**Nursing roles in disaster zones: Experiences and lessons from Turkey’s earthquake**

**Abstract**

**Background**

Disasters globally affect human health and welfare, with nursing playing an essential role before and during disaster events, providing efficient early-response organization and effective field treatment.

**Aim**

The study examines the challenges faced by the official Israeli humanitarian delegation to the Turkey earthquake zone in February 2023, during the preparation and operational phases, and examines their conclusions following the mission’s completion.

**Methods**

Twenty-two nurses from the humanitarian delegation were interviewed in three focus groups meetings, which were recorded, transcribed verbatim, and analyzed thematically using COREQ’s 32 items.

**Findings**

Three main themes were identified:

Pre-departure preparation, Work in the disaster zone, and Post-mission conclusions.

**Conclusion**

Nurses’ roles in disaster zones are vital, including integrating into existing local healthcare systems. Nurses’ insights may help improve how humanitarian delegations’ preparations for operations in disaster zones, and offer insights into post-mission lessons and how to implement them.

**Implications for Nursing and Health Policy**

Nurse managers and health policy stakeholders can apply insights from this study in designing future nurse training programs in disaster skills and in fostering collaboration between international healthcare teams.

Keywords: disaster, emergency nursing, humanitarian aid, collaboration, fieldwork, critical care nursing, multicultural team

**Introduction**

The frequency and number of natural and man-made disasters globally have risen in the last decade. An early response is key to ensuring effective humanitarian aid and saving lives in these situations (Li et al., 2023). In February 2023, two earthquakes, measuring 7.8 and 7.6 in magnitude, struck southeastern Turkey’s Kahramanmaraş region. An estimated 57,000 people died, making these events the deadliest in modern Turkish history (Hussain et al., 2023).

Nurses, who are essential for hospital operations, clinical and psychological, play a central role in emergency field hospitals (Pourvakhshoori et al., 2017; Segev, 2023). Nurses coordinate care and provide on-the-ground solutions for the many problems and challenges that arise, while maintaining safety and constant communication in disaster areas (Richards et al., 2023) and applying the highest ethical standards when caring for disaster victims (Moradi et al., 2020). Despite this critical role, gaps in nursing preparedness training exist, leading to insufficient disaster preparedness competence (Labrague et al., 2018; Taskiran & Baykal, 2019), inadequate disaster education and research (Al Harthi et al., 2020), and insufficient measures to prevent long-term harm to nurses’ emotional well-being (Johal & Mounsey, 2017; Mounsey et al., 2016; Segev, 2023).

Since the 1953 Greece earthquake, The Israel Defense Forces Medical Corps (IDF-MC) has acquired considerable experience deploying humanitarian delegations and establishing field hospitals in disaster areas (Alpert et al., 2018). Between 2010 and 2016, IDF-MC operated six humanitarian hospitals worldwide (Glick et al., 2016). The IDF-MC delegation dispatched to Turkey on February 8th, 2023, just 24 hours after the disaster hit, included 58 physicians, 32 nurses, five paramedics, 15 laboratory technicians, imaging personnel, and 23 administrative staff. They immediately went to a hospital building near the disaster area and began working with local medical staff (The IDF Medicine Corps, 2023).

Many factors contribute to successfully operating a foreign field hospital, including effective logistical planning, appropriate equipment, adjusting to a foreign environment, and bridging cultural gaps and language barriers (Alpert et al., 2018). Collaboration with local and international teams has been found essential for enhancing medical care quality in emergency situations (Bar-On et al., 2013). While foreign medical delegations usually establish their field hospitals independently, not using local medical equipment and infrastructures (Naor & Bernardes, 2016), the IDF-MC delegation in Turkey integrated into an existing medical facility.

This study describes and analyzes the challenges the IDF-MC nursing delegation members met in this unique situation and their post-mission insights.

**Study Aim**

This study seeks to describe and analyze the challenges that nurses encountered as part of a humanitarian aid delegation to Turkey following the 2023 earthquakes and to draw applicable lessons from these experiences.

**Methods**

Research Design

The qualitative methodology involved using focus groups, as this method facilitates the exploration of complex phenomena (Hamilton & Finley, 2019). Focus groups have long been shown to elicit richer descriptions of experiences through interactive group conversations (Sim & Waterfield, 2019). The authors were guided by the COREQ 32 reported checklist (Tong et al., 2007).

Participants and Settings

Initially, we identified all the nurses who had participated in the humanitarian delegation and contacted them by phone. Of the 32 nurses, 22 agreed to participate in one of our three focus groups (7, 4, and 11 participants per focus group, respectively). The Zoom meeting format was chosen to enable participants from around the country to join at convenient times. To prevent any influence of hierarchical figures on the participants’ free expression, the second focus group included high-ranked military nurses only. Ten men and 12 women nurses with backgrounds in critical care or midwifery participated (Table 1).

Data Collection

Between March 2023 and May 2023, three focus groups met with participants connecting through Zoom meetings lasting 60–90 minutes. Prior to the meetings, an interview guide had been prepared, containing questions such as: “What nursing preparations were made prior to departure from Israel?”; “Describe your role in the delegation team.”; “What challenges did you face?”; and “How did you deal with those challenges?”. To avoid potential bias, two authors, not part of the delegation, and with qualitative interviewing experience, guided the focus groups. One opened the conversation by presenting the researchers and the study aim, while the other guided the conversation’s flow. All focus group conversations were video-audio recorded and subsequently transcribed verbatim.

Data Analysis

The transcriptions were professionally translated from Hebrew to English and back-translated from English to Hebrew. The researchers thoroughly read and re-read all the transcripts. Thematic analysis was made to identify, analyze and report patterns within the transcriptions (Vaismoradi et al., 2016), based on seven phases: (1) text preparation and organization; (2) data transcription; (3) familiarization with collected data; (4) generating memos of the data; (5) data coding; (6) converting codes into categories and categories into themes; (7) preparing a transparent analytic process (Lester et al., 2020).

Ethical Considerations

All participants received written information about the study’s aims and signed a consent form agreeing to participate and to have their responses recorded. Standard anonymizing techniques were employed and participants could answer or decline to answer the questions. Only the primary researchers had access to the content. The study was approved by the IDF-Medicine Corps review board (No. 0902-2023) and the XXX-XXXX University Ethics Committee (No. 0006518-2).

Rigor and Integrity

The researchers measured the study data’s rigor and integrity applying four criteria: credibility, transferability, dependability, and confirmability, reflecting Krefting’s guidelines (1991). The primary investigators, both with qualitative methodology expertise, analyzed the data separately before comparing and discussing their findings. Finally, participants could review the findings and confirm their accuracy.

**Findings**

The research findings illuminate the integration process between local and foreign teams navigating across multiple barriers: Israel-Turkey political tensions; language differences; and cultural and social gaps. Interviewees described initially feeling distance or “otherness,” which evolved over time into feeling more closeness throughout their interactions and caregiving experiences.

The study’s main findings based on the interviews identified three main themes (Table 2):

1. Pre-departure preparation;

2. Work in the disaster zone; and

3. Post-mission conclusions.

**Theme 1: Pre-departure preparation**

The nurses were selected from a pool of potential volunteer candidates based on professional affiliation, supervisors’ recommendations, and participation in dedicated mission training. Participants characterized the first phase as one of preparation and organization, with subthemes of: a positive sense of national mission; logistics; flattening the hierarchy between delegation members and enhancing team cohesiveness; and better use of pre-departure time.

Subtheme 1: A sense of national mission

After agreeing to join the delegation, the interviewees participated in an initial conversation with the delegation organizers about destination details and schedules. Any doubts they may have had were outweighed by a sense of mission and partnership in this national undertaking:

“For me, it was a great excitement” (Participant #7).

“I immediately jumped at the opportunity; …Curiosity and pride overcame all fears”" (Participant #12).

“I chose to join really from a sense of mission. I think...if you believe in the mission,...you just go. No matter what...immediately, first of all, I said yes…It was both an honor and a great privilege for me to participate...” (Participant #20).

Participant #3 agreed, noting that her family situation was not a factor at that moment:

“I didn’t think twice – the last time [I participated in such a delegation] I left a 5-month-old baby, and I didn’t think this time either. When they asked me, I immediately said yes. First, this comes from a sense of mission; second...it seems clear to me that you are called to the flag”.

Even those who had participated in such delegations in the past conveyed similar enthusiasm and sense of mission.

 “This is not my first delegation;...But as soon as there is a task – everything lights up. The strength, the heart, and the energies will all be on the alert... For me there is such a *rush* that you want...to be there already” ().

Subtheme 2: Delegation logistics

Interviewees noted several logistical issues arising during the preparation phase, including the lengthy time between the phone invitation to join the mission, the team’s assembly and the actual departure.

Participant #15, like others, described feeling that they had lost time:

“We received the alert Monday morning and the final okay around 9–10 pm... We arrived at 8 am...but [departure] was postponed and postponed and postponed and the 24-hour wait left an impression of disorganization”.

Participant #16 added:

“There were many hours of waiting...From the moment we assembled, it took 36 hours until we landed in Turkey”.

Emergencies inevitably breed uncertainty, making it difficult to anticipate many things, including the quantity and scope of equipment required:

“[We lacked] wound-dressing equipment. The equipment that was packed was based on...needs [such as treating] pressure sores or contaminated wounds, which you don’t see in the field” (Participant #9).

Participant #12 reinforced this:

“In terms of pediatric equipment, there were...many things we had no way to deal with and were simply spur-of-the-moment improvisations. It’s worth maybe adding more...pediatric care providers who will take care of children”.

Subtheme 3: Flattening the hierarchy

One interesting observation all the interviewees made was that the delegation members’ professional hierarchy faded into the background. During this initial phase, everyone collaborated to accomplish what was required, irrespective of rank:

 “Before we set up the emergency room...I didn’t function as an emergency room nurse. I loaded boxes and cleaned containers, assembled air conditioners, built tents. [I was] the person in charge of water and electricity, everyone works with everyone” (Participant #13).

 “There’s no such thing as ‘Professor’, [or] ‘Lt. Col.’ (Participant #9).

“By the time we arrived at the disaster zone...everyone was equal” (Participant #14).

Two interviewees emphasized that this collaborative work profoundly affected the entire mission’s tone:

“Everyone is equal and does everything right from the beginning. It creates an atmosphere that the whole group is unified; it’s an important process” (Participant #2).

“A mission of destiny...it led me to work with people...better...connect to them, the work really flowed better and I felt that everyone was pitching in and helping wherever possible...” (Participant #5).

Subtheme 4: Better use of the pre-departure time

Ideally, pre-departure time should focus on geographical and cultural orientation about the destination. However, according to participants, the time prior to departure from Israel could have been used more effectively to help team members become better acquainted with one another and for better briefing and preparation:

 “We need to use this [the day of preparing for departure] more effectively, even if it only means getting to know who I work with because I did all this myself...If you board the plane and already know who you will be working with, you’re at a much better starting point” (Participant #8).

Additionally, the delegation’s nurses were tasked with vaccinating team members prior to departure, as is common practice. Participants #9, #2, and #13 suggested outsourcing such logistical tasks, with one stating:

 “The deployed nurses vaccinated everyone in the delegation...an external person [Medic or nurse from outside the delegation] could have vaccinated and made some kind of order.”

**Theme 2: Work in the disaster zone**

Several aspects of work in the disaster zone were challenging, raising four subthemes: inclement weather, language barriers, different standards of care, and collaboration with local teams.

Subtheme 1: Inclement weather

Entering the disaster zone was challenging primarily due to weather conditions, as Participant #18 described:

“The day we departed; it was super rainy. All the equipment stood outside in the rain until it was put on the trucks...In Turkey, it was also...raining and cold...The tents weren’t ready to receive [us] and there wasn’t enough heating equipment.”

Participant #9 added:

“The bitter cold was my experience… the first night we slept in tents and I woke up with ice on my face…".

Subtheme 2: Language barrier

Another difficulty was the language barrier. The local people spoke only Turkish. Several Israeli team members could speak Arabic well enough to communicate with staff and patients, particularly the many Syrian refugees affected by the earthquake. Participant #22 observed:

 “I think that we [nurses] naturally have better communication skills than other professions. Improvisation, body gestures, express everything with emotion... [We] noticed it was easier for us to communicate with the Syrian patients in Arabic...[W]e have taken care of Arabic-speaking patients [professionally] and have [some medically oriented Arabic”.

Participant #18, who spoke Persian and could help interpreting, credited Turkish Airlines, Turkey’s national airline, for providing effective translation services and help in general:

 “Turkish Airlines [English-speaking] staff helped us incredibly. [Not] just with translation; they wanted to help beyond that...reassuring families, reassuring patients, lending a hand, providing water, buying us milk for coffee...It shouldn’t be taken for granted that [airline employees] return from a flight and come straight to a hospital to help translate and stay for hours...It really helped. I also think that we learned to communicate with each other”.

Subtheme 3: Different care standards

A significant challenge for the delegation was operating within existing healthcare facilities. There were many descriptions of tension between local staff and delegation members:

 “We entered a place, with a certain institutional behavior, [and] way of working. For example, there were differences between us in handling sterile equipment and in how to take patient histories and do a physical exam” (Participant #15).

Initially, there was skepticism and disagreement between the Israeli and local teams’ medical approaches. With time, the Israeli nurses learned to integrate into the local team and collaborate:

 “I think that after we received the first patient and they saw how we treated him, there was an increase in trust, and you could see it because when there were more difficult cases...they took a step back. The local doctor in charge cried and asked us not to go [back home] because they understood that we were doing good, while having a dialogue with them and good intentions” (Participant #22).

Subtheme 4: Care teams’ collaboration

While the shared desire to provide quality care built closeness among caregivers, the language barrier created distance. Medical knowledge offered common ground, but cultural gaps and different treatment approaches created a division.

 “The Israeli team would follow a ‘grand rounds’ routine to examine patients. The Turkish team did not participate, [who] made a separate round after that and then somehow [the two teams] would try to have a discussion. In the first few days, there was no discussion at all” (Participant #16).

“[When we] started working and they [Turkish teams] saw how we insert a catheter into a peripheral vein and dress a wound, they quickly accepted us. The language of professionalism breaks barriers. ” (Participant #4).

Israeli team members tried to speak in English during shift changes and medical data transfers to enhance collaboration. Participant #6 recalled:

“We decided to speak English as much as possible especially during patient admission [so] the local senior doctor would understand and write the appropriate orders”.

**Theme 3: Post-mission conclusions**

In contrast to difficulties encountered during the first two stages, the delegation’s departure from the Turkish hospital and the process of transferring information and tools to the local teams proceeded relatively smoothly. Several issues of value for future delegations emerged from the focus groups, such as: an optimal ratio of nurses to doctors, medical records’ language compatibility, software, and post-mission emotional processing.

Subtheme 1: Nurse-doctor ratio

Participants felt that there had not been enough nurses compared to doctors:

 “The numerical ratio between nurses and doctors in the workforce was not so balanced...[T]here were more than enough doctors and too few nurses” (Participant #16).

“It was already clear before we left Israel that we had a small number of nurses. We knew...[it could] place a significant burden on nurses” (Participant #18).

Subtheme 2: Medical records software

The medical records software was new and unfamiliar to some delegation members and the user interface in Hebrew made it difficult for local staff to use:

 “I had never seen our documentation system before, and I would have been happy to study it...before” (Participant #5).

 “The Israeli computerized system...is irrelevant because it’s in Hebrew and isn’t translated to Turkish. The [patient] documentation...was all in Hebrew, and [the Turkish team] would write notes and try to understand what we wrote” (Participant #1).

Subtheme 3: Processing the experience post-mission

Participants shared that they had not received emotional preparation pre-departure. At the disaster zone, a military social worker and the emergency department’s head nurse conducted sessions for processing their experiences. The nurses acknowledged that they had been contacted by military psychologists after returning to Israel. However, there was a prevalent feeling that despite post-mission personal conversations and honorary events, group closure for the experience they had undergone together was lacking. Participant #9 explained:

 “There was no closure, and it was missing. Everyone can talk about it on their own, but no one gathered the group [to talk]...There was a very nice closing event initiated by the medical corps that held an appreciation evening, but there was no room for talking”.

**Discussion**

Three major themes emerged in this study, corresponding to three separate time periods: pre-departure, work in the disaster zone, and post-mission conclusions. *Pre-departure preparation* was the first theme participants identified. Nurses felt a sense of mission about participating in the humanitarian aid delegation, highlighted logistical issues, and appreciated the members’ teamwork. International studies examining nurses’ experience during the pre-deployment preparation phase have noted the positive emotions associated with a sense of mission (Christensen & Wagner, 2022; Moradi et al., 2020), along with logistical concerns (Al Harthi et al., 2020; Alpert et al., 2018; Richards et al., 2023). Flattening the hierarchy among delegation members contributed to the team’s sense of unity, but we found no mention of this in the literature.

The findings indicate that pre-departure time should focus on team members’ acquaintance and preparedness for the assignment. Many studies focus on general training and mission preparation (Niu et al., 2022; Ohana Sarna Cahan et al., 2023; Suresh et al., 2021), with only one effectively addressing how the pre-deployment phase can benefit team members through orientation, training and teamwork (Holmgren et al., 2019).

*Work in the disaster zone* was the second theme that emerged*.* Nurses’ complaints focused mostly on inclement weather, especially the first cold, rainy night at the disaster zone and sleeping in tents lacking suitable protection. Another challenge participants identified was interacting with the local population, particularly local medical teams. They found that cultural differences and conflicting perspectives presented formidable barriers, albeit with potential for collaboration. Differences in cultural and professional perspectives among international groups of nurses have long been recognized (Purnell, 1991). Although studies strongly recommended improving cultural knowledge, and thereby improving collaboration with local medical teams (Bar-On et al., 2013; Chin et al., 2022; Lind et al., 2012), we have found no studies of real-time collaboration between foreign and local teams at a single disaster site.

Consistent with the current study, the literature has identified extreme weather conditions as a staff challenge (Hamdanieh et al., 2023). In contrast to disaster zones where, due to massive infrastructure damage, foreign delegations may rarely find available local buildings or equipment (Naor & Bernardes, 2016), the current delegation entered an existing local health facility, which is unusual.

*Post-mission conclusions* was the third major theme that emerged. The nurses shared insights learned from serving at the disaster zone, including recommending increasing the nurse-doctor ratio. In contrast, a previous study indicated that more expert physicians were needed in field hospitals (Burnweit & Stylianos, 2011). Nurses also recommended internationalizing electronic medical record software. This corresponds with earlier studies on medical records and charting that indicates poor nursing disaster competency, suggesting a possible relationship with the environmental constraints affecting nursing competency (Yan et al., 2015; Yin et al., 2011). While several studies have revealed an insufficient level of preparedness among nurses for disaster response and management (Al Harthi et al., 2020; Taskiran & Baykal, 2019), this study offers new insights from nurses on overcoming these challenges by utilizing pre-deployment time more efficiently, improving delegation preparation, and encouraging team cohesiveness while reducing professional hierarchy concerns. The nurses also revealed the need to process the experience after returning. Although many studies have emphasized the importance of providing psychological support to teams providing disaster relief (Johal & Mounsey, 2017; Mounsey et al., 2016; Sadhaan et al., 2022; Segev, 2023; Xue et al., 2020; Zahos et al., 2022), and despite delegation members having been offered some degree of psychological support in the disaster zone and upon their return, the current study indicates that further improvement to building nurses’ resilience is recommended.

**Study limitations and future directions**

One limitation of the study may be its reliance on nurses’ perspectives. Including participants from other professions or logistical disciplines, and drawing on foreign and local perspectives, could provide a broader perspective on the topic. We recommend interviewing participants from a range of disciplines to shed light on multidisciplinary team work at local and international levels.

**Conclusion**

This study emphasizes the crucial role of nursing in emergency disaster relief, particularly as moderators between local and foreign teams as cohesive actors in within their multi-professional delegations. Due to their diverse experiences and skills, nurses may contribute to designing effective disaster preparedness measures. The study contributes to evidence-based knowledge on emergency response and adds a new perspective on cultural sensitivity and cultural competence during disaster, which can be applied to future disaster interventions.

**Implications for nursing and health policy**

The study’s insights can help nursing managers and educators improve disaster and emergency nursing competence and enhance care capabilities. Recommendations emerging from nurses’ experiences could improve future planning of disaster relief programs, from the pre-deployment phase to the mission’s conclusion. Healthcare stakeholders may benefit from the unique insights revealed here addressing weather conditions preparedness, speaking a universal language such as English to enhance multinational team collaboration, and planning international emergency-response collaboration training for local-foreign partnerships. In addition, psychological preparedness in the pre-departure phase, mental support in the disaster zone for foreign and local teams at the end of each work day, and debriefing group meetings post-mission are vital for preventing long-term reactions to unprocessed experiences.

We also strongly recommend debriefing sessions with the delegation and local team members through Zoom meetings, which can contribute to the closure of the mission experience, and build and strengthen diplomatic relationships.

References

Al Harthi, M., Al Thobaity, A., Al Ahmari, W., & Almalki, M. (2020). Challenges for nurses in disaster management: A scoping review. *Risk Management and Healthcare Policy*, *13*, 2627–2634. https://doi.org/10.2147/RMHP.S279513

Alpert, E. A., Weiser, G., Kobliner, D., Mashiach, E., Bader, T., Tal-Or, E., & Merin, O. (2018). Challenges in Implementing International Standards for the Field Hospital Emergency Department in a Disaster Zone: The Israeli Experience. *Journal of Emergency Medicine*, *55*(5), 682–687. https://doi.org/10.1016/j.jemermed.2018.07.019

Bar-On, E., Abargel, A., Peleg, K., & Kreiss, Y. (2013). Coping with the challenges of early disaster response: 24 years of field hospital experience after earthquakes. *Disaster Medicine and Public Health Preparedness*, *7*(5), 491–498. https://doi.org/10.1017/dmp.2013.94

Burnweit, C., & Stylianos, S. (2011). Disaster response in a pediatric field hospital: Lessons learned in Haiti. *Journal of Pediatric Surgery*, *46*(6), 1131–1139. https://doi.org/10.1016/j.jpedsurg.2011.03.042

Chin, T., Meng, J., Wang, S., Shi, Y., & Zhang, J. (2022). Cross-cultural metacognition as a prior for humanitarian knowledge: when cultures collide in global health emergencies. *Journal of Knowledge Management*, *26*(1), 88–101. https://doi.org/10.1108/JKM-10-2020-0787

Christensen, S. E., & Wagner, L. (2022). Disaster Relief Nurses: Exploring the Impetus to Respond to Multiple Efforts. *Nursing Science Quarterly*, *35*(2), 244–255. https://doi.org/10.1177/08943184211070575

Glick, Y., Baruch, E. N., Tsur, A. M., Berg, A. L., Yifrah, D., Yitzhak, A., Dagan, D., & Bader, T. (2016). Extending a helping hand: A comparison of Israel defense forces medical corps humanitarian aid field hospitals. *Israel Medical Association Journal*, *18*(10), 581–585.

Hamdanieh, L. A., Ahmadi Marzaleh, M. E., Ostadtaghizadeh, A. Y., & Soltani, A. I. (2023). Challenges of Emergency Medical Teams and Deploying a Field Hospital in the Aftermath of the Beirut Blast: A Qualitative Study. *Disaster Medicine and Public Health Preparedness*, *17*(10249). https://doi.org/10.1017/dmp.2022.19

Hamilton, A. B., & Finley, E. P. (2019). Qualitative methods in implementation research: An introduction. *Psychiatry Research*, *280*(112516). https://doi.org/10.1016/j.psychres.2019.112516

Holmgren, J., Paillard-Borg, S., Saaristo, P., & von Strauss, E. (2019). Nurses’ experiences of health concerns, teamwork, leadership and knowledge transfer during an Ebola outbreak in West Africa. *Nursing Open*, *6*(3), 824–833. https://doi.org/10.1002/nop2.258

Hussain, E., Kalaycıoğlu, S., Milliner, C. W. D., & Çakir, Z. (2023). Preconditioning the 2023 Kahramanmaraş (Türkiye) earthquake disaster. *Nature Reviews Earth and Environment*, 5–7. https://doi.org/10.1038/s43017-023-00411-2

Johal, S. S., & Mounsey, Z. R. (2017). Recovering from disaster: Comparing the experiences of nurses and general practitioners after the Canterbury, New Zealand earthquake sequence 2010–2011. *Nursing and Health Sciences*, *19*(1), 29–34. https://doi.org/10.1111/nhs.12296

Krefting, L. (1991). Rigor in Qualitative Research: The Assessment of Trustworthiness. *The American Journal of Occupational Therapy*, *45*(3), 214–222.

Labrague, L. J., Hammad, K., Gloe, D. S., McEnroe-Petitte, D. M., Fronda, D. C., Obeidat, A. A., Leocadio, M. C., Cayaban, A. R., & Mirafuentes, E. C. (2018). Disaster preparedness among nurses: a systematic review of literature. *International Nursing Review*, *65*(1), 41–53. https://doi.org/10.1111/inr.12369

Lester, J. N., Cho, Y., & Lochmiller, C. R. (2020). Learning to Do Qualitative Data Analysis: A Starting Point. *Human Resource Development Review*, *19*(1), 94–106. https://doi.org/10.1177/1534484320903890

Li, W., Wang, S., Chen, X., Tian, Y., Gu, Z., Lopez-Carr, A., Schroeder, A., Currier, K., Schildhauer, M., & Zhu, R. (2023). GeoGraphVis: A Knowledge Graph and Geovisualization Empowered Cyberinfrastructure to Support Disaster Response and Humanitarian Aid. *ISPRS International Journal of Geo-Information*, *12*(3), 112. https://doi.org/10.3390/ijgi12030112

Lind, K., Gerdin, M., Wladis, A., Westman, L., & Von Schreeb, J. (2012). Time for order in chaos! A health system framework for foreign medical teams in earthquakes. *Prehospital and Disaster Medicine*, *27*(1), 90–93. https://doi.org/10.1017/S1049023X11006832

Moradi, K., Abdi, A., Valiee, S., & Rezaei, S. A. (2020). Nurses’ experience of providing ethical care following an earthquake: A phenomenological study. *Nursing Ethics*, *27*(4), 911–923. https://doi.org/10.1177/0969733020907952

Mounsey, Z., Johal, S., & Naswall, K. (2016). The role of the organisation following disaster: Insights from nurse experiences after the Canterbury earthquakes. *Australasian Journal of Disaster and Trauma Studies*, *20*(1), 35–44.

Naor, M., & Bernardes, E. (2016). Self-sufficient healthcare logistics systems and responsiveness: Ten cases of foreign field hospitals deployed to disaster relief supply chains. *Journal of Operations and Supply Chain Management*, *9*(1), 1–22. https://doi.org/10.12660/joscmv9n1p1-22

Niu, A., Ma, H., Zhang, S., Zhu, X., Deng, J., & Luo, Y. (2022). The effectiveness of simulation-based training on the competency of military nurses: A systematic review. *Nurse Education Today*, *119*, 105536. https://doi.org/10.1016/j.nedt.2022.105536

Ohana Sarna Cahan, L., Meirson, G., Kolitz, T., Alpert, E. A., Naame, A., Tavor, O., & Hashavya, S. (2023). Disaster Medicine Education for Israeli Medical Response Teams to the Ukrainian Refugee Crisis. *Prehospital and Disaster Medicine*, *38*(3), 384–387. https://doi.org/10.1017/s1049023x23000420

Pourvakhshoori, N., Norouzi, K., Ahmadi, F., & Hosseini, M. (2017). Nursing in disasters : A review of existing models. *International Emergency Nursing*, *31*, 58–63. https://doi.org/10.1016/j.ienj.2016.06.004

Purnell, L. (1991). Differences and similarities in practice between the United States and the United Kingdom. *Journal of Emergency Nursing*, *17*(3), 129.

Richards, C., Holmes, M., Nash, R., & Ward, A. (2023). Nursing in the Anthropocene–translating disaster nursing experience into climate crisis nurse education. *Teaching and Learning in Nursing*. https://doi.org/10.1016/j.teln.2023.03.017

Sadhaan, A., Brown, M., & McLaughlin, D. (2022). Registered Nurses’ Views and Experiences of Delivering Care in War and Conflict Areas: A Systematic Review. *Healthcare*, *10*(2168), 1–14. https://doi.org/10.3390/healthcare10112168

Segev, R. (2023). Learning from critical care nurses’ wartime experiences and their long-term impacts. *Nursing in Critical Care*, *28*(2), 253–260. https://doi.org/10.1111/nicc.12819

Sim, J., & Waterfield, J. (2019). Focus group methodology: some ethical challenges. *Quality and Quantity*, *53*(6), 3003–3022. https://doi.org/10.1007/s11135-019-00914-5

Suresh, M. R., Valdez-Delgado, K. K., Staudt, A. M., Trevino, J. D., Mann-Salinas, E. A., & Van Fosson, C. A. (2021). An Assessment of Pre-deployment Training for Army Nurses and Medics. *Military Medicine*, *186*(1–2), 203–211. https://doi.org/10.1093/milmed/usaa291

Taskiran, G., & Baykal, U. (2019). Nurses’ disaster preparedness and core competencies in Turkey: a descriptive correlational design. *International Nursing Review*, *66*(2), 165–175. https://doi.org/10.1111/inr.12501

*The IDF Medicine Corps “Olive Branches” Humanitarian Delegation’s Report [in Hebrew]*. (2023).

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

Vaismoradi, M., Jones, J., Turunen, H., & Snelgrove, S. (2016). *Theme development in qualitative content analysis and thematic analysis*. *6*(5). https://doi.org/10.5430/jnep.v6n5p100

Xue, C. L., Shu, Y. S., Hayter, M., & Lee, A. (2020). Experiences of nurses involved in natural disaster relief: A meta-synthesis of qualitative literature. *Journal of Clinical Nursing*, *29*(23–24), 4514–4531. https://doi.org/10.1111/jocn.15476

Yan, Y. E., Turale, S., Stone, T., & Petrini, M. (2015). Disaster nursing skills, knowledge and attitudes required in earthquake relief: Implications for nursing education. *International Nursing Review*, *62*(3), 351–359. https://doi.org/10.1111/inr.12175

Yin, H., He, H., Arbon, P., & Zhu, J. (2011). A survey of the practice of nurses’ skills in Wenchuan earthquake disaster sites: Implications for disaster training. *Journal of Advanced Nursing*, *67*(10), 2231–2238. https://doi.org/10.1111/j.1365-2648.2011.05699.x

Zahos, H., Crilly, J., & Ranse, J. (2022). Psychosocial problems and support for disaster medical assistance team members in the preparedness, response and recovery phases of natural hazards resulting in disasters: A scoping review. *Australasian Emergency Care*, *25*(3), 259–266. https://doi.org/10.1016/j.auec.2021.12.005