilization, before transferring patients because advanced treatment was not available in their facility. These responses show that nurses must understand the limits of their hospitals and arrange referrals when patients need more advanced care. This supports Greenwood et al. (2017), who emphasized the importance of proper referral systems in helping patients access specialized healthcare.

Overall, the findings showed that nurses used teamwork, communication, resourcefulness, emotional strength, and proper referrals to manage emergency cases despite limited resources. These strategies helped them continue providing care even with the limitations of their hospitals. However, these efforts cannot replace the need for enough equipment, staff, and hospital support. Therefore, hospitals should provide continuous training, encourage teamwork, improve communication, support their staff, and strengthen referral systems. These improvements can help nurses provide safer and continuous care, especially in hospitals with limited resources.

Table 10. Strategies for Ensuring Continuity of Care through Communication, Coordination, Referral Systems

	Participants Code	Exemplars	Sub-Themes	Theme
1.	P1	*"If there are still many tasks to be done, especially with someone assisting me, I will delegate and, of course."*	Task Delegation and Team-Based Care	Strategies for Ensuring Continuity of Care through Communication, Coordination, and Referral Systems
2.	P2	*"I am simply distributing tasks, delegating them as needed, for instance."*		
3.	P8	*"That depends on the team, specifically on our team's expertise."*		
4.	P1	*"Endorsement should also be thorough and accurate; whatever you have done is what you should state in the endorsement."*	Accurate Documentation and Endorsement	
5.	P3	*"I wrote them down so I can recall when I need to endorse."*		
6.	P5	*"Proper endorsement is crucial, including subjective data, which is essential for nurses to know."*		
7.	P4	*"The referral is typically from doctor to doctor, and upon arrival, there is an endorsement."*	Complete Handover of Patient	

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8.	P6	*"A referral usually occurs when a patient is being transported or transferred to another unit, where a referral slip is typically prepared, as they also call the patient's case, since the referral is essentially doctor-to-doctor."*	Information
9.	P10	*"The coordinators are the doctors at the hospital who, when transferring a patient, initially make a phone call, and after that, when the transfer is made, we bring a referral letter prepared by the doctor, which is what we forward to the hospital for a formal endorsement and coordination."*	
10.	P2	*"Proper communication and adherence to the protocol established by our referral system will be observed."*	Compliance with Hospital Protocols and Procedures
11.	P12	*"We have that arrangement, because of course, from the start, we will inform the administration that we have a transfer."*	
12.	P5	*"So initially, good communication skills are extremely important. Even if it is not the case, but when you are in the Emergency Room, you need to be an effective communicator because all the stress and challenges are in the ER, thus requiring excellent stress management and good communication skills."*	Effective Interprofessional Communication
		"When you call your hospital, be very respectful and properly identify the patient. If you are unsure, be humble and say sorry, I do not know, it should be clear, reliable, and you should have data to support it."	
13.	P8	*"I have not had any conflicts; it is just that having good relationships with others is important, and it is also difficult to work when you have enemies, so I just choose to be happy."*	
14.	P3	*"The things I did not write down, I follow up through chat or message, or I call immediately to ensure that I do not miss anything."*	Inter-facility Coordination and Networking
15.	P11	*"In situations like that, sir, what you really need is a connection, so if you do not have one, you will not be able to manage your patient properly."*	
16.	P2	*"There are also your superiors who need to be informed so that proper management can be implemented, because, of course, that is the proper channeling."*	
17.	P11	*"I think it is also about connection, so what I would do is ask for help from my head nurses, supervisor, or senior nurses regarding patient management when the doctor is not available, if that is the situation."*	
18. 19.	P4	*"If the patient really requires a nurse, then a nurse is the one who accompanies them during the transfer. However, if the patient's condition is relatively stable, we usually have an N.A. (nursing attendant) accompany them instead."*	Assigning Roles Based on Patient Conditions
20.	P9	*"Typically, via phone, the doctor is the one who coordinates, and it is a doctor-to-doctor referral. However, we do not have any involvement in the referral, and it is the responders who bring the referral letter and make the endorsement."*	
21.	P13	*"There, we have a referral system in place, wherein doctors refer patients to other doctors, and depending on the need, a nurse or a Nursing Assistant may be required to facilitate the transfer, especially in critical*	

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		cases."	
22.	P2	*"But despite that, if they still lack capabilities, then we have no choice but to let them stay here since we cannot just turn them away. Of course, there is the waiver, which indicates that they do not want to."*	Ethical Decision-Making and Patient Support
23.	P11	*"You would need to call the doctor first before handling the patient or managing the patient's case."*	
24.	P13	*"When that happens, and the patient is in critical condition, we always tell them that there is a Malasakit Center and PhilHealth."*	

The findings in Table 10 revealed eight subthemes related to ensuring continuity of care in emergency and critical care settings: task delegation and team-based care, accurate documentation and endorsement, complete handover of patient information, compliance with hospital protocols and procedures, effective inter-professional communication, inter-facility coordination and networking, assigning roles based on patient conditions, and ethical decision-making and patient support.

Task delegation and role assignment emerged as important strategies for managing workload and patient needs. P1 and P2 described distributing tasks based on workload and team capacity, while P8 emphasized considering staff expertise. Similarly, P4 and P13 reported assigning transport personnel according to the patient's condition, with more experienced staff accompanying patients who needed closer attention. These practices help distribute responsibilities and maintain patient safety during busy emergency situations. This is supported by Tofil et al. (2017), who recognized the importance of proper workload distribution in effective emergency teamwork.

Accurate documentation, endorsement, and handover were also identified as essential in maintaining continuity of care. P1 emphasized the importance of complete and accurate endorsement, while P3 described documenting important patient information for proper handover. P4, P6, and P10 also discussed following structured referral practices to prevent missing information during patient transfers. These practices help receiving healthcare providers understand the patient's condition and continue appropriate care. This is consistent with Ruth et al. (2021), who emphasized the importance of effective communication during transitions of care.

Following hospital protocols, effective communication, and coordination between facilities were also important. P2 and P12 emphasized following referral procedures and informing hospital administration before transferring patients. Meanwhile, P5 and P8 highlighted the importance of good communication and professional relationships. P3 described following up when information was incomplete, while P11 emphasized seeking guidance from senior nurses when physician support was unavailable. These experiences show that continuity of care depends on proper procedures and good communication among healthcare professionals. This is supported by Mancheva et al. (2016), who emphasized that effective communication promotes teamwork and shared understanding in complex clinical settings.

Ethical decision-making and patient support also reflected the nurses' responsibility to assist and advocate for patients despite limited resources. P2 described continuing to provide care to patients who chose to remain in the facility despite its limited capacity. P13 also shared how nurses help patients access financial assistance through programs such as the Malasakit Center and PhilHealth. These experiences show that continuity of care involves not only providing medical treatment but also helping patients overcome financial and other barriers to healthcare. This is consistent with Du et al. (2022), who highlighted the importance of empathy and professional values in ethical nursing decisions.

Overall, the findings show that nurses maintain continuity of emergency and critical care through teamwork, proper documentation, complete handovers, effective communication, referral coordination, and patient support. In resource-limited and geographically isolated settings, these strategies help maintain coordination among healthcare providers and facilities despite limited staff and resources. Nurses therefore play an important role in connecting patients, healthcare teams, and referral facilities to ensure continuous and safe patient care.

Table 11. Holistic Nursing Care Strategies in High-Risk Patient Transitions

Participant Code		Exemplars	Sub-themes	Theme
1.	P1	*"First, the relatives are calmed down, of course."*	Emotional Support andFamily Engagement	Holistic Nursing Care Strategies in High-Risk
2.	P2	*"remain calm, and you need to try your best to show them that they must also strengthen their resolve, even if they are prone to panic, in order to maintain a composed mindset, so that you can work together to implement any necessary management for the*		

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		patient, and stabilize the situation to prevent them from experiencing overwhelming emotions that may affect other patients or those around them."		Patient Transitions
		"telling them that they need to be strong because the patient needs them, and they cannot afford to lose hope."		
3.	P6	*"It would be better to explain the case to the relatives, although the doctors were the ones who initially explained it, perhaps the basic information provided by the nurse, what is needed is to approach the relatives more sensitively."*		
4.	P15	*"My top priority is to immediately inform their relatives, as anything can happen at any time. I make it a point to disclose to the relatives the possible outcomes for the patient I am handling while in transit, so they are prepared and aware of what is happening to their loved one."*		
5.	P1	*"Inform the doctor immediately so that the patient's deterioration can be addressed promptly, and the doctor should be notified at once."*	Rapid escalation to physicians	
6.	P2	*"You should check the vital signs and consciousness, and refer to the doctor for any additional treatment that may be necessary."*		
7.	P3	*"Regular monitoring and updates with the doctor are necessary."*		
8.	P4	*"Regularly check the vital signs, and if the patient's condition or vital signs deteriorate, I immediately explain the situation to the relatives, informing them that the vital signs are poor and that there is a chance something adverse may happen to the patient."*		
9.	P7	*"Immediate referral to a doctor is of course necessary, and then we promptly carry out the doctor's orders to ensure the patient receives timely attention."*		
10.	P8	*"When I notice that the patient's condition is deteriorating, I immediately inform the doctor so that they can attend to the patient."*		
11.	P12	*"The vital signs, including blood pressure, were also monitored, and there were instances where the drip was adjusted to stabilize the blood pressure. Meanwhile, I also explained to the relative that, in the hospital, the doctor had also explained the patient's situation: "Whatever we can do."*		
12.	P12	*"Of course, once they are intubated, they are immediately given ambu-bagging. I was able to suction out secretions, and that was all I could provide, along with medication. The vital signs, including blood pressure, were also monitored, and there were instances where the drip was adjusted to stabilize the blood pressure."*	Continuous nursing care during transport	
13.	P4	*"inform their relatives and explain their vital signs to them."*	Communication as a safety tool	
14.	P5	*"It is very important to explain everything you are doing because they need to know."*		
15.	P10	*"We first inform the doctor about the patient's current condition and then explain to the relative what is really happening to their patient, so they are aware and updated, enabling them to make their next decision."*		
16.	P14	*"Of course, we should tell the truth, but first, we need to explain it properly."*		
17.	P9	*"We simply inform the attending physician, then we proceed with the necessary procedures, including having them sign a waiver."*	Consent as a legal protection	
		We ensure that they are updated on their waiver and that all necessary consents are obtained, as ultimately, everything will be accounted for."		

The findings in Table 11 revealed five subthemes related to holistic nursing care during high-risk patient transitions: emotional support and family engagement, rapid escalation to physicians, continuous nursing care during transport, communication as a safety tool, and consent as a legal protection. These

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subthemes highlight the importance of addressing both the clinical and emotional needs of patients and their families during emergency situations.

Emotional support and family engagement emerged as important parts of nursing care during critical situations. P2 emphasized the need to remain calm and help relatives manage their panic so they could cooperate during emergencies. Similarly, P6 highlighted the importance of giving clear and sensitive explanations, while P15 emphasized honest communication about possible outcomes during transport. These findings suggest that emotional support helps reduce family distress, encourage cooperation, and support better decision-making. This is consistent with Kiwanuka et al. (2025), who highlighted the importance of emotional reassurance and communication in supporting families during acute illness.

Rapid escalation to physicians and continuous nursing care were also identified as essential strategies for maintaining patient safety. P1 emphasized the importance of immediately informing physicians when a patient's condition worsens, while P3 described continuous monitoring and providing regular updates. Participants also shared their experiences in providing care during transport, such as monitoring vital signs, adjusting interventions, administering medications, suctioning secretions, and assisting with ventilation when necessary. P12, for example, described providing ambu-bagging and continuous monitoring during patient transfer. These practices show that nurses remain responsible for monitoring and providing necessary care throughout the transport process. This is supported by Wood et al. (2019), who emphasized the importance of early recognition and communication in promoting patient safety.

Communication was another important strategy in ensuring safe and effective patient transitions. P4, P5, P10, and P14 emphasized the importance of keeping relatives informed about the patient's condition, ongoing procedures, and possible outcomes. P5 stated that nursing actions should be clearly explained so families understand the care being provided, while P10 described coordinating with physicians to ensure that the information shared with relatives was accurate. Clear communication helps build trust, reduce anxiety, and support informed decision-making. This is consistent with Bissonette et al. (2024), who identified effective communication as an important factor in improving the care experience of patients and families.

Consent and proper documentation also reflected the ethical and legal responsibilities of nurses during high-risk patient transitions. P9 described obtaining and documenting the necessary consent or waivers after explaining the patient's condition and recommended management to the patient and family. These practices help ensure accountability while respecting the rights of patients and their families to participate in healthcare decisions. Consent is therefore not only a legal requirement but also an important part of communication, shared decision-making, and respect for patient autonomy.

Overall, the findings show that holistic nursing care during high-risk patient transitions involves clinical monitoring, timely communication with physicians, continuous care during transport, emotional support, and proper consent procedures. Nurses serve not only as providers of clinical interventions but also as advocates and coordinators who support patients and families throughout critical situations. In resource-limited settings, these strategies are especially important in maintaining patient safety and continuity of care despite the challenges of emergency transport and referral.

Research Question 4: Based on the study's findings, what framework can be proposed for emergency and critical care nurses?

Table 12. Team-Based Strategies for Enhancing Patient Outcomes

	Participants Code	Exemplars	Sub-themes	Theme
1.	P1	*"I need to be informed about the patient's vital signs, and my other nurses should inform me about the medications that have been administered, as well as those that have not been given yet, or the laboratory tests that have not been done on the patient."*	Information Sharing and Effective Team Communication	Team-Based Strategies for Enhancing Patient Outcomes
2.	P8	*"For instance, in the Emergency Room, when you are familiar with the routines, you will know what to prioritize when a patient arrives, and you will be aware of the necessary actions to take. However, this may depend on the presence of a difficult doctor. Overall, good communication among the entire team is essential, sir."*		
3.	P14	*"Proper communication is indeed crucial."*		
4.	P2	*"It is essential for everyone to take initiative."*	Inter-departmental coordination and collaborative team	
5.	P3	*"In the laboratory, kitchen, administration, and doctor's office, all of these will be coordinated because it is not just one person working towards improving the patient's health."*		
6.		*managed by delegating tasks properly."*		

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7.	P4	*I assign and delegate tasks to them, in a manner of speaking.*	functioning	
8.	P6	*"We help each other to maximize efficiency."*		
9.	P7	*"We immediately assist each other, which fosters collaboration and teamwork, the most essential aspect, and what is beneficial about it is that when the team knows what to do, our movements and work become more efficient."*		
10.	P11	*"For me, sir, it is about teamwork and decision making, because without teamwork, you cannot determine if you can still handle it or make decisions on your own. "*		
11.	P12	*"Here, in our place, even if you are assigned to a different area, you no longer think about where you are assigned. Everyone helps each other. When there is a patient like that, it is teamwork, and when you need help, they can be approached."*		
12.	P15	*"But even if we are short-staffed, we still manage to do something, and the patient still has a good outcome."*		
13.	P5	*"When you have a good relationship, the output is better, and everyone is happy to work. Even when you are tired, a good relationship will make you laugh and forget about your fatigue."*	Positive Team Relationship, unity, and empathy	
14.	P9	*"We only have one pro-patient goal, everything is for the patient, unity and cooperation, being sensitive to others' needs and feelings, because some are already exhausted, and yet you will still assign tasks to them despite knowing they are tired."*		
15.	P3	*"We have trainings, BLS, ACLS, although we are not yet extensively trained in ACLS since we are not considered advanced."*	Professional Preparedness and Protocol Familiarity	
16.	P8	*"For instance, in the Emergency Room, when you are familiar with the routines, you will know what to prioritize when a patient arrives, and you will be aware of the necessary actions to take. However, this may depend on the presence of a difficult doctor. Overall, good communication among the entire team is essential, sir."*		
17.	P15	*"Our teamwork is truly a significant help, especially if you have a complete team. Because even in just providing emergency care, such as when you declare a code blue, a code blue team is truly necessary."*	Organized emergency response systems	

The findings in Table 12 revealed six subthemes related to team-based strategies for improving patient outcomes in emergency and critical care: information sharing and effective team communication, interdepartmental coordination and collaborative functioning, positive team relationships, unity and empathy, professional preparedness and protocol familiarity, and organized emergency response systems. These subthemes highlight the importance of teamwork and cooperation in providing safe and effective emergency care.

Information sharing and interdepartmental coordination emerged as essential components of emergency care. P1 emphasized the need to receive timely information about vital signs, medications, and pending laboratory tests, while P8 and P14 highlighted the importance of communication and familiarity with emergency routines in prioritizing patient needs. Participants also described the importance of coordination among physicians, laboratory personnel, hospital administration, and other departments. P3 emphasized that effective patient care requires cooperation across departments, while P11 noted that teamwork supports decision-making during critical situations. These findings show that timely information sharing and coordination help healthcare providers understand patient needs and work together effectively. This is consistent with Alfuhiqi et al. (2024), who identified effective communication as an important part of patient safety and quality care.

Positive team relationships, unity, empathy, and shared responsibility also supported effective teamwork. Participants described helping colleagues, sharing responsibilities, and maintaining good professional relationships despite staffing and workload challenges. P5 and P9 emphasized the importance of strong relationships among team members, while P9 highlighted unity, shared patient-centered goals, consideration for tired colleagues, and fair workload distribution. Similarly, P6, P7, and P12 described helping one another when emergency situations required additional support. These experiences show that teamwork involves not only completing assigned tasks but also providing mutual support and understanding. This is consistent with Milton et al. (2022), who emphasized that positive relationships help build trust and collaboration within emergency teams.

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Professional preparedness and familiarity with protocols were also identified as important for effective emergency response. P3 emphasized the value of training, such as Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS), while P8 described how familiarity with emergency routines helps nurses anticipate needs and prioritize care. These experiences suggest that proper training and knowledge of established procedures allow healthcare providers to respond more confidently and systematically during emergencies. This is supported by Shammari et al. (2025), who found that continuing professional development and simulation-based training can strengthen emergency preparedness, clinical performance, and teamwork.

Organized emergency response systems were also viewed as necessary for coordinated action during critical events. P15 emphasized the importance of having a complete and coordinated team during Code Blue situations, particularly when immediate life-saving interventions are required. This finding shows that individual competence is strengthened when supported by clear roles, organized response structures, and established emergency procedures. Effective emergency response therefore requires both capable healthcare professionals and systems that support rapid coordination.

Overall, the findings show that team-based emergency care is strengthened through effective information sharing, interdepartmental coordination, mutual support, professional preparedness, and organized response systems. These elements work together to support timely decisions and coordinated patient care. In resource-limited settings, strong teamwork also helps healthcare providers maximize available personnel and expertise despite staffing and institutional limitations.

Conclusion

The study concluded that nurses in emergency and critical care settings work in challenging situations that require quick decision-making, proper prioritization, and emotional strength. This shows the need for continuous training and support to help nurses handle serious and life-threatening cases. The study also found that limited resources, lack of staff, inadequate facilities, and poor coordination affect the timely delivery of emergency care, especially during patient stabilization and transport. This highlights the need for better resources, improved hospital facilities, and stronger coordination between hospitals. Despite these challenges, nurses showed resourcefulness, teamwork, and good communication to maintain patient safety and continuous care. This shows the importance of teamwork and proper decision-making, especially in hospitals with limited resources. Based on the findings, the proposed S.A.F.E. Emergency Response Framework provides guidelines based on the nurses' actual experiences, challenges, and strategies. It may help improve patient stabilization, referral coordination, and the overall delivery of emergency and critical care.

Recommendations

Based on the findings and conclusions of the study, the following recommendations are proposed to improve emergency care and patient transport. Emergency Department Units should improve patient assessment, triage, and stabilization. They should also strengthen teamwork with transport teams and conduct regular emergency drills. Staff nurses should continue improving their skills through training, teamwork, and proper communication. The Nursing Service Department should provide training and guidance to help nurses improve their knowledge and abilities. Hospital administrators should provide enough medical equipment, staff, and supplies to support quality emergency care. They should also consider using the proposed S.A.F.E. Emergency Response Framework to improve teamwork, coordination, and patient safety. Ambulance and transport teams should follow proper procedures, use safety checklists, and maintain good communication during patient transfers. Healthcare institutions should ensure proper patient monitoring, stabilization, and safe transport. Families should receive clear information, regular updates, and emotional support from healthcare providers. Professional nursing organizations should develop training programs to improve nurses' emergency care skills. Local Government Units and community leaders should support better ambulance services, referral systems, and access to emergency care. Lawmakers and health policymakers should create policies that support emergency services, proper use of resources, enough staff, and nurse training. Lastly, future researchers should study the effectiveness of the S.A.F.E. Emergency Response Framework and explore other ways to improve emergency and critical care services.

References

Aitken, L., Chaboyer, W., & Elliott, D. (2020). Scope of critical care practice. Australian College of Critical Care Nurses.

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International Journal of Research on Multidisciplinary Studies
Online ISSN: 3116-4137 | Print ISSN: 3116-4145
Volume 1, Issue 10, pp. 341-371, November 2026
https://ijroms.com
Original Article

Alberto, N. R. I., Alberto, I. R. I., Eala, M. A. B., Dee, E. C., & Canal, J. P. A. (2022). Availability of essential diagnostics in the Philippines. The Lancet Regional Health – Western Pacific. https://doi.org/10.1016/j.lanwpc.2021.100375

Alfuhiqi, M. F. H., Al Dhefeeri, D. K., Ali Alruwaili, S. J., Alfurayji, N. M. N., Alhazmi, S. S. D., & Alqarni, L. Y. M. (2024). The importance of effective communication among healthcare providers. Gland Surgery.

Alanazi, M. A., & Shaban, M. (2025). Exploring the decision-making dynamics of emergency nurses in high-stakes older adults care scenarios. Nursing in Critical Care. https://doi.org/10.1111/nicc.70233

Alsabri, M., Oboli, V. N., Rath, S., Tsoi, V., Del Castillo Miranda, J. C., Alagarswamy, K., & Shehada, W. (2025). Bridging the gap: Lessons from low-resource pediatric emergency medicine for high-resource settings. Current Emergency and Hospital Medicine Reports. https://doi.org/10.1007/s40138-025-00315-z

Atento, R. G., Quinto, L., & Espelita, C. A. M. (2025). Bridging global health workforce gaps 2050: A multilevel analysis of global demand, Philippine supply fragilities, and competency alignment. International Journal of Health & Business Analytics. https://journal.ijhba.com/index.php/ijhba/article/view/37

Bagaria, D., Ratnayake, A. S., Madrid, A., & Worlton, T. J. (2024). Trauma systems in Asian countries: Challenges and recommendations. Critical Care. https://doi.org/10.1186/s13054-024-04838-x

Bam, V., Diji, A. K., Asante, E., Lomotey, A. Y., Adade, P., & Akyeampong, B. A. (2020). Self-assessed competencies of nurses at an emergency department in Ghana. African Journal of Emergency Medicine. https://doi.org/10.1016/j.afjem.2019.09.002

Bissonette, S., Chartrand, J., Bailey, L., Lalonde, M., & Tyerman, J. (2024). Interventions to improve nurse–family communication in the emergency department: A scoping review. Journal of Clinical Nursing. https://doi.org/10.1111/jocn.17068

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. Qualitative Research in Sport, Exercise and Health. https://doi.org/10.1080/2159676X.2019.1628806

Burrows, G. L., Calleja, P., & Cooke, M. (2019). What are the support needs of nurses providing emergency care in rural settings as reported in the literature? A scoping review. Rural and Remote Health. https://doi.org/10.22605/RRH4805

Campbell, A., Ascenzi, J., & Busch, D. W. (2022). An integrative review regarding knowledge and self-competency of pediatric and neonatal critical care transport nurses. Air Medical Journal. https://doi.org/10.1016/j.amj.2022.06.006

Capuno, J. J., Kraft, A. D., Poco, L. C., Quimbo, S. A., & Tan, C. A. R. (2017). Factors associated with the delay in seeking inpatient and outpatient care services in the Philippine. UPSE Discussion Paper.

Cochran, C. B. (2019). Infusing the principles of trauma-informed care into emergency nursing: A comprehensive approach to change practice. Journal of Forensic Nursing. https://doi.org/10.1097/JFN.0000000000000267

Collado, Z. C. (2024). The right to healthcare must include the right to ease of physical access: Exploring geography-health nexus in GIDA communities in the Philippines. International Journal of Social Determinants of Health and Health Services. https://doi.org/10.1177/27551938241265673

Côté, M. J., & Shrestha, A. (2023). Hospital and emergency services in rural areas. In A. O. Ferdinand, J. N. Bolin, T. Callaghan, H. I. Rochford, A. Lockman, & N. Y. Johnson (Eds.), Rural healthy people 2030 (Chapter 19). Texas A&M University School of Public Health, Southwest Rural Health Research Center. http://hdl.handle.net/1969.1/1581911

Crawford, A. M., Shiferaw, A. A., Ntambwe, P., Milan, A. O., Khalid, K., Rubio, R., & Madzimbamuto, F. (2023). Global critical care: A call to action. Critical Care. https://doi.org/10.1186/s13054-022-04296-3

Cunningham, C., Brysiewicz, P., Sepeku, A., White, L., Murray, B., Lobue, N., & Sawe, H. (2017). Developing an emergency nursing short course in Tanzania. African Journal of Emergency Medicine. https://doi.org/10.1016/j.afjem.2017.08.002

Davis, W. D., Evans, D. D., Fiebig, W., & Lewis, C. L. (2020). Emergency care: Operationalizing the practice through a concept analysis. Journal of the American Association of Nurse Practitioners. https://doi.org/10.1097/JXX.0000000000000229

Dayapera, L. Z. A., Sy, J. C. Y., Valenzuela, S., Eala, S. J. L., Del Rosario, C. M. I. P., Buensuceso, K. N. C., Dy, A. S., Morales, D. A., Gibson, A. G., & Apostol, G. L. C. (2024). One health in the Philippines: A review and situational analysis. One Health. https://doi.org/10.1016/j.onehlt.2024.100758

De Mesa, R. Y. H., Marfori, J. R. A., Fabian, N. M. C., Villaverde, J. E. T., Villanueva, H. M. S., Alegado, R., Dela Cruz, M., Malou, J. E. L., Jr., Mirano, J., & Alfonso, C. R. (2023). Experiences from the Philippine grassroots: Impact of strengthening primary care systems on health worker satisfaction and intention to stay. BMC Health Services Research. https://doi.org/10.1186/s12913-022-08799-1

Dekeseredy, P., Landy, C. M. K., & Sedney, C. L. (2019). An exploration of work-related stressors experienced by rural emergency nurses. Online Journal of Rural Nursing and Health Care. https://doi.org/10.14574/ojrnhc.v19i2.550

This article is licensed under a Creative Commons Attribution 4.0 International License.

International Journal of Research on Multidisciplinary Studies
Online ISSN: 3116-4137 | Print ISSN: 3116-4145
Volume 1, Issue 10, pp. 341-371, November 2026
https://ijroms.com
Original Article

Del Mundo, M. C., & Reyes, T. (2023). Decision-making competence and critical thinking ability among triage nurses in a selected hospital in Batangas, Philippines. International Journal of Multidisciplinary: Applied Business and Education Research, 4(3). https://babmrjournal.org/index.php/ijmaber/article/view/1253

Department of Health. (2024). Health Facility Enhancement Program (HFEP). https://doh.gov.ph

Department of Health. (2025). Implementation of patient transport vehicle services under Universal Health Care. https://doh.gov.ph

Diaz, J. V., Riviello, E. D., Papali, A., Adhikari, N. K., & Ferreira, J. C. (2019). Global critical care: Moving forward in resource-limited settings. Annals of Global Health. https://doi.org/10.5334/aogh.2413

Du, J., Huang, S., Lu, Q., Ma, L., Lai, K., & Li, K. (2022). Influence of empathy and professional values on ethical decision-making of emergency nurses: A cross-sectional study. International Emergency Nursing. https://doi.org/10.1016/j.ienj.2022.101186

EpiGuard. (n.d.). Patient transport 101: Understanding intrahospital and interhospital transport. Retrieved March 27, 2025, from https://epiguard.com/patient-transport-101-intrahospital-interhospital-transport/

Erickson, S. (2021). Communication in a crisis and the importance of authenticity and transparency. Journal of Library Administration. https://doi.org/10.1080/01930826.2021.1906556

Garces-Cabanas, C. T., & Dano, J. C. (2022). The experiences of nurses' frustrations in clinical settings. The Malaysian Journal of Nursing. https://doi.org/10.31674/mjn.2022.v13i03.012

Geleto, A., Chojenta, C., Musa, A., & Loxton, D. (2018). Barriers to access and utilization of emergency obstetric care at health facilities in sub-Saharan Africa: A systematic review of literature. Systematic Reviews. https://doi.org/10.1186/s13643-018-0842-2

Glasser, A. (2023). The role of emergency nursing in critical care. Journal of Perioperative Medicine. https://doi.org/10.35248/2684-1290.23.6.186

Greene, A., Dion, P.-M., Nolan, B., Trachter, R., Vu, E., & Trojanowski, J. (2023). Overcoming distance: An exploration of current practices of government- and charity-funded critical care transport and retrieval organizations. Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine. https://doi.org/10.1186/s13049-023-01158-5

Greenwood-Lee, J., Wild, G., & Marshall, D. (2017). Improving accessibility through referral management: Setting targets for specialist care. Health Systems. https://doi.org/10.1057/hs.2015.20

Guégan, J. F., Suzán, G., Kati-Coulibaly, S., Bonpamgue, D. N., & Moatti, J. P. (2018). Sustainable Development Goal #3, "Health and well-being," and the need for more integrative thinking. Veterinaria México OA, 5.

Hansen, G., Beer, D. L., & Vallance, J. K. (2017). The impact of interfacility transport of critically ill pediatric patients on staffing in rural emergency departments. Canadian Journal of Rural Medicine. https://www.srpc.ca/page-17229/4863907

Heaton, J., & Kohn, M. D. (2025). EMS inter-facility transport. In StatPearls. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK441879/

Hendrickx, L., & Winters, C. (2017). Access to continuing education for critical care nurses in rural or remote settings. Critical Care Nurse. https://doi.org/10.4037/ccn2017999

Hodge, M. B., et al. (2017). The impact of advanced practice nursing in emergency and critical care settings: A systematic review. Journal of Advanced Nursing. https://doi.org/10.1111/jan.13249

Horn, D., Lindström, M., & Rosengren, K. (2018). Managing a stressful work environment through improved teamwork: A qualitative content analysis of nurses' working environment within emergency care. International Archives of Nursing and Health Care. https://doi.org/10.23937/2469-5823/15100109

Horn, R., Mertenskoetter, T., Grunewald, F., & Boell, J. E. (2018). Emergency nursing practice in the Philippines: A cross-sectional study of stress and challenges. Asian Nursing Research. https://doi.org/10.1016/j.anr.2018.07.003

Hospital Management and Health Services. (2020). Hospital management and health services report. Provincial Government of Marinduque. https://marinduque.gov.ph/health-and-nutrition/

Hsia, R. Y., & Zagorov, S. (2022). Structural discrimination in emergency care: How a sick system affects us all. https://www.cell.com/med/fulltext/S2666-6340(22)00041-1

Ifrim, R. A., Klugarová, J., Măguriță, D., Zazu, M., Mazilu, D. C., & Klugar, M. (2022). Communication, an important link between healthcare providers: A best practice implementation project. JBI Evidence Implementation. https://doi.org/10.1097/XEB.0000000000000319

Iyi, O. (2015). Stress management and coping strategies among nurses: A literature review. Theseus. https://www.theseus.fi/bitstream/handle/10024/103386/Iyi_Obiora.pdf

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International Journal of Research on Multidisciplinary Studies
Online ISSN: 3116-4137 | Print ISSN: 3116-4145
Volume 1, Issue 10, pp. 341-371, November 2026
https://ijroms.com
Original Article

Kilpatrick, M. (2024, October 14). Novice to expert: The value of nursing expertise – Dr. Patricia Benner's five stages of clinical competence. Washington State Nurses Association. https://www.wsna.org/news/2024/novice-to-expert-the-value-of-nursing-expertise

Kironji, A. G., Hodkinson, P., De Ramirez, S. S., Anest, T., Wallis, L., Razzak, J., & Hansoti, B. (2018). Identifying barriers for out-of-hospital emergency care in low- and low-middle-income countries: A systematic review. BMC Health Services Research. https://doi.org/10.1186/s12913-018-3091-0

Kiwanuka, F., Kopra, J., & Kvist, T. (2025). Family support in acute care settings: Perspectives of family members on cognitive and emotional support. BMC Nursing. https://doi.org/10.1186/s12912-025-00752-x

Kornelsen, J., Hobbs, B., Buhler, H., Kaus, R., Grant, K., Lamont, S. C., & Grzybowski, S. (2018). High-acuity rural transport: Findings from a qualitative investigation. Rural and Remote Health. https://www.rrh.org.au/journal/article/4366

Kulshrestha, A., & Singh, J. (2016). Inter-hospital and intra-hospital patient transfer: Recent concepts. Indian Journal of Anaesthesia. https://doi.org/10.4103/0019-5049.186012

Labrague, L. J. (2024). Relationship between transition shock in novice emergency room nurses, quality of nursing care, and adverse patient events: The mediating role of emotional exhaustion. Australasian Emergency Care. https://doi.org/10.1016/j.auec.2023.07.001

Labrague, L. J., McEnroe-Pettite, D., & Leocadio, M. C. (2019). Transition experiences of newly graduated Filipino nurses in a resource-scarce rural health care setting: A qualitative study. Nursing Forum. https://doi.org/10.1111/nuf.12330

Laranang, J. M. (2024). Challenges faced by nurses towards emergency and disaster cases. Asian Journal of Research in Nursing and Health. https://journalajrnh.com/index.php/AJRNH/article/view/17

Lawal, O., & Anyiam, F. E. (2019). Modelling geographic accessibility to primary healthcare facilities: Combining open data and geospatial analysis. Geo-Spatial Information Science. https://doi.org/10.1080/10095020.2019.1621543

Lin, Y. P., Chan, L. Y. C., & Chan, E. Y. (2020). Interprofessional collaboration during medical emergencies among doctors, nurses, and respiratory therapists in the intensive care unit: A phenomenological study protocol. Journal of Advanced Nursing. https://doi.org/10.1111/jan.14244

Liu, R., Dong, X., Wang, X. C., Zhang, P., Liu, M., & Zhang, Y. (2021). Study on the relationship among the urbanization process, ecosystem services, and human well-being in an arid region in the context of carbon flow: Taking the Manas River Basin as an example. Ecological Indicators. https://doi.org/10.1016/j.ecolind.2021.108248

Maake, G., Harmse, C. P. J., & Schultz, C. M. (2023). A performance management system, employment relationships and work engagement framework for the public sector in South Africa. Southern African Business Review, 27. https://doi.org/10.25159/1998-8125/13795

Macey, A., O'Reilly, G., Williams, G., & Cameron, P. (2021). Critical care nursing role in low- and lower-middle-income settings: A scoping review. BMJ Open. https://doi.org/10.1136/bmjopen-2022-055585

Mamalelala, T. T., Holzemer, W., Seloilwe, E. S., Iwu, E., & Kamienski, M. (2023). Experiences of rural nurses with emergency patient transport in a resource-limited setting. International Emergency Nursing. https://doi.org/10.1016/j.ienj.2023.101379

Mancheva, L., & Dugdale, J. (2016). Understanding communications in medical emergency situations. In Proceedings of the 49th Hawaii International Conference on System Sciences (HICSS). IEEE. https://doi.org/10.1109/HICSS.2016.32

Marshall, J. C., Bosco, L., Adhikari, N. K. J., Connolly, B., Diaz, J. V., Dorman, T., & Zimmerman, J. (2022). What is an intensive care unit? A report of the task force of the World Federation of Societies of Intensive and Critical Care Medicine. Journal of Critical Care. https://doi.org/10.1016/j.jcrc.2021.10.015

Marsden, E., Taylor, A., Wallis, M., et al. (2018). A structure, process and outcome evaluation of the Geriatric Emergency Department Intervention model of care: A study protocol. BMC Geriatrics. https://doi.org/10.1186/s12877-017-0462-z

Masbi, M., Tavakoli, N., & Dowlati, M. (2024). Challenges of providing special care services in hospitals during emergencies and disasters: A scoping review. BMC Emergency Medicine. https://doi.org/10.1186/s12873-024-01160-1

McCaul, M., Clarke, M., Bruijns, S. R., Hodkinson, P. W., de Waal, B., Pigoga, J., Wallis, L. A., & Young, T. (2018). Global emergency care clinical practice guidelines: A landscape analysis. African Journal of Emergency Medicine. https://doi.org/10.1016/j.afjem.2018.09.002

McCullough, K., Andrew, L., Genoni, A., Dunham, M., Whitehead, L., & Porock, D. (2023). An examination of primary health care nursing service evaluation using the Donabedian model: A systematic review. Research in Nursing & Health. https://doi.org/10.1002/nur.22291

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International Journal of Research on Multidisciplinary Studies
Online ISSN: 3116-4137 | Print ISSN: 3116-4145
Volume 1, Issue 10, pp. 341-371, November 2026
https://ijroms.com
Original Article

McDermid, F., Mannix, J., & Peters, K. (2020). Factors contributing to high turnover rates of emergency nurses: A review of the literature. Australian Critical Care. https://doi.org/10.1016/j.aucc.2019.09.002

McFarland, M. R., & Wehbe-Alamah, H. B. (2019). Leininger's Theory of Culture Care Diversity and Universality: An overview with a historical retrospective and a view toward the future. Journal of Transcultural Nursing. https://doi.org/10.1177/1043659619867134

McKinney, E. L., McKinney, V., & Swartz, L. (2021). Access to healthcare for people with disabilities in South Africa: Bad at any time, worse during COVID-19? South African Family Practice. https://doi.org/10.4102/safp.v63i1.5226

Milton, J., Andersson, A. E., & Oxelmark, L. (2022). Healthcare professionals' perceptions of interprofessional teamwork in the emergency department: A critical incident study. Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine. https://doi.org/10.1186/s13049-022-01029-0

Moore, L., Lavoie, A., Bourgeois, G., & Lapointe, J. (2015). Donabedian's structure-process-outcome quality of care model: Validation in an integrated trauma system. Journal of Trauma and Acute Care Surgery. https://doi.org/10.1097/TA.0000000000000663

Mueller, S. K., Zheng, J., Orav, E. J., Schnipper, J. L., & Burke, L. G. (2019). Interhospital transfer and hospital mortality: A retrospective cohort study. BMJ Quality & Safety. https://doi.org/10.1136/bmjqs-2018-008325

Munroe, B., Curtis, K., Fry, M., Shaban, R. Z., Moules, P., Elphick, T. L., & Considine, J. (2022). Increasing accuracy in documentation through the application of a structured emergency nursing framework: A multisite quasi-experimental study. Journal of Clinical Nursing. https://doi.org/10.1111/jocn.16115

Nascimento, L., Correia, M. F., & Califf, C. B. (2024). Towards a bright side of technostress in higher education teachers: Identifying several antecedents and outcomes of techno-eustress. Technology in Society, 76, Article 102428. https://doi.org/10.1016/j.techsoc.2023.102428

Ngo, T. T., Nguyen, H. V., Pham, T. H., Nguyen, T. V., Vu, K. D., Pham, M. D., Phung, D., & Tran, A. N. T. (2022). The relationship between team dynamics with healthcare coordination and clinical work satisfaction among commune health workers: A Bayesian model averaging study. The International Journal of Health Planning and Management. https://doi.org/10.1002/hpm.3494

Norouzinia, R., Yarmohammadian, M. H., Ferdosi, M., Masoumi, G., & Ebadi, A. (2020). Professional resilience among trauma emergency department nurses in Iran: A qualitative study. Frontiers in Emergency Medicine. https://fem.tums.ac.ir/index.php/fem/article/view/363

Nkoana, M. E., & Matjie, M. A. (2024). Employee's psychological experiences with bank's pay for performance system in South Africa. SA Journal of Industrial Psychology, 50, Article a2166. https://doi.org/10.4102/sajip.v50i0.2166

Obbarius, N., Fischer, F., Liegl, G., Obbarius, A., & Rose, M. (2021). A modified version of the transactional stress concept according to Lazarus and Folkman was confirmed in a psychosomatic inpatient sample. Frontiers in Psychology. https://doi.org/10.3389/fpsyg.2021.584333

Oschman, B., & Matjie, M. A. (2025). Exploring employees' experiences with the performance appraisals at the South African Air Force. SA Journal of Human Resource Management, 23, Article a2925. https://doi.org/10.4102/sajhrm.v23i0.2925

Ortiz, M. R. (2018). Patient-centered care: Nursing knowledge and policy. Nursing Science Quarterly.

Owen, C., Brooks, B., Curnin, S., & Bearman, C. (2018). Enhancing learning in emergency services organisational work. Australian Journal of Public Administration. https://doi.org/10.1111/1467-8500.12309

Paguio, J. T., & Banayat, A. C. (2018). Commentary on challenges to critical care nursing practice in the Philippines. Connect: The World of Critical Care Nursing. https://doi.org/10.1891/1748-6254.12.1.8

Palozzi, G., Schettini, I., & Chirico, A. (2020). Enhancing the sustainable goal of access to healthcare: Findings from a literature review on telemedicine employment in rural areas. Sustainability. https://doi.org/10.3390/su12083318

Park, H.-Y., & Kim, J.-S. (2017). Factors influencing disaster nursing core competencies of emergency nurses. Applied Nursing Research. https://doi.org/10.1016/j.apnr.2017.06.004

Philippine Statistics Authority. (2024, September 26). Highlights of the 2021 city and municipality level poverty estimates in the MIMAROPA Region (Ref. No. 2024-SR-81). https://psa.gov.ph

Presidential Communications Office. (2024a, July 12). Local execs thank PBBM for patient transport vehicle, "a lifesaving gift". Philippine Information Agency. https://pia.gov.ph/local-execs-thank-pbbm-for-patient-transport-vehicle-a-lifesaving-gift/

Presidential Communications Office. (2024b, July 18). PBBM commits to further develop Romblon's healthcare system. https://pco.gov.ph/news_releases/pbbm-commits-to-further-develop-romblons-healthcare-system/

This article is licensed under a Creative Commons Attribution 4.0 International License.

International Journal of Research on Multidisciplinary Studies
Online ISSN: 3116-4137 | Print ISSN: 3116-4145
Volume 1, Issue 10, pp. 341-371, November 2026
https://ijroms.com
Original Article

Provincial Government of Marinduque. (2020). Hospital management and health services report. Provincial Planning and Development Office. https://marinduque.gov.ph/health-and-nutrition/

Rai, N. (2025). Empathy-driven care in the intensive care unit: Exploring nurses' experiences and perceptions. International Journal of Community Medicine and Public Health. https://doi.org/10.18203/2394-6040.ijcmph20253723

Ramos, V. B. (2024). Access to universal health care in the Philippines: The challenges of ethnicity, barriers, and inequities. Cultural and Pedagogical Inquiry. https://journals.library.ualberta.ca/cpi/index.php/cpi/article/view/29782

Revels, A., Goldberg, L., & Watson, J. (2016). Caring science: A theoretical framework for palliative care in the emergency department. International Journal for Human Caring. https://doi.org/10.20467/1091-5710.20.4.206

Rigaud, J. P., Ecarnot, F., & Quenot, J. P. (2023). Patient information and consent for care in the intensive care unit. Healthcare, 11(5), Article 707. https://doi.org/10.3390/healthcare11050707

Rodrigo, C. G. G. (2025). Lived experiences of Filipino nurses in the global healthcare arena: A qualitative inquiry. https://www.ijams-bbp.net/wp-content/uploads/2025/07/6-IJAMS-JUNE-2025-501-537.pdf

Salvacion, A. R. (2022). Measuring spatial accessibility of healthcare facilities in Marinduque, Philippines. ISPRS International Journal of Geo-Information. https://doi.org/10.3390/ijgi11100516

Santana, T. D. S., Servo, M. L. S., Sousa, A. R. D., Fontoura, E. G., Góis, R. M. O. D., & Merces, M. C. D. (2021). Coping strategies used by hospital emergency nurses. Texto & Contexto-Enfermagem, 30, Article e20200435. https://doi.org/10.1590/1980-265X-TCE-2020-0435

Schell, C. O., Gerdin Wärnberg, M., Hvarfner, A., Höög, A., Baker, U., Castegren, M., & Baker, T. (2018). The global need for essential emergency and critical care. Critical Care. https://doi.org/10.1186/s13054-018-2219-2

Schamisso, B. (2024, December 9). Trapped in transit: Delays in hospital transfers put Illinois lives at risk. Northwestern Medicine. https://www.northwestern.edu/newscenter/stories/2024/12/delays-in-hospital-transfers.html

Secheresse, T., Pansu, P., & Lima, L. (2020). The impact of full-scale simulation training based on Kolb's learning cycle on medical prehospital emergency teams: A multilevel assessment study. Simulation in Healthcare. https://doi.org/10.1097/SIH.0000000000000461

Senesac, P. A., & Roy, S. C. (2015). Sister Callista Roy's adaptation model. In M. R. Alligood (Ed.), Nursing theories and nursing practice. Elsevier.

Sharif, A., & Rubio, R. R. (2022). Filipino nurses' experiences in conducting health education in the emergency room. International Journal of Nursing and Health Services. https://doi.org/10.35654/ijnhs.v5i3.597

Sharkiya, S. H. (2023). Quality communication can improve patient-centred health outcomes among older patients: A rapid review. BMC Health Services Research. https://doi.org/10.1186/s12913-023-09869-8

Shoham, D. A., Harris, J. K., Mundt, M., & McGaghie, W. (2016). A network model of communication in an interprofessional team of healthcare professionals: A cross-sectional study of a burn unit. Journal of Interprofessional Care. https://doi.org/10.1080/13561820.2016.1203296

Silva, L. M. da, Monteiro, C. E. A., Santos, L. C. R., & Medeiros, S. M. (2018). Contributions of Jean Watson's theory to holistic critical thinking of nurses. Revista Brasileira de Enfermagem. https://doi.org/10.1590/0034-7167-2017-0065

Slusher, T. M., Kiragu, A. W., Day, L. T., Bjorklund, A. R., Shirk, A., Johannsen, C., & Hagen, S. A. (2018). Pediatric critical care in resource-limited settings—Overview and lessons learned. Frontiers in Pediatrics. https://doi.org/10.3389/fped.2018.00049

Smith, S., Lapkin, S., Halcomb, E., & Sim, J. (2023). Job satisfaction among small rural hospital nurses: A cross-sectional study. Journal of Nursing Scholarship. https://doi.org/10.1111/jnu.12800

Smith, S., Sim, J., & Halcomb, E. (2019). Nurses' experiences of working in rural hospitals: An integrative review. Journal of Nursing Management. https://doi.org/10.1111/jonm.12716

Solheim, J. (2018). Emergency nursing: A global perspective. Journal of Emergency Nursing. https://www.jenonline.org/article/S0099-1767(17)30603-7

Spencer, S. A., Adipa, F. E., Baker, T., Crawford, A. M., Dark, P., Dula, D., & Morton, B. (2023). A health systems approach to critical care delivery in low-resource settings: A narrative review. Intensive Care Medicine, 49(7), 772–784.

Subedi, K. R. (2021). Determining the sample in qualitative research. ERIC. (ERIC No. ED618228). https://eric.ed.gov/?id=ED618228

Sy, P. A., & Cabanes, R. V. D. (2022). Research conversations: Ethics and privacy in research. University of the Philippines Open University. https://networks.upou.edu.ph

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Tariverdi, M., Nunez-del-Prado, M., Leonova, N., & Rentschler, J. (2023). Measuring accessibility to public services and infrastructure criticality for disaster risk management. Scientific Reports. https://doi.org/10.1038/s41598-023-28778-4

Tasneem, S., & Baig, A. M. (2025). Ethical dilemmas and clinical decision-making processes faced by nurses working in high-stakes critical and emergency care environments. Mader-e-Milat International Journal of Nursing and Allied Sciences. https://doi.org/10.5281/zenodo.16400093

Tan, C. (2020). Character and citizenship education in Singapore: Policy and practice. Journal of Moral Education, 49(4), 451–465. https://doi.org/10.1080/03057240.2020.1713688

Teske, K., Hallas, P., & Ellensen, V. S. (2024). Nurses' experiences in mobile emergency care: A qualitative study. BMC Health Services Research. https://doi.org/10.1186/s12913-024-11517-8

Tofil, N. M., Lin, Y., Zhong, J., Peterson, D. T., White, M. L., Grant, V., & Cheng, A. (2017). Workload of team leaders and team members during a simulated sepsis scenario. Pediatric Critical Care Medicine. https://doi.org/10.1097/PCC.0000000000001258

Urden, L. D., Stacy, K. M., & Lough, M. E. (2019). Priorities in critical care nursing: Caring for critically ill patients (8th ed.). Elsevier Health Sciences.

Urden, L. D., Stacy, K. M., & Lough, M. E. (Eds.). (2021). Critical care nursing. Elsevier Health Sciences. https://www.asia.elsevierhealth.com/critical-care-nursing-e-book-9780323694001.html

Uwimana, A., Mukeshimana, M., & Mukagatare, A. (2021). Clinical learning in nursing: The use of Kolb's Experiential Learning Theory by medical-surgical nursing students at CHUK. Rwanda Journal of Medical and Health Sciences. https://doi.org/10.4314/rjmhs.v4i3.13

Vasli, P., & Dehghan-Nayeri, N. (2016). Emergency nurses' experience of crisis: A qualitative study. Japan Journal of Nursing Science. https://doi.org/10.1111/jjns.12086

Veenema, T. G., Griffin, A., Gable, A. R., et al. (2019). Nurses as leaders in disaster preparedness and response. Journal of Nursing Scholarship. https://doi.org/10.1111/jnu.12478

Walt, G., & Gilson, L. (1994). Reforming the health sector in developing countries: The central role of policy analysis. Health Policy and Planning, 9(4), 353–370. https://doi.org/10.1093/heapol/9.4.353

Watkins, D. A., Jamison, D. T., Mills, A., Atun, R., Danforth, K., Glassman, A., Horton, S., Jha, P., Kruk, M. E., Norheim, O. F., Qi, J., Soucat, A., Verguet, S., Wilson, D., & Alwan, A. (2017). Universal health coverage and essential packages of care. In D. T. Jamison et al. (Eds.), Disease control priorities: Improving health and reducing poverty. World Bank. https://doi.org/10.1596/978-1-4648-0527-1_ch3

Widiyawati, K., & Lestari, R. (2025). Emergency response in resource-constrained settings: A scoping review of prehospital trauma care in LMICs. The American Journal of Emergency Medicine. https://doi.org/10.1016/j.ajem.2025.08.005

Wood, C., Chaboyer, W., & Carr, P. (2019). How do nurses use early warning scoring systems to detect and act on patient deterioration to ensure patient safety? A scoping review. International Journal of Nursing Studies. https://doi.org/10.1016/j.ijnurstu.2019.03.012

Whyte, H. E., & Narvey, M. (2017). Team models in interfacility transport—Building and maintaining competencies. Current Treatment Options in Pediatrics. https://doi.org/10.1007/s40746-017-0107-7

World Health Organization. (n.d.). Emergency care. Retrieved March 6, 2025, from https://www.who.int/health-topics/emergency-care#tab=tab_1

Yumul, R. L., Navarro, K. A., & Santos, A. J. (2023). The state of emergency medicine research in the Philippines: A scoping review. Philippine Journal of Emergency Medicine.

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