

RESEARCH / ARAŞTIRMA

Experiences of Nurses Working in the COVID-19 Intensive Care Unit in Turkey: A Qualitative Study

Zilan BARAN ^{ID}¹, Melike TEKİNDAL ^{ID}², Dilek ÖZDEN ^{ID}³¹ Dokuz Eylül University, The Institute of Health Sciences, Fundamentals of Nursing Department, İzmir, Türkiye. **ORCID:** 0000-0002-3640-0888² İzmir Kâtip Celebi University, Social Service Department, İzmir, Türkiye. **ORCID:** 0000-0002-3453-3273³ Dokuz Eylül University, Faculty of Nursing, İzmir, Türkiye. **ORCID:** 0000-0001-8139-5558

ABSTRACT

Objective: The study aims to highlight the pandemic experiences of nurses working in the Coronavirus disease (COVID-19) intensive care unit (ICU).**Material and Methods:** In this study, the phenomenological approach, one of the qualitative research methods, was used. The participants were selected using the purposive sampling method and consisted of 13 nurses who were actively working in the COVID-19 ICU and volunteered to participate in the study. Semi-structured in-depth interviews were conducted with individuals. A thematic analysis was performed, and a computer-assisted qualitative data analysis programme (MAXQDA22) was used to analyse the data.**Results:** When nurses' experiences working in the COVID-19 ICU were analysed, nurses were most physically, socially, and psychologically affected by COVID-19.**Conclusion:** It was determined that nurses working in the COVID-19 ICU were generally negatively affected. These negatives decreased nurses' job satisfaction, and many of the nurses had thoughts of quitting their jobs. This study provided important data about the pandemic by emphasizing COVID-19 ICU experiences. Within the scope of the study, it is recommended that psychosocial and economic micro, mezzo, and macro practices be implemented that will encourage nurses' professional commitment.**Keywords:** COVID-19, intensive care units, nurses, qualitative research.

Türkiye'de COVID-19 Yoğun Bakım Ünitesinde Çalışan Hemşirelerin Deneyimleri: Nitel Bir Çalışma

ÖZET

Amaç: Bu çalışmanın amacı, Koronavirüs hastalığı (COVID-19) yoğun bakım ünitesinde (YBÜ) aktif olarak çalışan hemşirelerin pandemi deneyimlerini görünür kılmaktır.**Gereç ve Yöntem:** Bu çalışmada nitel araştırma yöntemlerinden fenomenolojik yaklaşım kullanılmıştır. Katılımcılar, amaçsal örnekleme yöntemine göre belirlenmiş olup COVID-19 YBÜ'nde aktif görev yapan ve çalışmaya katılmaya gönüllü olan 13 hemşireden oluşmaktadır. Bireylerle yarı yapılandırılmış derinlemesine görüşme yapılmıştır. Verilerin analizinde tematik analiz yapılmış ve bilgisayar destekli nitel veri analiz programı (MAXQDA22) kullanılmıştır.**Bulgular:** COVID-19 YBÜ çalışan hemşirelerin deneyimleri incelendiğinde; hemşirelerin COVID-19'dan en çok fiziksel, sosyal ve psikolojik olarak etkilendikleri belirlenmiştir.**Sonuç:** COVID-19 yoğun bakım kliniğinde çalışan hemşirelerin genel olarak olumsuz etkilendikleri tespit edilmiş, bu olumsuzlukların hemşirelerin iş tatminini düşürdüğü ve hemşirelerin birçoğunun işi bırakma düşünceleri olduğu sonucuna varılmıştır. Bu çalışma, COVID-19 YBÜ deneyimlerine vurgu yaparak pandemi hakkında önemli veriler sağlamıştır. Çalışma kapsamında hemşirelerin mesleki bağlılığını teşvik edecek psikososyal ve ekonomik mikro, mezzo ve makro uygulamaların hayata geçirilmesi önerilmektedir.**Anahtar Kelimeler:** COVID-19, yoğun bakım ünitesi, hemşireler, nitel araştırma.

1. Introduction

The Coronavirus Disease (COVID-19) pandemic has been challenging for healthcare workers, particularly nurses. The rapid increase in COVID-19 cases, the number of patients in need of intensive care, the severe respiratory problems of patients, a critical increase in the number of patients on mechanical ventilation support, shortages of materials and equipment, fears of healthcare workers contracting COVID-19 have adversely affected all healthcare workers actively working in the field. Nurses working on the frontline are the professional group most affected by these problems. In studies conducted in this context,

it has been found that the pandemic causes issues such as stress, anxiety, panic attacks, and depression in healthcare workers and that nurses are more physically, psychologically, and socially affected than other healthcare workers (1-5).

COVID-19 appeared in China in 2019 and spread all over the world in a short time (6). COVID-19, which has become a global problem, has severely impacted many social, economic, and health systems (7). During the COVID-19 pandemic, many people lived in isolation to avoid contact with the virus; however, COVID-19 intensive care unit (ICU) nurses remained on-call to take care of patients infected with the virus, working in shifts covering 24

Geliş Tarihi/Received: 17.12.2024, Kabul Tarihi/Accepted: 02.05.2025

Corresponding Author

Zilan Baran, Dokuz Eylül University, The Institute of Health Sciences, Fundamentals of Nursing Department, İzmir, Türkiye

E-mail: zilan.baran@outlook.com ORCID: 0000-0002-3640-0888

The study was presented as an oral presentation numbered 'SS149' at the 7th International 18th National Nursing Congress held in Konya on 22-25 September 2024.

hours. Therefore, there was a need to examine the experiences of nurses during the COVID-19 period (8).

Studies have highlighted that healthcare workers' mental health has been adversely affected by the COVID-19 pandemic, leading to depression, anxiety, and stress (9, 10). A study conducted in Massachusetts reported that healthcare workers experienced high levels of burnout due to COVID-19, with approximately 40% considering leaving the profession within five years (11). The Centers for Disease Control and Prevention's 2023 report also indicated that, as a result of the pandemic, healthcare workers in 2022 experienced higher levels of poor mental health, burnout, and intentions to change jobs compared to 2018 (12). When the literature is examined, it is notable that although there are both qualitative and quantitative studies on COVID-19 and healthcare workers, studies focused on ICU nurses are limited. In this context, it is believed that the study will contribute to the examination of the experiences of COVID-19 ICU nurses from their perspectives and, thus, to the development of strategies to address the problems they have encountered.

1.1. Aim of the Study

This study aims to highlight the pandemic experiences of nurses who are working in the COVID-19 ICU. Within this context, the sub-questions of the research are:

- What are the pandemic experiences of nurses working in the COVID-19 ICU?
- What do nurses working in the COVID-19 ICU recommend?

2. Material and Method

2.1. Research Type and Sample of the Research

In this study, the phenomenological approach was used within the scope of the qualitative research method. Phenomenology is a qualitative research method that enables people to express their understanding, feelings, perspectives, and perceptions about a particular phenomenon or concept, expressing how they experienced this phenomenon (13, 14). Considering this issue, the phenomenological approach was used to refer to the experiences of nurses actively working in the COVID-19 ICU.

The participants in this study were selected using criterion sampling, a type of purposive sampling. The sample size was determined based on the principle of data saturation. Nurses who are actively working in the COVID-19 ICU were included in the study. The study group consisted of 13 female nurses aged between 25 and 46 years (Table 1).

2.2. Data Collection

In this study, a semi-structured individual in-depth interview technique was used. The data of the study were collected by the first author (Z) between February and March 2022 in the nurses' room, which allowed for face-to-face interviews with the participants, in the hospital environment. The interviewer was a PhD student in nursing with 4 years of experience in research and the ICU. Before collecting the data, the interviewer informed the nurses who volunteered to participate in the study purpose, subject, confidentiality principles, and interview duration. All interviews lasted 168 minutes and were recorded by Z with a voice recorder. During the interview, the emotional reactions of the participants were noted by the researcher, and the interviews were transcribed within 24 hours to prevent data loss.

2.3. Data Analysis

The transcribed audio recordings were thematically analyzed in the MAXQDA22 program, a computer-assisted qualitative data analysis program is to identify the concept and inter-conceptual relationships that can explain these data (15). Before the coders started the analysis, the first author (Z) created a code list for thematic analysis. In this context, when analyzing the data, the

first and third (Z and D) authors developed codes independently of each other. Subsequently, all authors made a jointly evaluated of these codes and completed the coding.

In the citation of the data, the participants were coded (N10: 10th Nurse). To ensure the confidentiality of the participants, the personal and institutional information of the nurses was excluded from the research report.

2.4. Validity and Reliability of the Study

The concept of "validity" in qualitative research serves to assess the accuracy of the findings. The concept of "reliability" of qualitative research is expressed as the state of reaching the same or similar results when research is conducted at different times or by different researchers (16).

Similarly, in this study, attention was paid to focal points to ensure validity and reliability, and data were transcribed within 24 hours after being recorded on a voice recorder to prevent data loss. A comprehensive evaluation and discussion of the data were carried out by all researchers. In the analysis of the data, a collaborative approach was taken by the researchers. To ensure the transparency of the process in the analysis of the data, a computer-assisted qualitative data analysis program was used. To ensure the credibility of the data, direct quotations from the data sources the analysis. Furthermore, all data are stored electronically. In this way, the transparency, provability, and systematicity of the data have been achieved. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used in the reporting of qualitative research (17).

2.5. Preunderstanding

All the authors are female and have knowledge and experience in qualitative research. First author (Z) is female and works as a specialized nurse in the ICU of a university hospital. Since the first researcher worked actively in the ICU during the pandemic period, it was thought that she could better interact with the participants and conduct the interviews more effectively. The second author (M) is an Assoc. Prof. Dr. in the department of social work at a university. She is an expert in qualitative research and data analysis. The third author (D) works as a Prof. Dr. in the nursing department. She works in nursing, intensive care, and patient care. Therefore, they could provide a professional perspective on the research question in focus.

2.6. Ethical Aspects of the Research

The authors conducted the study in accordance with research and publication ethics based on the principles of the Declaration of Helsinki. The Ethics Committee approval was obtained from the Non-Interventional Ethics Committee of İzmir Kâtip Çelebi University on 20 January 2022. Written approval was obtained from the hospital to collect data. Written and verbal informed consent was obtained from each participant who volunteered to participate in the study (Decision Number: 0598).

3. Results

When nursing experiences in COVID-19 intensive care were analyzed, two main themes emerged "COVID-19 experiences" and "recommendations" (Table 2).

3.1. Theme 1. Nurses' COVID-19 Experiences

When COVID-19 experiences were analyzed, patient care experiences came to the fore, although these experiences are shaped by physical, psychological, social, and economic factors (Figure 1). Experience in all fields has been important for her view of the profession. In general, nurses' experiences with COVID-19 are negative in all sub-domains.

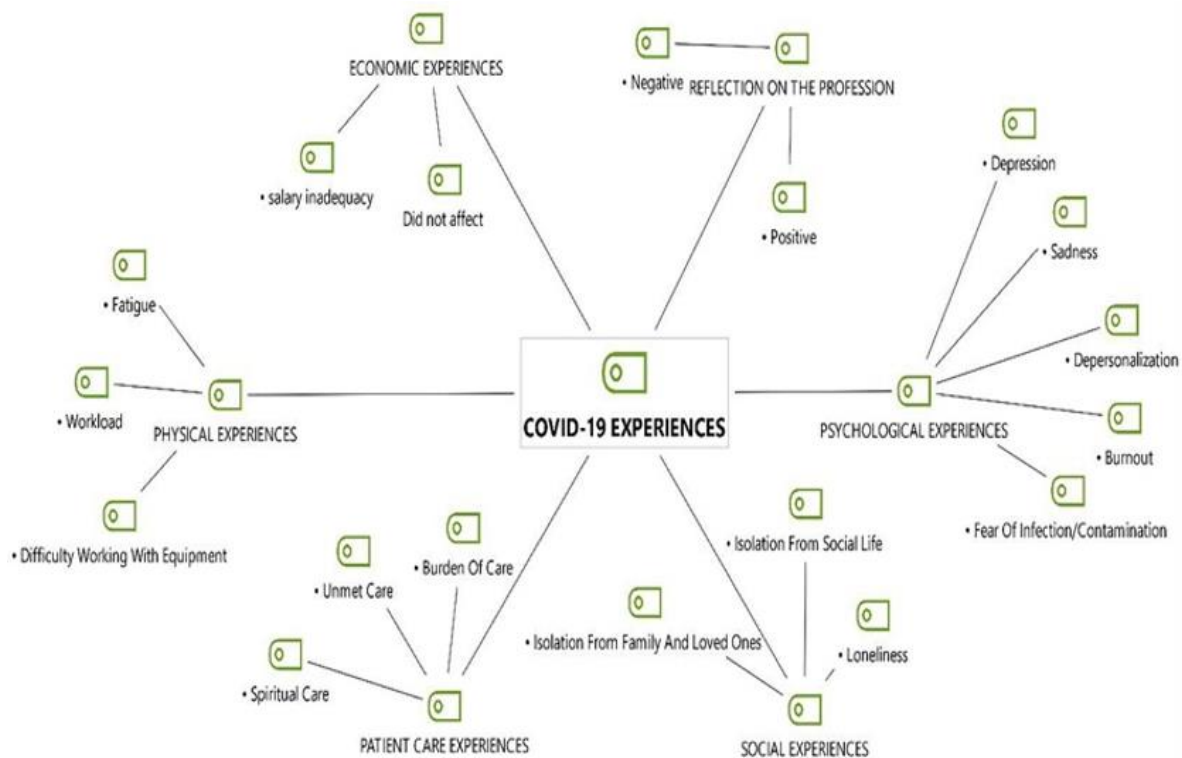


Figure 1. COVID-19 experiences MAXQDA22 code-subcode hierarchical mode

Table 1. Socio-demographic information of participants (n:13)

Nurse	Age	Education Status	Marital Status	Having a Child	Working Year	Working Year in COVID ICU	ICU certification status	Status of having COVID	Interview Date
N1	43	U	S	N	26	2	N	Y	26/02/22
N2	46	U	Y	P	27	1.5	N	Y	26/02/22
N3	33	MD	Y	P	15	2	P	N	26/02/22
N4	26	AD	Y	N	4	2	P	Y	02/03/22
N5	28	AD	Y	N	10	2	P	Y	02/03/22
N6	33	AD	Y	P	13	2	P	N	04/03/22
N7	25	U	S	N	2	2	N	Y	07/03/22
N8	29	AD	Y	N	8	2	P	N	10/03/22
N9	24	U	S	N	3.5	1.5	N	Y	15/03/22
N10	24	U	S	N	2	2	N	Y	15/03/22
N11	41	U	Y	P	24	2	P	Y	15/03/22
N12	40	MD	Y	P	24	2	P	Y	19/03/22
N13	41	U	Y	P	21	2	P	Y	19/03/22

Abbreviations in Table: Undergraduate: U, Associate Degree: AD, Master's Degree: MD; Married: M, Single: S; Present: P None: N, Yes: Y, No: No

When the physical experiences of the nurses during COVID-19 were examined, it was found that they used expressions of difficulty related to working with personal protective equipment (PPE), and with workload, and fatigue.

Fatigue is an intense process, but I believe that working with that equipment makes the tasks twice as difficult, especially when using protective gear. (N13)

After the physical experiences, when examining the social experiences of the participants during the COVID-19 period, following their physical experience, it was observed that they expressed loneliness and isolation from social life family, and loved ones.

It was more of an introverted process, going back and forth between the hospital and home, and not seeing anyone. (N1)

The psychological experiences of nurses during the pandemic include empathy, sacrifice, hope, depersonalization, sadness, despair, burnout, attrition, fatigue, fear of infection/contamination, and depression.

Individuals aware that I am a healthcare professional tend to distance themselves from me. I have also been treated as if I were a pathogen. For example, we invited my child's friend to our house, as he was very bored during the pandemic. Her mother didn't send it because I'm a nurse, you know, because I work in the COVID ICU (her eyes fill with tears), I've experienced such things. (N6)

The nurses turned inward and became isolated, I think this has actually triggered depression in many employees, affecting their professional performance. In conversations or within the environments of most of my friends, I see that health workers are simultaneously struggling with an immense ongoing depression, especially during the COVID pandemic. (N1)

When the patient care experiences of nurses during the pandemic period are examined, spiritual care, unmet care, and care burden emerge as significant issues. Increased isolation measures due to COVID-19, prone positioning, trials of new treatments, and initial uncertainties about the disease and the use of PPE have increased the burden of care. Along with the burden of care, nurses reported that patient care was negatively affected because of their fear of infection and transmission of

disease. Despite these negative situations, most of the nurses stated that they emphasized the spiritual dimension of care.

Obviously, this was not good for the patients. We simply tried doing it in the fastest and most practical way we could. (N9)

Table 2. Themes, sub-themes and research questions

Themes	Sub-themes	Research Questions
Nurses' COVID-19 Experiences	Physical experiences	What individual experiences have you had during the COVID-19 pandemic?
	Social experiences	
	Psychological experiences	
	Economic experiences	
	Reflection on the profession	
Nurses' Recommendations	Patient care experiences	What advice would you give to those with COVID-19?
	Recommendations to colleagues	
	Recommendations to citizens	
	Recommendations to the organizations	
	Recommendations for politicians	

While the reflection of the pandemic on the nursing profession is generally seen as negative, there are also those who express this experience positively. They thought that with the pandemic, nursing involved risks and that nursing management was adversely affected. In this context, nurses lost their idealism, regretted their choice of profession, and even considered quitting the profession.

There were times when I thought about quitting, not because of COVID, but because of mental fatigue. (N4)

In addition to the negative experiences, nurses liked their profession more; their professional image was strengthened, and they gained experience with the pandemic. All this has increased their commitment to the profession.

I love this profession... You know, when people were scared and ran away, they would change their path when they heard about COVID, but knowing that those people were affected by COVID, we entered and cared without hesitation, despite all the fear and all the risks. We know that [specific microorganism or condition] is most common in the mouth and nose. We provided their oral care. We aspirated their secretion. (N6)

Participants stated that they were adversely affected by the pandemic not only physically, psychologically, and socially, but also economically. Despite the difficult working conditions during the pandemic, nurses were not economically compensated for their labor.

They should organize their professional organizations to formulate policies more professionally. (N1)

As can be seen, nurses have had physical, psychological, social, and economic experiences during the pandemic. These experiences during the COVID-19 pandemic have also affected patients' perspectives on the profession.

3.2. Theme 2. Nurses' Recommendations

When the pandemic experiences of intensive care nurses were examined, it was observed that they provided different recommendations. Within the interviews, these recommendations are mostly directed at macro-scaled institutions and politicians. Additionally, they made recommendations to their colleagues and citizens within the scope of the practices (Figure 2).

They suggested that citizens should empathize, be patient, tolerant, and respectful, take precautions, and put an end to violence in healthcare.

When the suggestions of the participants to their colleagues were examined, it was seen that they used the following

expressions: Let them do it willingly, feel strong, value the profession, be patient, understanding, be conscientious, pay attention, focus on spirituality, get organized, specialize, choose a different profession.

They should organize their professional organizations in a way that they can formulate policies more professionally. (N1)

When the suggestions of the participants to the institution were examined after those to colleagues, it was suggested that they should provide motivation, value the employees, show understanding, distribute the workload fairly, provide missing materials, and improve the physical conditions.

In other words, nurses should be seen as a separate professional branch, and their workload should be distributed. When I say distribution, I mean that nurses are in a position to do all kinds of work; that is, they do the work of staff doctors. They are faced with a significant amount of work that is not in their job description. (N4)

When the suggestions of the participants to politicians were analyzed after the suggestions to the institution, it was observed that they used expressions such as granting our rights, valuing our profession, and having a nurse representative in the parliament.

There should be more legal regulations regarding professional law, workload, and patient care rates. I mean, I think that there should not be a setting where a single nurse takes care of 25 patients. (N1)

We are human beings, too, and we have certain needs. We want to work in more humane conditions that benefit them (N10).

As can be seen, the suggestions by the nurses have a policy dimension. Adjustments and revisions in the policy dimensions to be implemented may meet these recommendations.

4. Discussion

The COVID-19 experiences and multidimensional recommendations were examined in depth within the scope of the research aim. In particular, the conclusions regarding the purpose of the research are as follows.

When the COVID-19 experiences of nurses were examined, they were divided into sub-themes such as physical experiences, psychological experiences, social experiences, economic experiences, effects on patient care, and perspective on the profession. It can be stated that their psychological experiences predominate in their COVID-19 experiences, and for this reason, the COVID-19 pandemic has significantly affected nurses psychologically.

When the literature is examined, the difference in the nurse-patient ratio experienced during the pandemic period, fear of contamination/contagion, not knowing the treatment of the disease, and along with caring for patients with PPE, caused nurses to experience emotional burnout, depression, anxiety, anger, and fear (8, 18-20). In another study examining the effects of COVID-19 on the psychosocial experiences of nurses, it was determined that nurses experienced high levels of stress and burnout, moderate depression, and changes in time perception (20). When the social dimension was analyzed within the scope of COVID-19 experiences, it was found that the participants were separated from their families and loved ones, isolated from social life, and were lonely. Edis (4) also found that nurses experienced social isolation because they could not meet their family members or relatives. The measures taken during COVID-19 are believed to have caused social isolation in nurses, due to practices such as lockdown measures. Likewise, according to Uyar and Ozpulat's (21) study, the pandemic measures and the stigmatization and discrimination imposed upon nurses by society lead them to burnout and loneliness. Moreover, it was found that the level of hopelessness and anxiety experienced by nurses was higher than that of other healthcare professionals (22). The findings of this study are similar to those reported in the literature.

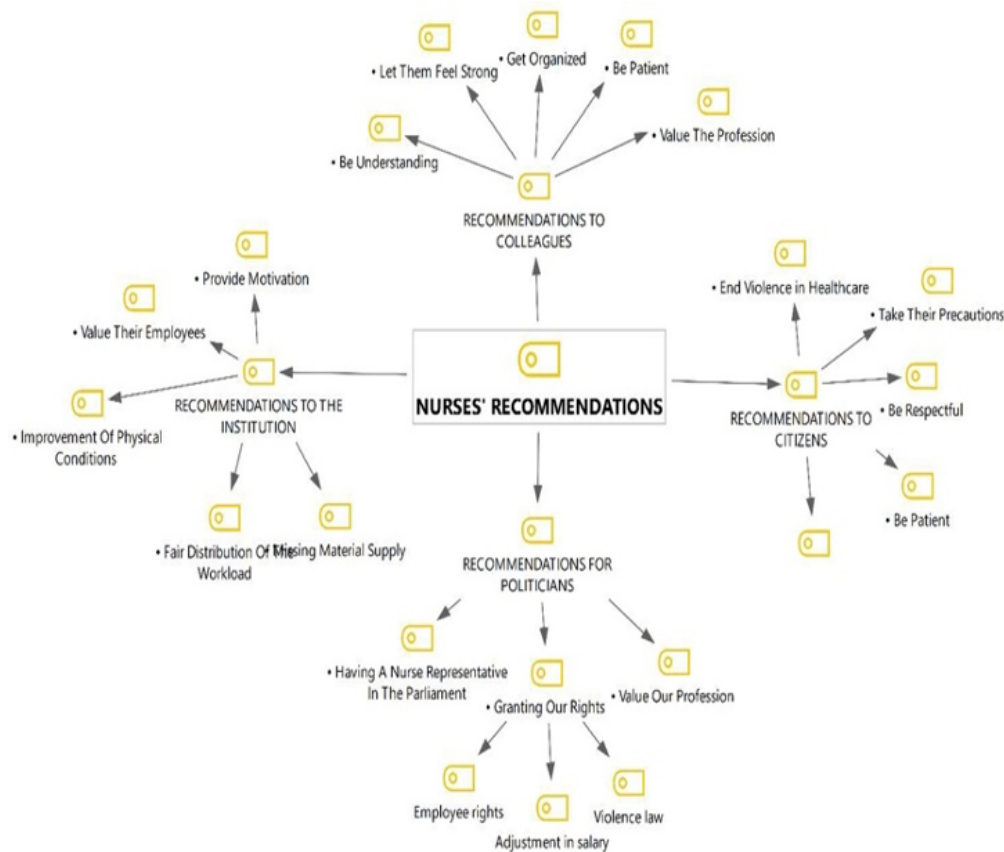


Figure 2. Nurses' recommendations MAXQDA22 code-subcode hierarchical model

When the physical dimension of the COVID-19 experience was analyzed, it was found that the participants had the most difficulties with working with PPE, workload, and fatigue. Previous studies have found that the use of PPE, insufficient staff, and long and strenuous working tempo physically strain nurses (4, 20, 23).

When the economic dimension of COVID-19 experiences is analyzed, some participants stated that their economic situation was not affected by the pandemic, whereas others stated that their salaries were insufficient to compensate for their efforts. Günday et al. (20) discovered that nurses who found their salary sufficient had higher job satisfaction. In another study, it was reported that the economic dimension significantly affected job satisfaction in nurses (25, 26). According to data from the Turkish Statistical Institute at the time of the study, the starvation wage was \$238.57 and the poverty line was \$825.31, and the salaries of nurses were \$425.43, which is below the poverty line (27). Hence, this situation may have negatively affected the job satisfaction of the participants. It is seen that the physical, social, and economic experiences of nurses during the COVID-19 period have affected them psychologically the most.

When the effects of the COVID-19 pandemic on patient care were evaluated, the participants stated that they could not fully meet the care needs due to fear of contagion, that they tried to practice spiritual care, and that the severe prognosis of the disease increased the burden of care. It has been determined that reasons including the increase in the number of patients per nurse during the pandemic period, the increase in the hospitalization of patients with COVID-19 in ICU, and the difficulty in caring for patients with severe pneumonia symptoms increase the workload of nurses and reduce the quality of care (19, 29). According to the participants, it was determined that

long-term follow-up of COVID-19 patients in the prone position had a negative impact on patient care. Reasons such as not knowing the exact treatment of the disease, increased workload, fear of contamination, e.g., cause nurses to experience difficulties in providing patient care. Bergman et al. (19) reported that patient safety and patient care were compromised during the COVID-19 period, which negatively affected nurses physically and psychosocially, leading to ethical stress.

Notably, when the effects of COVID-19 on the nursing profession are evaluated, most of the participants regretted their choice of profession, lost their idealism, and had thoughts of quitting the profession. Bergman et al. (19) also reported that missed nursing care had a great impact on nurses' quitting decisions and burnout. Similarly, in the study by Bayrakçı (29), it was found that nurses who experienced burnout at a high level felt the negative effects of thoughts of quitting on job performance more. Despite their thoughts of leaving the job, some participants expressed positive statements: with COVID-19, nurses were appreciated by the public; the importance of nursing care was understood; nurses loved the profession and had increased loyalty; their professional image was strengthened, and they gained pandemic experience. The working years of the nurses who used these expressions were shorter than those of nurses who were considering quitting the job. In this context, nurses with more work experience may have had reduced job satisfaction after COVID-19 and experienced more regret and thoughts of quitting their jobs.

Following their recommendations following their COVID-19 experiences, participants made recommendations to citizens, colleagues, administrators of institutions, and politicians. Participants asked citizens to respect and value nurses, to show tolerance, and to end violence against healthcare workers. When international and national studies were reviewed, it was noticed

that a large proportion of healthcare workers were exposed to violence in their work lives (1, 31-33). In the study by Terkeş et al. (28), 5% of healthcare workers were exposed to verbal violence in their working lives. Kahrman's study (31) found that 77% of nurses were exposed to verbal violence, 11% to physical violence, and 40.4% of them reported that the violence they suffered affected their work performance. According to Brigo et al. (30), incidents of violence against healthcare workers increased during the COVID-19 period, while Liu et al. (1) stated that unmet patient care during this period caused patients and their relatives to be dissatisfied, increased workload, excessive working hours, fatigue, fear of contamination and contagion contributed to increased stress among healthcare workers, which in turn led to conflict between patients and healthcare workers. In this respect, it can be argued that it is extremely important for institutional authorities to take permanent measures to prevent violence against employees.

Participants advised their colleagues to love and value their work, be patient, focus on spirituality, organize, and specialize. Being organized in the nursing profession is extremely important for professional commitment, increasing job satisfaction, professional development, and problem-solving. According to the statements of the participants, their job satisfaction is low. They should specialize in their fields and maintain their professional commitment to creating a solution for this.

Finally, the participants demand that the managers of the institution ensure that the workload is distributed, employees are provided with moral and material motivation and value, and equipment and materials are provided. They also demand from the politicians that working rights be regulated, the nursing profession be valued, and there be a nurse representative in the parliament. Likewise, in the study by Çevik and Özden (8), it was stated that for nurses to provide effective health care, they should take an active role in professional education, management, personal rights, correcting problems experienced with working conditions, and creating policies. In the literature, it has been stated that measures should be taken in the following areas: providing psychological support to minimize nurse burnout, ensuring close follow-up of dismissals, improving working conditions to reduce workload by increasing nursing staff, and implementing deterrent measures to prevent violence. In addition to openly discussing and resolving the problems experienced by nurses, institutions should develop health policies that value them and care for their needs (1, 34, 35). As can be seen, the findings of the study show similarities with those of the literature.

4.1. Study Limitations

The fact that gender diversity was not provided due to the presence of only female nurses in the study is an important limitation of the study. Therefore, the results of the study include only the experiences of female nurses. In addition, there were reluctant participants who stated that they did not want to participate in the study. The communication skills of the researchers played an important role in engaging reluctant people by explaining the importance of the issue. In this context, the limitation of the study is that the participants are reluctant, while the strength is that the researchers have effective communication skills. In nursing studies involving such in-depth interviews, it is important to pay attention to the presence of researchers with high-quality research experience and communication skills in the research team.

The presence of two nurses and a methodologist in the research contributed to the valid and reliable conduct of the qualitative research process. The research process has progressed with the field knowledge and experience of nurses and the qualitative research knowledge of methodologists. This reflects one of the study's strengths.

5. Conclusion and Recommendations

When the experiences of nurses working in the COVID-19 intensive care unit are examined, nurses were most physically, socially, and psychologically affected by COVID-19. In the study, it was concluded that nurses experienced difficulties with working conditions, workloads, fear of contamination/infection, and difficulty in working with PPE. As a result of their isolation from society during the pandemic, they became very lonely, and many of them suffered from depression due to fear of death and anxiety. It was found that the nurses working in the COVID-19 ICU were generally negatively affected. It was concluded that this negative experience reduced job satisfaction, and many of the nurses had thoughts of resigning.

Considering these results, it is recommended that psycho-social and economic micro, mezzo, and macro practices should be implemented to encourage nurses' professional commitment. At the macro level, programs should be developed and implemented nationwide within the scope of health policies to ensure that nurses receive psychosocial support. Additionally, financial incentives and reward systems should be introduced to make the efforts of healthcare workers more visible. At the mezzo level, hospital administrations should improve the physical working conditions of nurses by expanding the physical spaces of intensive care units, making ergonomic adjustments, and increasing the supply of materials to enhance quality standards. At the micro level, to optimize individual working conditions, workload distribution should be fair, overtime burdens should be reduced, and sufficient staffing should be ensured to minimize the risk of burnout among nurses. Furthermore, digital systems should be utilized to create more balanced shift schedules and implement interventions aimed at increasing employee satisfaction.

6. Contribution to the Field

This study provides important data in terms of revealing the current situation by examining the experiences of nurses working in the COVID-19 ICU in depth. Our study shows that our current situation is insufficient under pandemic conditions, demonstrating ICU nurses' need for adequate protective materials, emotional and motivational support. In the study, healthier conditions can be provided with changes to be made in the health system by taking into account the suggestions of ICU nurses.

Acknowledgements

None.

Conflict of Interest

There is no conflict of interest with any person and/or institution.

Authorship Contribution

Concept: ZB, MT; Design: ZB, MT, DÖ; Supervision: DÖ; Funding: ZB, MT, DÖ; Materials: ZB; Data Collection/Processing: ZB; Analysis/Interpretation: ZB, MT, DÖ; Literature Review: ZB; Manuscript Writing: ZB; Critical Review: DÖ, MT

Funding

No budget support was received for the research.

References

1. Liu R, Li Y, An Y, Zhang L, An F, Luo J, et al. Workplace violence against frontline clinicians in emergency departments during the COVID-19 pandemic. *Peer J.* 2021;9:e12459. DOI: 10.7717/peerj.12459.
2. Pappa S, Ntella V, Giannakas T, Giannakoulis VG, Papoutsis E, Katsaounou P. Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: a

- systematic review and meta-analysis. *Brain Behav Immun.* 2020;88:901-7. DOI: 10.1016/j.bbi.2020.05.026.
3. Sun N, Wei L, Shi S, Jiao D, Song R, Ma L. et al. A qualitative study on the psychological experience of caregivers of COVID-19 patients. *Am J Infect Control.* 2020;48(6):592-8. DOI: 10.1016/j.ajic.2020.03.018.
 4. Edis KE. Experiences of intensive care nurses during COVID-19: a qualitative study. *GÜSBD.* 2022;11(2):476-86. DOI: 10.37989/gumussagbil.1002141.
 5. Güler A, Gemlik HN. A qualitative study on the problems experienced by healthcare professionals in the field during the COVID-19 pandemic and their suggested solutions. *SHED.* 2020;4(2):45-52. DOI:10.29228/JOHSE.3.
 6. World Health Organization. Coronavirus disease (COVID-19) situation report. [homepage on the Internet]. 2021 [Update 2021; cited December 2021]. Available from: https://www.who.int/health-topics/coronavirus#tab=tab_2.
 7. Ranabhat CL, Jakovljevic M, Kim CB, Simkhada P. COVID-19 pandemic: an opportunity for universal health coverage. *Front Public Health.* 2021;9:673542. DOI: 10.3389/fpubh.2021.673542.
 8. Çevik AS, Özden G. Psychological effects of the epidemic: nurses of COVID-19. *J Int Soc Res.* 2020;13(73):1146-51. DOI: 10.1016/j.ctcp.2022.101637.
 9. Alhourri A, Abu Shokor M, Marwa K, Sharabi A, Mohammad Nazir Arrouk D, Al Hourri FN, Al Hourri H. COVID-19 and Its Impact on Healthcare Workers: Understanding Stigma, Stress, and Quality of Life. *Cureus.* 2023;15(4):e37846. DOI: 10.7759/cureus.37846.
 10. Molina, J.D., Amigo, F., Vilagut, G. et al. Impact of COVID-19 first wave on the mental health of healthcare workers in a Front-Line Spanish Tertiary Hospital: lessons learned. *Sci Rep.* 2024;14:8149. DOI: 10.1038/s41598-024-58884-0.
 11. Burrowes SA, Casey SM, Pierre-Joseph N, Talbot SG, Hall T, Christian-Brathwaite N, Del-Carmen M, Garofalo C, Lundberg B, Mehta PK, Mottl-Santiago J. COVID-19 pandemic impacts on mental health, burnout, and longevity in the workplace among healthcare workers: A mixed methods study. *Interprofessional Educ Prac.* 2023;32:100661. DOI: 10.1016/j.xjep.2023.100661.
 12. Nigam JA, Barker RM, Cunningham TR, Swanson NG, Chosewood LC. Vital Signs: Health Worker-Perceived Working Conditions and Symptoms of Poor Mental Health – Quality of Worklife Survey, United States, 2018–2022. *MMWR Morb Mortal Wkly Rep.* 2023;72:1197–1205. DOI: 10.15585/mmwr.mm7244e.
 13. Lim WM. What is qualitative research? An overview and guidelines. *Australas Mark J.* 2024;14413582241264619. DOI: 10.1177/14413582241264619.
 14. Tekindal M, Şerife U. A review on the scope and process of phenomenological approach as a qualitative research method. *Beyond the Horizon Science Journal.* 2020;20(1):153-72.
 15. Okoko JM, Tunison S, Walker KD. *Varieties of Qualitative Research Methods: Selected Contextual Perspectives.* Cham, Switzerland: Springer; 2023. 495 p.
 16. Sabnis SV, Wolgemuth JR. Validity practices in qualitative research in school psychology. *Sch Psychol Int.* 2024;45(2):87-114. DOI: 10.1177/01430343231194731.
 17. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care.* 2007;19(6):349–57. DOI: 10.1093/intqhc/mzm042.
 18. Arcadi P, Simonetti V, Ambrosca R, Cicolini G, Simeone S, Pucciarelli G, et al. Nursing during the COVID-19 outbreak: A phenomenological study. *JNurs Manag.* 2021;29:1111–9. DOI: 10.1111/jonm.13249.
 19. Bergman L, Falk AC, Wolf A, Larsson IM. Registered nurses' experiences of working in the intensive care unit during the COVID-19 pandemic. *Nurs Crit Care.* 2021;26:467–75. DOI: 10.1111/nicc.12649.
 20. Huerta-Gonzalez S, Selva-Medrano D, Lopez-Espuela F, Caro-Alonso PA, Novo A, Rodriguez-Martin B. The psychological impact of COVID-19 on front line nurses: a synthesis of qualitative evidence. *Int J Environ Res Public Health.* 2021;18:2975. DOI: 10.3390/ijerph182412975.
 21. Uyar P, Özpulat F. COVID-19 Process and Loneliness in Nurses. *Health Academy Kastamonu (SAK), 7(COVID 19 supplement issue).* 2022;134-44. DOI: 10.25279/sak.959670.
 22. Hacımusalar Y, Kahve AC, Yasar AB, Aydın MS. Anxiety and hopelessness levels in COVID-19 pandemic: A comparative study of healthcare professionals and other community sample in Turkey. *J Psychiatr Res.* 2020;129:181–8. DOI: 10.1016/j.jpsychires.2020.07.024.
 23. Labrague LJ, Santos JAA. Resilience as a mediator between compassion fatigue, nurses' work outcomes, and quality of care during the COVID-19 pandemic. *Appl Nurs Res.* 2021;29(3):395-403. DOI: 10.1016/j.apnr.2021.151476.
 24. Günday F, Taş A, Abacıgil F, Arslantaş H, Factors affecting job satisfaction and quality of work life in nurses: A cross-sectional study, *Journal of Adnan Menderes University Health Sciences Faculty.* 2022;6(2):216-32. DOI: 10.46237/amusbfd.918747.
 25. Salahat MF, Al-Hamdan ZM. Quality of nursing work life, job satisfaction, and intent to leave among Jordanian nurses: a descriptive study. *Heliyon.* 2022;8(7):e09838. DOI: 10.1016/j.heliyon.2022.e09838.
 26. Niu A, Li P, Duan P, Ding L, Xu S, Yang Y, et al. Professional quality of life in nurses on the frontline against COVID-19. *J Nurs Manag.* 2022;30:1115-24. DOI: 10.1111/jonm.13620.
 27. Turkish Statistical Institute [Internet]. 2022 [Cited 2022 Nov 12]. Available from: <https://data.tuik.gov.tr/Kategori/GetKategori?p=Gelir,-Yasam,-Tuketim-ve-Yoksulluk-107>.
 28. Hoogendoorn ME, Brinkman S, Bosman RJ, Haringman J, de Keizer NF, Spijkstra JJ. The impact of COVID-19 on nursing workload and planning of nursing staff on the Intensive Care: a prospective descriptive multicenter study. *Int J Nurs Stud.* 2021;121:104005. DOI: 10.1016/j.ijnurstu.2021.104005.
 29. Bayrakçı E. The relationship between nurse's turnover intention and job performance: Moderating role of COVID-19 burnout. *J Buiseness Resarch.* 2022;14(1):835-45.
 30. Brigo F, Zaboli A, Rella E, Sibilli S, Canelles F, Magnarelli G, et al. The impact of COVID-19 pandemic on temporal trends of workplace violence against healthcare workers in the emergency department. *Health Policy.* 2022;126(11):1110-6. DOI: 10.1016/j.healthpol.2022.09.010.
 31. Kahrman İ. Determination of the situation of exposed to verbal and physical violence of nurses. *J Psy Nurs.* 2014;5(2):77-83. DOI:10.5505/phd.2014.98698.
 32. Terkeş N, İler S, Zorlu E. The status of violence of health workers and reasons of violence from the perspective of health workers. *Izmir Democracy University Health Sciences Journal.* 2022;5(2):620-34. DOI: 10.52538/iduhs.1037787.
 33. Khan MN, Khan I, Ul-Haq Z, Khan M, Baddia F, Ahmad F, et al. Managing violence against healthcare personnel in the emergency settings of Pakistan: a mixed methods study. *BMJ open.* 2021;11(6):e044213. DOI: 10.1136/bmjopen-2020-044213.
 34. Kennedy A. The International Council of Nurses in the time of the COVID-19 pandemic. *Int Nurs Rev.* 2021;68(2):144-6. DOI: 10.1111/inr.12681.
 35. Fontanini R, Visintini E, Rossetini G, Caruzzo D, Longhini J, Palese A. Italian nurses' experiences during the COVID-19 pandemic: a qualitative analysis of internet posts. *Int Nurs Rev.* 2021;68(2):238-47. DOI: 10.1111/inr.12669.