



Determination of the working conditions of emergency nurses

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Abstract

Working conditions are important in achieving patient and employee safety, quality care and favorable patient outcomes. The study was carried out in a descriptive design to determine the working conditions of emergency nurses in the context of personal rights. The sample of the study consisted of a total of 133 nurses working in nine private and one university hospital on the European side of Istanbul. The data were collected from January 2008 through October 2008. The data were analyzed using frequency, percentage distribution, mean and standard deviation. The majority of the emergency nurses were young, inexperienced and high school and associate degree graduates (72.2%), they were oriented to the institution and the department, they thought that they could not be promoted because they were poorly educated (59.4%), their performance was regularly evaluated (58.6%), they were worried that their salary was not sufficient (80.4%), they did not receive additional compensation because they were working in the emergency department (75.2%), they did not get enough leave because of long weekly hours and long daily hours; also they benefited from services of the department of occupational health and safety (96.3%), experienced health problems after starting to work in the emergency department (75.2%), were frequently exposed to verbal violence (79.7%), and experienced the thought of dismissal (75.2%). As a result, it can be claimed that emergency nurses are faced with negative situations in terms of working hours and breaks, working style, leaves, awareness about the leave rules and procedures, remuneration, career development, employee health and job security.

Keywords: emergency unit, emergency nurse, working conditions, personal rights, labor legislation

1. Introduction

Nursing is a profession that is responsible for the protection, development, treatment and rehabilitation services of the health of the individual, family and society (1). While providing these services, the working environment and working conditions have an important role in determining the quality of service (2). High-quality health care service also improves both patient satisfaction and personal satisfaction. Healthcare professionals need to work in a trouble-free environment in order to provide quality healthcare services (3).

While the conditions of the working environment affect not only the nurses but also the individuals they care for, it is stated that positive/favorable working conditions are important in achieving patient and employee safety, quality care and positive patient outcomes (4)

In the literature, there are studies showing that when a healthy working environment is provided for nurses, patient falls, pressure sores and mortality rates decrease, so it leads to better pain management of patients, increased quality of care and patient satisfaction (5-8). Therefore, considering its positive effect on nurse and patient outcomes, the importance of creating a healthy working environment for nurses is clear. Therefore, the importance of creating a healthy working environment for nurses is obvious when considering the positive effect on nurse and patient outcomes.

Although healthy work environments for nurses is a very important issue in terms of providing effective and efficient health services, it is also stated that a healthy and supportive work environment with basic standards cannot be provided for nurses (9). A negative work environment can lead to problems such as absenteeism, stress, stress-related illness and poor performance (4,10).

The emergency department, which is defined as the front door of hospitals, is the unit where the first care is applied especially to patients who require life-saving and emergency intervention, and emergency units provide uninterrupted service for individuals all over the world (11,12). Emergency nurses, on the other hand, work in these units, which are the most active, intense, stressful, and complex departments of hospitals, where life is aimed to be saved, patients requiring emergency intervention are evaluated, treated and cared for, and they are exposed to many unfavorable working conditions (13). This situation causes deterioration in the physical and psychological health of nurses, loss of workforce, increase in medical errors and decrease in the quality of care (13,14). Therefore, creating a healthy work environment is a necessary condition to deliver quality care. As a matter of fact, "Health Transformation Program in Turkey" which is reported by Ministry of Health in 2003, emphasized that work

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environments must first be improved in order to realize the quality and accreditation component for qualified and effective health services. (15).

In this context, it is thought to be important to determine the work conditions that can lead to and significantly affect situations such as stress, job satisfaction and exhaustion that may adversely affect the provision of quality health care services by emergency nurses. Accordingly, in the study, it was aimed to determine the working conditions of emergency nurses in the context of personal rights, especially on the basis of national and international labor legislation (Labour Act, Civil Servants' Act No. 657 (16,17) and the recommendations of the International Labor Organization (ILO) on nurses (18).

Research question: How are the working conditions of nurses working in emergency units in terms of personal rights?

2. Materials and Methods

2.1. Type of the study

This was a descriptive study. This study followed the STROBE reporting standard for cross-sectional studies. In this research, answers to the following questions were sought.

Q1. How are the working conditions of nurses working in emergency units in terms of personal rights?

2.2. Setting and participants

The population of the study consisted of nurses working in the emergency units of the Ministry of Health, university and private hospitals on the European side of Istanbul, and the sample of the study consisted of 170 nurses working in the emergency units of 9 private and 1 university hospitals where the necessary permissions for the study were obtained from hospitals with 100 beds or more (25 hospitals) by purposive sampling method. The study was completed with 133 nurses who agreed to participate in the study. The return rate of the study was 78.2%.

2.3. Characteristics of the hospitals included in the research

The university hospital where the research was conducted is a hospital affiliated with Istanbul University, with the highest bed capacity and providing services in all branches. In addition, nursing services have received the International Standard Organizations (ISO) quality certificate. Five of the private hospitals have been accredited by the international accreditation institution Joint Commission on Accreditation of Healthcare Organizations (JCHAO) and are among the most modern Group A hospitals in Istanbul. Another hospital is on its way to becoming a large healthcare group and continues its quality work. The other three hospitals are smaller and not certified in terms of service quality.

2.4. Data collection

The data of the study were hand-delivered to the nurses

working in the emergency unit who voluntarily accepted to participate in the study by making the necessary explanations and then collected back by the researcher. The data were collected using as Personal and Professional Information Form and Personal Rights Information Form from January 2008 through October 2008. A total of 170 questionnaires were distributed and 133 completed forms were included in the statistical evaluation.

Personal and Professional Information Form: The form consists of five questions about age, educational status, institution where person staffs, professional experience, and emergency unit experience.

Personal Rights Information Form: In the form prepared by the researchers based on the national labor relations act, Labor Act, Civil Servants Law and International Labor Organization-ILO recommendations on nurses, the personal rights of nurses were questioned systematically. It consisted of a total of 36 questions to determine orientation to the institution and unit after starting work, continuous training (6 questions), working hours and leaves (8 questions), performance evaluation, remuneration, reward-punishment system, career development (11 questions), occupational health and safety and job security (11 questions).

2.5. Data Analysis

The data of the study were analyzed using frequency, percentage distribution, mean and standard deviation with SPSS 18 statistical program.

3. Results

It was determined that the emergency nurses participating in the study were in the age group of 23-25 (44.4%) ($\bar{X} \pm SD$: 24.51 \pm 3.76), graduated from high school and associate degree (72.7%), worked in a private hospital (83.5%), had 2-4 years of professional experience (42.1%) ($\bar{X} \pm SD$: 4.24 \pm 3.65), an average of 2.57 \pm 2.73 years of institutional experience and 2-4 years (47.4%) ($\bar{X} \pm SD$: 3.05 \pm 3.2) of emergency unit experience (Table 1).

It was determined that the continuing education and orientation training received by emergency nurses adequately prepared them for the work environment (72.9%), that they received unit-specific training before starting to work in the emergency department (59.4%), that the emergency nurse had a job description (86.5%), and that they participated in institution/unit orientation and continuing education programs (85%). In addition, it was determined that the working hours of emergency nurses were harmonized so that they could participate in continuing education programs (72.2%), and the personnel rights of emergency nurses were also addressed in these training programs (67.7%) (Table 1).

Table 1. Distribution of personal and professional characteristics of emergency nurses (n:133)

Personal and professional variables	Sub-variables	n	%
Age $\bar{X}\pm SD$: 24.51 \pm 3.76	\leq 22 years	27	20.3
	23-25 years	59	44.4
	\geq 26 years	47	35.3
Educational status	High school+associate degree	96	72.2
	Bachelor's degree	37	27.8
Institution of employment	University hospital	22	16.5
	Private hospital	111	83.5
Occupational experience $\bar{X}\pm SD$: 4.24 \pm 3.65	1 year and below	26	19.6
	2-4 years	56	42.1
	5 years and more	51	38.3
Institutional experience $\bar{X}\pm SD$: 2.57 \pm 2.73	1 year	52	39.1
	2-4 years	47	35.3
	5 years and more	34	25.6
Emergency unit experience $\bar{X}\pm SD$: 3.05 \pm 3.29	1 year and below	46	34.6
	2-4 years	63	47.4
	5 years and more	24	18
Preparing status of the received nursing education for the profession	Yes	97	72.9
	No	36	27.1
Status of receiving unit-specific training before working in the emergency	Yes	79	59.4
	No	54	40.6
Existence of job description of emergency nurse	Existent	115	86.5
	Non-existent	18	13.5
Status of participating in in-service training programs	Yes	113	85
	No	20	15
Arrangements that facilitate participation in in-service training programs	Allowing	37	27.8
	Harmonization of working hours	96	72.2
The status of handling the personal rights of nurses in in-service training programs	Yes	90	67.7
	No	43	32.3

It was determined that the continuing education and orientation training received by emergency nurses adequately prepared them for the work environment (72.9%), that they received unit-specific training before starting to work in the emergency department (59.4%), that the emergency nurse had a job description (86.5%), and that they participated in institution/unit orientation and continuing education programs (85%). In addition, it was determined that the working hours of emergency nurses were harmonized so that they could participate in continuing education programs (72.2%), and the personnel rights of emergency nurses were also addressed in these training programs (67.7%) (Table 1).

Regarding the working hours and leaves of emergency nurses, it was determined that nurses worked in two shifts (85.7%), daily working hours were 12 hours during the day and 12 hours at night (57.9%), total working hours per month were 193-220 hours (51.1%), monthly overtime hours were 21-50 hours (46.6%), and daily rest periods ranged between 31-50 minutes (66.2%). It was determined that monthly overtime hours varied between 21-50 hours and daily rest periods varied between 31-50 minutes (66.2%). It was determined that emergency nurses' work lists were announced in less than a week (36.1%), they were able to use their weekly leaves (71.4%), and they were compensated for their work on duty, overtime, and public holidays (51.9%), while on-call, Nurses also stated that they receive normal wages (16.5%) for working overtime and on public holidays. In addition, they did not know whether they were able to use their right to legal leave before and after birth (60.1%), they could use unpaid leave after birth

(52.6%), they could use maternity leave (57.9%), and whether they had legal leave before and after birth. It was determined that there were also nurses (36.1%) who expressed this (Table 2).

When the opinions of emergency nurses regarding performance evaluation, remuneration, reward-punishment system and career development were examined, it was found that the performance of nurses was regularly measured with criteria appropriate to job descriptions (58.6%), unsuccessful nurses were frequently warned (50.3%) and performance bonus was not paid (20.3%). When emergency nurses compared their wage/salary with the wages paid in other hospitals, it was determined that they did not earn enough salary (90.2%). It was determined that the level of education (76.7%), the unit worked in (66.2%), and the duration of experience in the institution (50.3%) were often taken into consideration when making salary adjustments, that no additional compensation was given to nurses working in the emergency unit (75.2%), and that there was no loss of position in cases such as interruption of work/change of department (71.4%). It has also been stated that emergency nurses do not think about working in the institution they work for many years and moving to higher positions (59.4%), the reason for this is that their training for these positions is not sufficient (46.8%), and there are also predetermined people for these positions (20.3%) and they do not receive the necessary support to be promoted (51.1%) (Table 3).

Table 2. Distribution of emergency nurses' characteristics regarding working hours and leaves (n:133)

		n	%
Working/shift pattern	Two shifts	114	85.7
	Daytime only	13	9.8
	Night only	6	4.5
Working hours per day	9 hours during the day 15 hours at night	6	4.5
	10 hours during the day 14 hours at night	50	37.6
	12 hours during the day 12 hours at night	77	57.9
Total working hours per month	≤ 192 hours	37	27.8
	193-220 hours	68	51.1
	≥ 221 hours	28	21.1
Monthly overtime hours	≤ 20 hours	26	19.6
	21-50 hours	62	46.6
	≥51 hours	8	6
	None	37	27.8
Total rest time per day	≤ 30 minutes	6	4.5
	31-50 minutes	88	66.2
	≥51 minutes	39	29.3
Pre-announcement period of work lists	Less than a week	48	36.1
	A week	43	32.3
	15 days	27	20.3
	One month	15	11.3
Weekly leave status	Yes	95	71.4
	No	25	18.8
	Sometimes	13	9.8
Remuneration for working on duty, overtime, and public holidays	I'm taking leave	69	51.9
	I get 50% increased salary	34	25.6
	I get 100% increased salary	8	6
	I get regular salary	22	16.5
Ability to take leave before and after birth	Yes	80	60.1
	No	5	3.8
	Don't know	48	36.1
Availability of breastfeeding leave in the unit	Yes	77	57.9
	No	3	2.3
	Don't know	53	39.8

Table 3. Distribution of emergency nurses' characteristics regarding performance evaluation, remuneration, reward-punishment system and career development (n:133)

		n	%
Regular measurement of performance with appropriate criteria	Yes	78	58.6
	No	55	41.4
Type of sanctions applied to unsuccessful nurses	No performance bonus is given	27	20.3
	Not being promoted	13	9.8
	Being laid off	13	9.8
	A warning is given	67	50.3
	The reason for the failure is being	13	9.8

	investigated		
Giving awards to successful nurses	Yes	48	36.1
	No	64	48.1
	Don't know	21	15.8
Type of award given to successful nurses	Plaquet	7	14.6
	Giving performance bonus	6	12.5
	Promoting	7	14.6
	Certificate of appreciation	28	58.3
Comparing one's own wage/salary with the wage paid to emergency nurses by other hospitals	Enough	13	9.8
	Not enough	120	90.2
Criteria taken into consideration when determining the salary level in the institution*	Education level	102	76.7
	Experience in the institution	67	50.3
	Working unit	88	66.2
	Professional experience	42	31.6
	Working/shift type	22	16.5
Additional compensation payment to employees in the emergency unit of the institution	Yes	26	19.6
	No	100	75.2
	Don't know	7	5.2
Job/department change or starting to work in a lower position after a break	Yes	21	15.8
	No	95	71.4
	Don't know	17	12.8
Thinking about working in the organization for many years and moving to higher positions (promotion)	Yes	54	40.6
	No	79	59.4
Reasons for not considering promotion	Presence of other persons considered for senior positions	53	20.3
	Requirement for higher education	26	46.8
Status of providing the necessary support for promotion	Yes	25	48.9
	No	108	51.1

Table 4. Distribution of emergency nurses' characteristics regarding occupational health, safety and security (n:133)

		n	%
The most frequently encountered risky situations in the emergency department*	Verbal assault	106	79.7
	Physical assault	18	13.5
	Infection	41	30.8
	Needlestick injury	61	45.9
	Falling	14	10.5
	Radiation	9	6.8
Presence of security guards in the emergency department	Yes	103	77.4
	No	30	22.6
Existence of occupational health unit in the institution	Yes	82	61.7
	No	51	38.3
Easy access to occupational health unit	Yes	79	96.3
	No	3	3.7
Health services provided in the health unit of the	Regular periodic examination	53	39.9

institution*	Periodic control and protective measures for risky situations	64	48.1
	Examination and treatment in cases of illness	105	78.9
Situation of being examined and treated in the institution in case of illness	Yes	104	78.2
	Emergencies only	29	21.8
Experiencing health problems after starting to work in the emergency unit	Yes	100	75.2
	No	33	24.8
Health problems experienced after starting to work in the emergency unit *	Extreme nervousness	49	49
	Digestive disorders	25	25
	Sleeping disorders	72	72
	Headache	37	37
	Stomachache	22	22
	Backache	37	37
The general approach of the institution in work accidents	No specific policy	19	14.2
	Compensation is paid	3	2.3
	Put on leave until recovery	61	45.9
	Precautions are taken to prevent recurrence	32	24.1
	Workplace accident procedures are implemented	50	13.5
Consideration of dismissal if the organization's expectations are not met	Yes	100	75.2
	No	33	24.8
Notification of reasons for dismissal to nurses in the institution	Yes	84	63.1
	No	32	24.1
	Don't know	17	12.8
Payment of compensation in case of dismissal	Yes	28	21.1
	No	28	21.1
	Don't know	77	57.8

*More than one option is selected.

Regarding occupational health and safety and job security, it was stated that the most common risky situations encountered by emergency nurses were being subjected to verbal attacks by patients and their relatives (79.7%), needle sticks (45.9%) and infection risk (30.8%) and that there were security guards in emergency units (77.4%). It was found that emergency nurses had an occupational health unit in the hospitals where they worked (61.7%) and that they could easily benefit from this unit (96.3%), that nurses benefited from this unit by being examined and treated in case of illness (78.9%), that interim control and protective measures were taken for risky situations in these units (48.1%), and that they could be examined and treated in the institution where they worked in case of illness (78.2%). It was found that the nurses encountered a health problem after they started working in the emergency department (75.2%), and the health problems were sleep disorders (72%), excessive irritability (49%), headache (37%), back pain (37%), digestive disorders (25%), and stomach pain (22%). In addition, it was determined that in cases of illness, injury, accident, etc. that occurred on the job, emergency nurses were given leave until they recovered

(45.9%). Finally, it was stated that emergency nurses thought that they would be dismissed if they did not meet the expectations of the organization (75.2%), that the reasons for dismissal were reported in case of dismissal (63.1%), and that they did not know whether compensation would be given in case of dismissal (57.8%) (Table 4).

4. Discussion

In this article, the data were collected from a total of 133 nurses working in the emergency units of nine private and one university hospital. In this study, which aimed to determine the working conditions of nurses in the context of personal rights.

It has been revealed that emergency nurses are faced with negative situations in terms of working hours and breaks, working style, leaves, awareness about the leave rules and procedures, remuneration, career development, employee health and job security.

This study shows that the undergraduate education received by emergency nurses prepared them for the working environment and that they received unit-specific training before being assigned to the emergency unit. However,

Elçiođlu et al. (2021) found that 66.7% of the emergency nurses stated that they did not receive any training specific to the emergency unit after graduation (19). The finding obtained from the study can be evaluated as a very positive situation in terms of the quality of nurses' vocational training and patient and employee safety.

In the study, it was stated that emergency nurses participate in continuing education programs, and the institution regulates the working hours of nurses to facilitate participation in these trainings. Unlike the research finding, Yetik Aras (2019) revealed that half of the emergency nurses (50,2%) had not participated in any scientific training in the last year (20). One of the important criteria of quality and accreditation studies is to support the continuous training of employees. When the finding of our study is considered together with the information that the hospitals included in the sample are accredited or continue their quality studies, it can be considered as a situation that is expected to support and encourage continuous education by the hospital.

In the study, almost all the emergency nurses stated that they were aware of their job descriptions and responsibilities. Duran et al. (2013) supports the research finding that 57.4% of emergency workers have job descriptions (21).

Although it was determined in the study that emergency nurses were given training on their personal rights, when the findings related to working conditions (working hours, leaves, reward-punishment systems, etc.) are evaluated as a whole, it is contradictory to see that nurses do not know some of their rights. It can be claimed that the source of this contradiction is related to the fact that nurses are not sensitive enough about their personal rights, even though they are given training on issues that they do not have problems with.

According to another finding of this study, it was determined that emergency nurses mostly worked in 12-hour shifts during both day and night. The finding of Kebapçı and Akyolcu (2011) that emergency nurses work in shifts is parallel to the finding of our study (13). The finding of our study is in line with the finding of our study that Söyükle and Arslan Kurtuluş (2017) stated on-call hours in emergency units are very long, and the night work is carried out under very harsh conditions compared to other employees (3). The finding obtained from the study is contrary to the recommendations of the International Labor Organization (ILO) regarding nurses. ILO states that nurses should not work more than eight hours a day and may work overtime for a maximum of four hours a day, but not frequently (ILO-R157-Nursing Personnel Recommendation-I33) (18). However, the fact that nurses should not work 14-16 hours, especially in night shifts, in a very busy and attention-requiring unit such as an emergency should be considered as an issue that needs to be examined.

When the monthly working hours of emergency nurses were considered in our study, it was found that nurses worked

between 193-220 hours per month. In Kebapçı and Akyolcu's (2011) study, it was found that they worked between 150-200 hours per month (13), and in Özata et al.'s (2017) study, it was found that they worked 101-200 hours per month (22). While they are required to work 45 hours per week and 180 hours per month on average based on the Labor Act (16), the fact that their rest periods are very low suggests that emergency nurses work very intensely and do not get enough rest. The serious shortage of employees in the health system, especially in recent years, has caused many hospitals to try to provide services by overworking the few staff they have. As a result, nurses are forced to work long hours and provide services without adequate rest. This situation significantly increases the likelihood of medical errors. The finding that the nurse managers prepare the emergency work lists in a period of one week or less may make it difficult for emergency nurses to organize their social life and lead them to lead an unplanned life that is dependent on the unit they work in. As a matter of fact, in the recommendations of ILO, it is recommended that arrangements related to work shifts should be made before a period of time that will not prevent nurses from planning their social life (ILO-R157-Nursing Personnel Recommendation-I35) (18).

When the findings related to the leave of emergency nurses are examined; although emergency nurses mostly use weekly leave, the fact that 18.8% of emergency nurses stated that they could not use weekly rest leave and received normal wages for overwork (16.5%) is not a regulation in accordance with national labor legislation (Labor Act and DMK No. 657) and ILO decisions. The Labor Act and ILO resolutions specifically state that all nurses should use their weekly rest leave and be subject to additional remuneration for overtime work (Article 41 of the Labor Act, ILO R157-Nursing Personnel Recommendation-I37).

In the study, the fact that emergency nurses stated that they were using prenatal and postnatal leave, postnatal legal unpaid leave, and milk leave was found to be compatible with the national labor legislation; however, it is thought-provoking that emergency nurses do not know about the right to use prenatal and postnatal leave, the right to legal unpaid leave, and the right to use milk leave. Although the majority of emergency nurses received training on personal rights, the fact that they did not know about their legal rights related to pregnancy and motherhood can be considered as a situation related to their young age.

When the performance evaluations of emergency nurses were examined, the fact that the majority of the nurses stated that their performance was measured regularly with appropriate criteria can be interpreted as well-functioning performance evaluation systems since most of the sample consisted of private hospitals that carry out quality studies and are accredited, whereas the performance evaluations of nurses in public hospitals are not carried out regularly. The fact that

nurses who do not perform appropriately are given warnings and/or performance bonuses are not paid suggests that the results of the performance appraisal system are used to punish rather than to improve the individual and overcome deficiencies.

In our study, it was found that emergency nurses did not consider their wages sufficient when compared with the wages of emergency nurses working in other hospitals. In Kebapçı and Akyolcu's (2011) study, it was found that emergency nurses found their wages partially sufficient (13).

In the study, regarding the career development of emergency nurses, the finding that emergency nurses do not lose their position when their job/department is changed or when they take a break in the profession can be considered as a positive situation in terms of employee rights. In addition, it is stated in the recommendations of ILO that the career development of nurses should not be disrupted, and they should not lose their status due to interruptions in their professional life (ILO R157-Nursing Personnel Recommendation-I22-23). The fact that emergency nurses think that they cannot be promoted to higher positions in the institutions where they work and emphasize the lack of appropriate education as the reason for this is consistent with the findings related to the lack of adequate education and job security of emergency nurses. These findings can be considered as a result of the fact that licensed nurses are preferred for managerial positions in many private hospitals, especially in hospitals conducting accreditation studies, and education is included as a criterion in the appointment criteria. In addition, the fact that the emergency nurses who participated in the study stated that other people were considered for the positions to be promoted and that they did not receive sufficient support for promotion suggests that hospitals may consider different criteria for promotion other than qualifications such as education and merit.

It has been determined that emergency nurses are most frequently subjected to verbal attacks regarding occupational health and safety, and they also face risks such as needle sticks and infection. In studies conducted in the national and international literature, the determination that employees in emergency units are most exposed to verbal violence is parallel with the research findings (3, 23-31). In the studies of Özata et al. (2017), the most common risks faced by emergency service workers were verbal violence and infectious diseases (22), and Parlar Kılıç et al. (2016) study, the fact that needle sticks were the most common biological risk factors encountered by emergency nurses supports the research finding (28).

Although it was stated in the study that there are security guards in most emergency units, the fact that emergency workers are exposed to violence suggests that security measures are not taken at the desired level. In the studies of Duran et al. (2013) and Çoşkun and Karahan (2019), the finding that security measures were taken in the emergency

units of most emergency workers, but were not sufficient, coincides with the findings of our research (21,26). In the studies of Söyük and Arslan Kurtuluş (2017), the failure to ensure the safety of employees in emergency units is expressed as a problem, which is parallel to the findings of our study (3).

The fact that nurses have an occupational health unit in the institution where they work, and that they can easily benefit from this unit can be associated with the obligation to have these units in private hospitals, which constitute the majority of the sample of the study, in accordance with the legislation (Labor Act).

The fact that most emergency nurses have complaints such as sleep disorders, extreme irritability, headache, and backache after they start working in the emergency department can be considered as a result of the negative working conditions. Similarly, in the study of Parlar Kılıç et al., (2016), it was observed that complaints such as stress, low back pain and insomnia were among the psychological and physiological disorders encountered by emergency nurses. In the study, it should be emphasized that despite the work accidents occurring in emergency units, the institution does not have a specific policy and the approach of giving the affected employee leave only until he recovers, but taking precautions to prevent recurrence is adopted at a low rate. In the study of Duran et al. (2013), they revealed that there is an infrastructure to prevent occupational accidents, the management takes corrective and preventive actions on this issue and solutions are produced, but they are not at a sufficient level (21). While it is expected that hospitals that receive quality certificates have adopted policies aimed at taking protective measures and preventing recurrence, research findings do not fully support this situation.

Finally, in the study, it was determined that emergency nurses often had the thought of being fired, and the reasons for their dismissal were often communicated to them, and they did not know whether they would receive compensation in case of dismissal. This situation can be considered as a result of the research being conducted in a sample predominantly of private hospitals. Although emergency nurses working in private hospitals work in accordance with the Labor Law, the findings suggest that private hospital managers do not act in accordance with the Labor Law. As a matter of fact, the Labor Law states the conditions for terminating the employment contract, mentions the rights of the employee, and emphasizes that the employment contract cannot be terminated unilaterally without a valid reason (Labor Act No.17, 18, 19, 20, 21, 22). In addition, this study found that nurses do not know their rights, suggesting that there may be problems in monitoring their personal rights.

4.1. Study limitations

The limitation of the study is that because private hospitals constitute the majority, the data collected from university hospitals are numerically small, and MoH Hospitals were

excluded from the sample due to lack of permission, comparative statistical analyzes could not be made for institutional differences, which are the determinants of working conditions, and the findings had to be examined in terms of percentage values. In addition, the research findings are limited to the sample and cannot be generalized to all nurses working in emergency units.

As a result of the findings obtained from the research, it was found that emergency nurses received training before being assigned to the emergency unit, they could participate in continuing education programs, their performance was regularly evaluated with appropriate criteria and low-performing nurses were warned, they mostly worked in two shifts, they could use their weekly leaves, their annual leaves were in accordance with the labor legislation, prenatal and postnatal leaves and milk leave were in compliance with the legal regulations related to working life, but a significant majority of nurses did not know their legal leave rights, they benefited from the occupational health units of their institutions, and they were generally given leave in case of work accidents; It was concluded that health problems such as sleep disturbance, excessive irritability, headache and low back pain increased after starting to work in the emergency unit, and although there were security guards in the emergency units, emergency nurses were frequently verbally assaulted, mostly emergency nurses had thoughts of dismissal, and they did not have information about compensation in case of dismissal.

In line with these results, since the nurses in the emergency units are young and inexperienced, new graduates should be started in these units, since it makes it easier for them to experience occupational burnout, the preferences of the employees should be taken into consideration in determining the unit where they will work, although emergency nurses have received training on personal rights, the fact that they do not have enough information about working hours, leaves, compensation payment, etc. should be emphasized and these issues should be addressed primarily in basic nursing education, nursing services managers should give more importance to rewarding while using the performance evaluation system, It can be suggested that the employees working in the emergency unit should not be overworked for 12 hours or more, care should be taken to ensure that they are given enough time off to rest, manpower planning should be done well to prevent health problems that may arise from working in the emergency unit, psychological support should be provided for the employees, rotation method should be used when necessary, security measures should be improved, both the physical structure and the number and quality of the officers should be increased, especially private hospital managers should create personnel policies that eliminate the fear of dismissal for employees, and managers should adopt a participatory management approach in open communication with their employees.

Conflict of interest

The authors declared no conflict of interest.

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Authors' contributions

Concept: N.U.B., U.B. Design: N.U.B., U.B. Data Collection or Processing: N.U.B. Analysis or Interpretation: N.U.B. Literature Search: N.U.B., U.B. Writing: N.U.B., U.B.

Ethical Statement

The study protocol was approved by the Cerrahpasa Faculty of Medicine Ethics Committee (date/no: 09.01.2007/1570). Before starting the research, written and verbal permissions were obtained from the administration of the relevant hospitals. The data collection tool was distributed to the nurses who voluntarily agreed to participate in the study. This study was conducted in accordance with the principles of the Declaration of Helsinki.

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