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Global Health Nurses and Healthcare Providers in Addressing Health Disparities

Badr Juman Muhammad Al-Qahtani[1], Faris Mubarak Saeed Al-Shahrani[2], Sultan Abdullah Abdulhadi Al-Azizi[3], Humaidan Rashed Ibrahim Alhumaidan[4], Tamim Saud Abdulaziz Al-Mousa[5] and Zaid Saud Abdulaziz Almousa[6]

[1] Corresponding Author, Nursing Specialist, bjalqahtani@moh.gov.sa, Al-Ruwaidah General Hospital

[2] Nursing Technician, famoalshahrani@moh.gov.sa, Hotah Bani Tamim General Hospital

[3] Nursing Technician, salazizi@moh.gov.sa, King Khalid Hospital in Al-Kharj

[4] Nursing technician, Halhumidan@moh.gov.sa, Hotat Bani Tamim Hospital

[5] Nursing technician, tsalmousa@moh.gov.sa, Hotat Bani Tamim General Hospital

[6] Nursing technician, zialmousa@moh.gov.sa, Al-Faraa Health Center, Hotat Bani Tamim

Abstract

The purpose of this text is to explain the state of global health nurse education and global health nursing research, its potential impact in addressing health disparities and creating a culture of health, and the integral role of the community-based healthcare provider in health promotion and disease prevention, as well as hands-on opportunities for nursing and healthcare provider engagement. There is a pressing need for healthcare professionals to be advocates beyond the clinic and in areas where the impact of healthcare policy is significant. The proposed content has the potential to make an impact on policy and improve healthcare for all. Across the country, thousands of nursing students and many educators are involved with service-learning projects in local communities. Nursing education has quickly evolved and expanded from strictly clinical settings to include immersion experiences in community settings. These experiences allow nursing students to develop a broader understanding of individual and family needs, explore the interface between local and national policies and community issues, and build relationships with clinical learning partners. (Matthews et al.2021)

Nurses are taught in schools of nursing and allied health to care, observe, and support those afflicted with disease. They are taught fundamental skills to help individuals and families access and interact knowledgeably within the healthcare system. Competent community-based healthcare providers promote systems that improve healthcare and social determinants of health and are effective identification and partnership brokers, and they are particularly well positioned to reduce health disparities. Nurses are well prepared to perform routine primary

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care services and should be educated on the lifelong learning needed to address health disparities. We will analyze the national and local legislative advocacy efforts that are opportunities to engage and the associated nursing advocacy skill-building programs. We will then explore how community-based healthcare providers can engage in a reciprocal and supportive relationship with communities, addressing health disparities. (Whitman et al.2022)

Keywords: global health, nurses, healthcare providers, health disparities

1. Introduction

As the world gradually shifts from the pandemic response phase of COVID-19 towards recovery and rebuilding, a three-point strategy for equity-informed recovery is set forth: the fight against the demonization of marginalized populations; the provision of new social and economic protections for populations that faced the brunt impact of the COVID-19 pandemic, with an ask for both resources for local government and lower population groups, as well as focusing on employment and income as part of recovery and rebuilding; investing in societal protection as well as good government. These strategies highlight the need for addressing health disparities systematically, which identified prioritizing the needs of those at the greatest risk as a key goal of any health disparities program. Put in the concrete example of COVID-19, the pandemic is not over until it is over everywhere; pandemics only end when basic public health needs, including vaccine access, are available in all local communities and globally, across the board. (Patel et al.2020)

As providers obligated to address disparities in care and treatment for people affected by SARS-CoV-2, we can focus on core elements in ways that further equity beyond COVID-19. To that end, we offer examples of how health education programs may be able to operationalize the definition of health disparities as potentially modifiable differences in outcomes among populations that are needed and unjust. (Ellis & Jacobs, 2021)

2. Understanding Health Disparities

Johnson and Smedley identified disparities in access, service, and health among the various cultural and ethnic populations in America. Considering the structure and organization of United States society and the health system, two issues tend to be particularly important: the social determinants of health and the direct needs for quality health care. Healthy People 2020 has established goals that have at their core the elimination of disparities and the creation of a society that allows individuals the opportunity to reach their health potential. The role and potential of all health care providers in bringing about this health structure cannot be overstated. (Chauhan et al.2020)

Health disparities are defined as variations in access, use, care, and health status among specific populations. Due to the nature of the current healthcare structure, health disparities are viewed from a deficit model. Groups deemed to have disparities underutilize healthcare and have

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poorer outcomes due to lack of knowledge, access, cultural sensitivity, cultural preferences, quality of provisions, quality of care, reduced health literacy, self-inhibitions, budgetary restraints, regulatory constraints, and social, economic, and geographic influences. With the exception of specific aging populations, health disparities are seen as the province of the United States' minority cultural and ethnic populations, the poor, and those residing in non-metropolitan areas, lending support to the faulty nature of the health disparities model. (Ndugga & Artiga, 2021)

2.1. Definition and Scope

In this paper, we will focus on the critical role of global health nurses and community services in health research addressing health disparities. Interested individuals, including researchers and healthcare providers, will be introduced to the current data resources available to understand disparities in our communities. We encourage community members and organizations, as well as nurses, healthcare providers, and the broad research community, to embrace the highest ethical standard of global collaboration, facilitating access to the data and other resources provided by programs addressing health disparities. Provision of Public Health Disparities Data Resources for Community-based Researchers. New capabilities to provide access to public health disparities data resources are critical to ongoing public health research efforts to understand and address health disparities in communities. (Llop-Gironés et al.2021)

Research has long been conducted on the geographic distribution of health and social data for populations in the United States and has made it a primary mission to ensure and expand access to the data resources addressing disparities within vulnerable communities. Scientists must transcend these time-immemorial boundaries and assume a broader role, that of educators and custodians of the collective organizational knowledge, to address health disparities and build long-lasting relationships within their local communities. Epidemiological research remains at the intersection of these professional roles and requires that the international community access and study the social determinants and outcomes observed in a diverse population of organizations. Consequently, computerized systems for geocoding address health disparities for collaborating researchers by continuously enhancing the information and providing access to community-level data resources. (Seidi et al.2023)

2.2. Factors Contributing to Health Disparities

Health disparities in the US are defined as differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States. In spite of the resources available in the United States, dramatic health disparities exist because of race, ethnicity, gender, income, geography, religion, familial and marital status, and sexual orientation. Inferior health status and inadequate health outcomes are prominent in the US across such populations. Women are especially at risk. This is because

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of being overrepresented among populations known to have health disparities and because of the significant health issues that only women face. Although women comprise the slight majority of the US population at 50.7%, the US health care system fails them. For example, women of African, Asian, Latin, and Native American origins are overrepresented among low-income individuals. They are more likely to be uninsured and less likely to receive preventive health services, to have access to quality care and treatment, accurate diagnostic procedures, and up-to-date and effective treatments for leading causes of death and other chronic conditions. (Zavala et al.2021)

We currently rank 18th in the world in the survival of our babies, and rates of low-birth-weight babies are above the median rate for developed countries, two times higher for tuberculosis compared to the rates in 1988, and 53,000 deaths occur annually because of the lack of health insurance coverage. There is evidence to suggest that to reverse these and other health disparities we need a thorough resurgence of the nursing and health professions around the world to address health inequity from both charity and social justice perspectives. Our health care system should be modified as a system to prevent disparities. All patients, including children, adolescents, and women, should have easy access to confidential, respectful care, which includes speaking directly to patients, explaining that discretionary negative reactions are not entertained, and conducting thorough examinations of emerging health problems, leading to immediate and effective management. Those treated by our health care system should not be left in a bad health state after paying money and should not be forced to seek elsewhere for health maintenance...only to be let down by a flawed system. Family and domestic violence survivors should have adequate responses to their mental and physical needs. Their treatment should include gunshot and other violent injury survivors. The health and wealth of women and young people should be considered within global and data collection health systems. Additionally, transformation of health disparities is important in nursing education, practice, leadership, and in the development of plans for rolling out the skilled workforce of the future. The guidelines can also be helpful in teaching undergraduate nursing students about their role in securing the health of vulnerable groups and academic curricula for master's and doctoral nursing students. Of equal importance, the guidelines can serve as a foundation for human resource professionals, training programs, and license requirements aimed at transforming societal processes that award differential distribution of power, privilege, and potential to similarly replicate and shape the health workforce. This informative evidence on how to transform the health system into an ever-evolving comprehensive workforce that manages social justice within a diverse society will further build understanding of health disparities, culturally focused health care, and workforce transformation while guiding decision-making and reform. The health of our community starts here at our schools of health, or rather, it starts with healthy communities. (Dixson-Declève et al.2022)

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3. Role of Global Health Nurses and Healthcare Providers

Engaging nurses and other healthcare providers in their practice and promoting professional development in the global health context

Nurses, and not just those of us with the title of a "global health nurse," have been addressing health disparities both locally and globally for decades. However, recognizing that the broader classification of disparities in health includes identifying poor access, lack of resources, and poor infrastructure, as well as diversity and discrimination as determinants of health, these efforts are well beyond the laudable goals defined for us in my role as the principal investigator of the Working Group on Global Health Equity: Implications for Nursing. To the degree that conditions within the country are often precursors of those facing the rest of the world, local knowledge and capacity not only can mitigate them but also are necessary prerequisites for collective and personal patient engagement in healthy behaviors. At the very least, we need to be part of the movement toward global health equity because a considerable portion of health professionals' responsibility is to teach society how to be healthy. (Wakefield et al., 2021)

3.1. Advocacy and Policy Development

Global Health Nurses advocate for the development and implementation of policy changes and supportive infrastructure that address the root causes of health disparities, such as increased poverty, poor living conditions, environmental toxins, and poor working conditions, which in turn may lead to unhealthy lifestyles, chronic illness, and the disproportionate burden of morbidity and mortality. Local and national governments, as well as organizations and institutions, play key roles in developing the infrastructure that provides conditions necessary for health. Global Health Nurses understand that policies promoting human rights, healthy environments, education, and economic security, as well as healthy lifestyle choices, are essential elements for community empowerment, all of which are key social determinants of health. (Wakefield et al., 2021)

Professional nursing organizations at local, national, and global levels advocate for the adoption and ratification of international human rights instruments, which constitute the structural underpinning for addressing the root causes of social determinants of health. Nurses have the power to create change by engaging in policy and development where it intersects with global health. Nurses have the coordinating abilities, understanding of healthcare, and special knowledge of health and wellness, healing, and the barriers to health that increase underlying health disparities. Global Health Nurses can make a powerful impact at local, national, and global levels as policy changes are critical to improving the health of individuals and communities. (Chiu et al.2021)

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3.2. Community Outreach and Education

Nurses, nurse practitioners, and other healthcare providers are well prepared and positioned to implement outreach and education activities within the communities they serve. Collaboration with community organizations, health educators, and cultural experts allows for the incorporation of best practices. Publicizing services, outreach activities, and health education opportunities in culturally appropriate and respectful ways is essential. Nurses can also collaborate with educational institutions in underserved areas to offer information to parents and students about the availability of health services and resources and the benefits of health education. Nurses can help identify primary contacts in schools, such as advocates with established relationships with students and families, and work closely with them to increase attendance at provided health events. It makes sense to use multiple communication channels, such as telephone calls, emails, social media, community posters, and website information, to target specific populations. Including testimonials or endorsements from known and respected individuals enhances credibility. (Oguro et al.2023)

Community engagement activities build upon the relationships that natural helpers, employed in diverse positions, already have with their respective communities. Nurses and other healthcare providers work closely with these influential individuals to promote understanding and acceptance of health and healthcare, offer services, and actively listen to the diverse needs, concerns, and questions community members have. One of the strengths of nurses and other healthcare providers is their ability to adapt verbal and nonverbal communication to meet the specific preferences and needs of patients and families. Within a diverse culture, nurse–patient linguistically and culturally matched relationships enhance trust, respect, collaboration, shared understanding, belief in credibility, and the likelihood of forming lasting therapeutic partnerships. Unique opportunities to provide services and education help change healthcare attitudes and long-term behaviors. (LeBan et al., 2021)

Healthcare providers, respected for their special skills, knowledge, and attitudes, partner with friends, relatives, significant others, and community advocates. These advocates serve as important liaisons and navigators between healthcare providers, institutions, government service organizations, and culturally diverse students and families. Community liaisons are trusted individuals who already possess language and cultural skills far beyond those that can be quickly developed, taught, or employed by healthcare providers. Long-term relationships and shared confidence grow stronger as the number of personal and culturally centered connections increases. Building relational trust, by personally knowing, respecting, and acknowledging each person, is the foundation for acceptance of culturally centered clinical services and education programs. (Menendez et al.2022)

The ability to not only accept but actually value students and families more than they value us establishes culturally centered relationships. The highest quality linguistic and culturally

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matched healthcare services are offered in an atmosphere best held dear. Common ground, regardless of its size, is valued as a shared foundation for healthcare providers and students in spite of cultural differences or disagreements. A sincere and sustained willingness to learn and continue reflects an active commitment to all aspects of cultural competency. Repeated and meaningful trust-building encounters enable healthcare providers to help ameliorate everyday inequities centered on love and concern. Promoting transparency and truthfulness fosters trust when relationships have ready access to frequent productive encounters. Mutual respect and reciprocal trust are embraced as essential elements of culturally centered matching. (Jimenez-Gomez and Beaulieu2022)

4. Innovative Approaches and Best Practices

Both nurses and global health care providers have an array of approaches and strategies to use in preventing, mitigating, and eliminating disparities in domestic and international settings. One class of strategies includes the application of innovation and best practices. Innovation, including the development of new ways to address health disparities, is as diverse as the settings shared through previous experiences and perspectives. Best practices, including those that reduce health disparities, often arise outside of traditional study methods. Sharing best practices and innovation can assist in ensuring that resources are available and adequate to meet the needs of various populations affected by income, gender, sexual orientation, gender identity, disability, immigration status, and most specifically race. Speakers in this track are contributing to understanding and addressing health disparities from numerous perspectives: reciprocal partnerships, early experiential education, education for entry to practice public health nurses, overcoming health disparities in immigrant families and local communities, development of the first global nursing student exchange program, the addition of face-to-face and breakout sessions to a virtual system, design of a protocol that considers evidence about indigenous health, differences between current and future nursing workforces in the care of underserved populations, the use of clinic and home visits by nursing students, increasing cultural competence and erasing health disparities in domestic and international clinical experiences, and a course for undergraduate nurses and public health nurses that uses a combination of service learning and clinical experiences. (Wakefield et al., 2021)

4.1. Telehealth and Telemedicine

Telemedicine can reach underserved populations. This is especially important as we try to address health disparities. Telehealth modes, such as remote monitoring, email consultation, and telephone consultation, may be effective alternatives to, or may be used for follow-up care in, traditional nurse visits or face-to-face encounters. Only in-person encounters, such as annual physicals or periodic Pap smears, would be conducted in person. Remote home nursing visits and triaging of clients or patients, either in their own homes or at telehealth-equipped sites such as pharmacies connected to a nurse, such as an advanced practice nurse, is a more recent

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extension of this use of telehealth. These advanced practice nurses may be nurse practitioners, clinical nurse specialists, clinical nurse leaders, certified nurse midwives, or certified nurse anesthetists. These services may be provided through home health services. They may create a sense of intimacy that encourages continuity of care and, in the case of the remote home visit, maintains privacy. (Zhai, 2020)

Because of nurses' ideal role location in health settings, nurses are most likely to provide telehealth services in health care institutions and in the community and worksites. This is particularly important to assure access to necessary nursing intervention and assessment for the remote clientele. Therefore, it is particularly important for advanced practice nursing services in responding to specialty health care needs in areas such as correctional facilities, homestays during the months immediately following delivery, and during the time that serious mental illnesses may begin to present. Nurses can provide care coordination for continuity of care between sites and levels of care. The services provided during the remote home visit are comprehensive. The advanced practice nurse may provide services that range from medication management or administration, health teaching for health promotion, including lifestyle changes, establishing healthy habits, adhering to treatment plans, crisis response or other stress management techniques, counseling for marriage, family, or professional issues, coaching for life efficiency skills, even motivational interviewing to assess readiness for change and assess ambivalence, and the initiation or revision and counseling of mental health care, including psychotherapy for individuals, couples, or families. One or more nurses may provide the care, depending on the complexity, scope, and length of the visit. (Groom et al.2021)

4.2. Cultural Competence Training

Although the concept and exploration of cultural competence preceded interprofessional education, it was framed through the lens of cultural humility. During the late 1980s, programs in medical and nursing education began discussing the concept of cultural competence to address cross-cultural patient care concerns that had long been recognized, especially among marginalized populations. Cultural competence is a dynamic, ongoing process that addresses both intrinsic and extrinsic factors that influence a patient’s health and healthcare experience. Culturally competent nurses recognize and respect the cultural differences that patients bring to a healthcare situation and negotiate those differences in a way that respects each individual patient as a person. Cultural competence education requires several components. Cultural competence training programs cover 1) information about the backgrounds of specific groups, 2) skills in assessing cross-cultural encounters, 3) problem-solving techniques to help overcome cultural differences, and 4) cultural knowledge and self-awareness. These programs teach caregivers to be sensitive to patients and their families who may perceive, respond to, and cope with similar life situations from different cultural perspectives.

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There is no one-size-fits-all approach to providing cultural competence education. Variables that may play a role in the content or nature of the training program are 1) the age, ethnicity, and professional experiences of the learners, 2) the perspective of the teaching approach, 3) the definition of cultural competence, 4) where cultural competence fits within a broader curriculum, 5) the teaching methods, 6) the impact of cultural competence education and how it is measured, and 7) student and patient input into the content of the program.

5. Challenges and Future Directions

The key challenge in creating and delivering global nursing education is to determine common global disparities from a universal viewpoint. For example, is it adequate research and programming to hypothesize that obesity is a universal epidemic, or does this approach obscure the racialized and colonized structures of cost, access, wealth, cultivation, and health that underlie the newly identified third world relation between undernutrition or malnutrition and overnutrition and obesity? Similarly, ethnocentric policies that purport to level disparities producing different health problems for different groups, such as the differential impact of racism and poverty on African American women's health related to the women origin centered picket fence of capital hours, housework, and heterosexual status, seem an inadequate gender public policy for all women. (Wakefield et al., 2021)

With divergences between global health problems and their solutions increasingly apparent, the direction for change is less evident. However, it does seem necessary to address overwhelming ethnocentrism and economic differences in the global health solution that negatively drive the emergence of a global civil and uncivil society. How the sponsoring and managed international non-governmental organizations manage their growing participation in fostering civil society relations with nation-state masses gives a critical piece of evidence of these shifts. In terms of global nursing education, these shifts signal the requirement to move from the prohibition of province model of organizing social questions into those legitimate scientific questions that keep the moral majority managerial class having a superior voice. Rather, contemporary global civil intersections from colonial to postcolonial nursing can guide the development of a merciful sanctuary in the midst of health and social injustice. (Balabanis and Siamagka2022)

6. Conclusion

In conclusion, no single intervention can eliminate health disparities; a multilevel, multifaceted, and matrix approach is warranted. Several strategies are proposed, and many of these strategies are currently being implemented in various instances to combat health disparities. In addition, Congress and the administration have started recognizing the impacts of disparities and have initiated legislation that supports and promotes the elimination of disparities. However, the magnitude of the problem is significant, and a substantial

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commitment of resources by public and private sectors is desperately needed to address the problem of health disparities in the U.S. Lastly, efforts should be made to foster collaboration among families, schools, communities, government, institutions of higher education, hospitals, and the workplace to combat disparities at all levels in the U.S.

References:

1. Matthews, E. J., Clune, L., Luhanga, F., & Loewen, R. (2021). The impact of cultural immersion international learning experiences on cultural competence of nursing students: A critical integrative review. Journal of Professional Nursing, 37(5), 875-884. [HTML]
2. Whitman, A., De Lew, N., Chappel, A., Aysola, V., Zuckerman, R., & Sommers, B. D. (2022). Addressing social determinants of health: Examples of successful evidence-based strategies and current federal efforts. Off Heal Policy, 1, 1-30. hhs.gov
3. Patel, M. I., Lopez, A. M., Blackstock, W., Reeder-Hayes, K., Moushey, E. A., Phillips, J., & Tap, W. (2020). Cancer disparities and health equity: a policy statement from the American Society of Clinical Oncology. Journal of Clinical Oncology, 38(29), 3439-3448. ascopubs.org
4. Ellis, C. & Jacobs, M. (2021). The complexity of health disparities: More than just Black–White differences. Perspectives of the ASHA Special Interest Groups. [HTML]
5. Chauhan, A., Walton, M., Manias, E., Walpola, R. L., Seale, H., Latanik, M., ... & Harrison, R. (2020). The safety of health care for ethnic minority patients: a systematic review. International journal for equity in health, 19, 1-25. springer.com
6. Ndugga, N. & Artiga, S. (2021). Disparities in health and health care: 5 key questions and answers. Kaiser Family Foundation. healthequitiesrpm.com
7. Llop-Gironés, A., Vračar, A., Llop-Gironés, G., Benach, J., Angeli-Silva, L., Jaimez, L., ... & Julià, M. (2021). Employment and working conditions of nurses: where and how health inequalities have increased during the COVID-19 pandemic?. Human Resources for Health, 19, 1-11. springer.com
8. Seidi, N., Tripathy, A., & Das, S. K. (2023, June). Using Geographic Location-based Public Health Features in Survival Analysis. In Proceedings of the 8th ACM/IEEE International Conference on Connected Health: Applications, Systems and Engineering Technologies (pp. 80-91). [PDF]
9. Zavala, V. A., Bracci, P. M., Carethers, J. M., Carvajal-Carmona, L., Coggins, N. B., Cruz-Correa, M. R., ... & Fejerman, L. (2021). Cancer health disparities in racial/ethnic minorities in the United States. British journal of cancer, 124(2), 315-332. nature.com
10. Dixson-Declève, S., Gaffney, O., Ghosh, J., Randers, J., Rockstrom, J., & Stoknes, P. E. (2022). Earth for All: A survival guide for humanity. new society Publishers. [HTML]
11. Wakefield, M., Williams, D. R., & Le Menestrel, S. (2021). The future of nursing 2020-2030: Charting a path to achieve health equity. sadil.ws

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 22-08-2024

12. Chiu, P., Cummings, G. G., Thorne, S., & Schick-Makaroff, K. (2021). Policy advocacy and nursing organizations: A scoping review. Policy, Politics, & Nursing Practice, 22(4), 276-296. sagepub.com
13. Oguro, M., Horiuchi, S., Sakurai, S., Awng, N., Eto, H., & Holzemer, W. L. (2023). Evaluation of knowledge related to competency of nurse educators after participating in international outreach seminar for continuing nursing education in Myanmar. Heliyon, 9(8). cell.com
14. LeBan, K., Kok, M., & Perry, H. B. (2021). Community health workers at the dawn of a new era: 9. CHWs' relationships with the health system and communities. Health Research Policy and Systems. springer.com
15. Menendez, T., Barragan, N. C., Kuo, T., & Morrison, J. L. (2022). Using health navigators to connect at-risk clients to community resources. Journal of Public Health Management and Practice, 28(2), E397-E403. [HTML]
16. Jimenez-Gomez, C., & Beaulieu, L. (2022). Cultural responsiveness in applied behavior analysis: Research and practice. Journal of Applied Behavior Analysis, 55(3), 650-673. amazonaws.com
17. Zhai, Y. (2020). A call for addressing barriers to telemedicine: health disparities during the COVID-19 pandemic. Psychotherapy and psychosomatics. nih.gov
18. Groom, L. L., McCarthy, M. M., Stimpfel, A. W., & Brody, A. A. (2021). Telemedicine and telehealth in nursing homes: an integrative review. Journal of the American Medical Directors Association, 22(9), 1784-1801. jamda.com
19. Balabanis, G., & Siamagka, N. T. (2022). A meta-analysis of consumer ethnocentrism across 57 countries. International Journal of Research in Marketing, 39(3), 745-763. city.ac.uk