

COVID-19 FROM THE PERSPECTIVE OF NURSES: BEING A NURSE DURING THE PANDEMIC

Hemşirelerin Gözünden COVID-19: Pandemiye Hemşire Olmak

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ABSTRACT

The aim of this study was to determine the emotions, thoughts and experiences of nurses caring for COVID-19 patients. A qualitative research design was used in this descriptive type study. The sample of this study consisted of 16 nurses working in the COVID-19 clinics of a university hospital. Data were collected with face-to-face interview method by using "Semi-Structured Interview Form" and were analyzed with content analysis method. The experiences of nurses caring for COVID-19 patients were analyzed under two themes: "being a nurse in the COVID-19 clinic" and "being a nurse in social life". The theme of the 'being a nurse in the COVID-19 clinic' was divided into subthemes; fear, uncertainties, all responsibilities on the nurses, increase in workload, use of personal protective equipment, soldiers on the battlefield and satisfaction. The theme of 'being a nurse in social life' was divided into subthemes; stigma, fear to infect someone, fear, separation-loneliness and professional appearance. Nurses caring for COVID-19 patients have been adversely affected in bio-physiological, psychological and social aspects both during their professional responsibilities and in their social lives due to the difficulties they experienced during the pandemic process.

Keywords: Coronavirus, Live experience, Nurse, Pandemic, Qualitative study.

ÖZ

Bu çalışma, COVID-19 hastalarına bakım veren hemşirelerin duygu, düşünce ve deneyimlerini belirlemek amacıyla yapıldı. Bu tanımlayıcı çalışmada niteliksel araştırma tasarımı kullanıldı. Araştırmanın örneklemini, bir üniversite hastanesinin COVID-19 kliniklerinde çalışan 16 hemşire oluşturdu. Veriler, "Yarı Yapılandırılmış Görüşme Formu" kullanılarak yüz yüze görüşme yöntemiyle toplandı ve içerik analizi yöntemi ile analiz edildi. COVID-19 hastalarına bakım veren hemşirelerin deneyimleri, "COVID-19 kliniğinde hemşire olmak" ve "sosyal yaşamda hemşire olmak" olmak üzere iki tema altında incelendi. 'COVID-19 kliniğinde hemşire olmak' teması; korku, belirsizlikler, hemşirelere düşen tüm sorumluluklar, iş yükünün artması, kişisel koruyucu ekipman kullanımı, savaş alanında askerler ve memnuniyet olarak alt temalara ayrıldı. 'Sosyal hayatta hemşire olmak' teması; damgalanma, birine bulaştırma korkusu, korku, ayrılık-yalnızlık ve profesyonel görünüş olarak alt temalara ayrıldı. COVID-19 hastalarına bakım veren hemşireler, pandemi sürecinde deneyimledikleri zorluklar nedeniyle hem mesleki sorumluluklarını sürdürme sırasında hem de sosyal yaşamlarında biyofizyolojik, psikolojik ve sosyal yönden olumsuz etkilenmiştir.

Anahtar kelimeler: Koronavirüs, Hemşire, Nitel araştırma, Pandemi, Yaşam deneyimi.

INTRODUCTION

The COVID-19 pandemic has quickly swept the world and become a global public health problem (Sohrabi et al., 2020). In combating the COVID-19 pandemic, healthcare professionals are at the frontline as they have been in previous epidemics, and particularly nurses, who spend most of their time with patients as part of the healthcare team, are taking on important roles during the pandemic (Billings, Ching, Gkofa, Greene, & Bloomfield, 2020; Catton, 2020; Master, Su, Zhang, Guan, & Li, 2020; Yin & Zeng, 2020).

Nurses who perform care practices in close contact with COVID-19 patients are at high risk for exposure to COVID-19. It has also been reported that nurses may experience both physical and psychological problems due to factors such as change in work environment and conditions, uncertainty in the treatment and care process of the disease, lack of resources, increased workload, working long hours with protective equipment, staying away from loved ones for fear of transmitting the virus to others, change in social lifestyle, the losses experienced (Cao et al., 2020; Chen et al., 2020; Greenberg, Docherty, Gnanapragasam, & Wessely, 2020; Shanafelt, Ripp, & Trockel, 2020; Xu & Zhang, 2020). Nurses are healthcare professionals who play a key role in managing the pandemic process with their holistic nursing practices to meet the needs of COVID-19 patients, as well as their education and counseling practices to reduce the spread of the virus and control the pandemic (Catton, 2020). It is, therefore, necessary to identify the difficulties and experiences of nurses during the pandemic process and plan appropriate strategies to meet the needs of nurses to maintain the skilled and quality nursing practice. Taking these factors in consideration, the aim of this study was to assess the COVID-19 pandemic period from the nurses' perspective and to identify the emotions, thoughts and experiences of nurses who undertake important roles within the healthcare team and participate in the care of the COVID-19 patients.

MATERIAL AND METHOD

Study design

This research is a descriptive study using a qualitative research design to identify the emotions, thoughts and experiences of nurses working in the COVID-19 clinics of a university hospital. In the research, the “in-depth interview method”, one of the qualitative research methods, was used. The main research questions were as follows:

- What are the challenges and emotions do nurses who work in the COVID-19 clinic experience?

- What are the difficulties and emotions that nurses experience in their social lives while working in the COVID-19 clinic?

The Population and Sample

Purposive sampling method was used in the study. In this direction, the researchers contacted the nurses who had worked or were working in the COVID-19 clinics of a university hospital and conducted the interviews. In qualitative research, the determinant of sample size is the criterion of data saturation (Luciani, Campbell, Tschirhart, Ausili, & Jack, 2019). Therefore, it was observed that data saturation was reached with replication of data and the study was conducted with a total of 16 female nurses. The majority of the sample consisted of bachelor's degree nurses and all of them working in COVID-19 service.

Data Collection

The researchers created the Semi-Structured Interview Form in line with the extant literature, and data were collected using this form. In the interview form, the main questions were set to highlight the difficulties faced by the nurses in their work and social life, as well as their emotions and thoughts. First, a pilot study was conducted on the applicability of the interview forms, and then the interview forms were finalized. A tape recorder and a suitable environment for the interview were prepared before one-on-one, face-to-face individual in-depth interview. The interviews were conducted in the nurse's room in the units where the nurses work. During the interview, no one was present in the nursing room except the nurse and the researcher. Interviews were conducted between December 2020 and January 2021. The researcher had not met and had no relationship with the nurses in the sample before. The interviews were conducted in an average of 30-60 minutes. All of the interviews were conducted by the female researcher who was the third author in the study. The author conducting the interviews works as a nurse.

Data Analysis

Content analysis was used to evaluate the data. After all the interview recordings were deciphered by the researchers and transferred to the computer environment, the main themes of the research were determined first and then the subthemes were determined in accordance with the interview forms. The analysis steps for this study consisted of; (1) transcribing the data, (2) coding the data (3), creating the categories and themes, (4) organizing the categories and themes, and (5) writing up and interpreting the results. The first and second author performed the content analysis independently. After the determined categories and themes

were read by all the researchers and a consensus was reached. The created categories and themes were submitted to three experts for review after the researchers reached a consensus on them and they were finalized according to the expert opinions.

Ethical Considerations

Approval was obtained from Ethics Committee of a university hospital (Approval number: 83045809-604.01.02) to conduct the study, and institutional permission was obtained from the hospital where the study was conducted. After explaining the purpose and content of the investigation to the nurses, obtaining verbal and written consents in accordance with the principle of voluntariness, the interviews were begun. Care was taken to ensure that the data obtained from the tape recordings were analyzed only by the researchers.

RESULTS

When the socio-demographic and professional characteristics of the nurses who participated in the study were examined, it was seen that; nurses' ages ranged from 26 to 54 years old, and all of them were female, 81% had a bachelor's degree, and the mean work experience was 15 years (Table 1).

Table 1. Individual and Professional Characteristics of Nurses

	Age	Education Status	Work Experience (years)
1	32	Bachelor	11
2	47	Bachelor	25
3	38	Bachelor	18
4	32	Postgraduate	8
5	26	Bachelor	4
6	35	Bachelor	9
7	38	High School	17
8	33	Bachelor	11
9	42	Bachelor	19
10	54	Bachelor	12
11	39	Bachelor	18
12	34	Bachelor	12
13	41	Bachelor	16
14	35	Bachelor	11
15	38	Postgraduate	18
16	45	Bachelor	25

The research findings obtained from individual in-depth interviews to identify the emotions, thoughts and experiences of nurses involved in the care of COVID-19 patients were discussed under two themes as “Being a Nurse in the COVID -19 Clinic” and “Being a Nurse in Social Life” (Table 2).

Table 2. Emotions, Thoughts and Experiences of Nurses Caring for COVID-19 Patients

Theme	Subtheme
Being a Nurse in a COVID-19 Clinic	Fear
	Uncertainties
	All responsibilities on the nurses
	Increase in workload
	Use of personal protective equipment
	Soldiers on the battlefield
Being a Nurse in Social Life	Satisfaction
	Stigma
	Fear to infect someone
	Fear
	Separation-loneliness
	Professional appearance

Theme 1: Being a Nurse in a COVID-19 Clinic

In accordance with the obtained data about the experiences of the nurses participating in the study during their work as nurses in the COVID-19 clinic, the following subthemes were determined: “fear”, “uncertainties”, “all responsibilities on the nurses”, “increase in workload”, “use of personal protective equipment”, “soldiers on the battlefield” and “satisfaction”.

Subtheme 1. Fear

It was found that the most intense emotion felt by the nurses in the study while working in the COVID-19 clinics was fear. Examining the expressions of the nurses, it was found that they were most afraid of becoming infected from the patients, but the fears decreased in the nurses who had adapted to the work environment.

‘We had no idea what to do. We were worried about what would happen if the disease infected us and we approached people. We, too, were afraid of the patients. We were afraid of the patients, and the patients were afraid of us. That is, the first 1 month went on like that, after that we adapted to every environment, just as we adapted to every environment, but we also deprived ourselves of a lot.’ (N9).

Subtheme 2. Uncertainties

Nurses in the study reported that working in the COVID-19 clinic caused them to face many uncertainties. The nurses stated that they did not know anything about the disease, treatment protocols, and nursing care needs of patients. The main point in the nurses' common statements was that they adapted after a while when they started working in the COVID-19 clinic.

'I didn't know what it was, what kind of disease this was, what kind of treatment we would administer, what condition the patients would be in. But of course, even in the uncertainty, we somehow oriented ourselves and adapted, thanks to our experiences.' (N8)

'We didn't know what we were going to work on, what kind of front it was. ... We had questions like whether the disease will infect us or whether everyone who is infected will die. It was difficult and uncertain to fight a disease for which there was no cure yet. There was fear and anxiety.' (N2)

Subtheme 3. All Responsibilities on the Nurses

Most of the nurses in the study stated that the entire responsibility for the patients during the COVID-19 process lies with the nurses. In examining the areas of responsibility mentioned by the nurses, it was seen that the nurses had to act as patient companions because the patients' relatives did not call their patients and that due to the changes in their job descriptions in this process, the nurses had to take responsibility for the practices that were previously covered or performed by other health professionals.

'So yes, we allowed patients' relatives in, but again we had to deal with the patients whom their relatives didn't want to visit... We didn't even realize how long we'd been inside...' (N6)

'In a sense we were the companions, the nurses of the patients... there was so much workload for us that we were also affected psychologically. I think that we, the group of nurses, were the most affected, both spiritually and psychologically, during this COVID -19 process...' (N9)

Subtheme 4. Increase in Workload

The majority of nurses reported that their workload increased greatly during the pandemic period. Working in an unfamiliar environment with the change in work environment and working with nurses who have just started their profession were noted as the factors that increased workload.

'We have taken the whole burden upon us. I believe that we, the nurses, carry the whole burden on our shoulders.' (N7)

Subtheme 5. Use of Personal Protective Equipment

All the nurses interviewed during the study mentioned the difficulties in using protective equipment. The main point that the nurses particularly mentioned under this subtheme was that it was difficult to work in protective equipment and they could not even

meet their basic needs such as food and toilet because it was difficult to change equipment. The expression of one nurse that her oxygen level had dropped while she was inside the equipment clearly showed the difficulty.

'We had the most difficulty getting into the patients' room and putting on our equipment and clothing. It was the masks that bothered me the most. We entered the patient's room wearing three masks, and I looked at myself with a pulse oximeter. Let's say my oxygen level dropped, as soon as I finished my work I went to a window, opened the windows, took off the masks and tried to get some oxygen.' (N10)

Subtheme 6. Soldier on the Battlefield

The vast majority of nurses participating in the study described working in the COVID-19 clinic as "fighting like soldiers on a frontline." Nurses stated that while working at the COVID-19 clinic they sacrificed their own lives with a sense of duty, that their responsibilities were too great, and that nursing practices were very important in meeting the needs of patients.

'Being a nurse was like going to war; I was like a soldier, I forgot myself, I forgot my child, I forgot my family... So that was the biggest fight I ever had in my life. Psychologically, I felt a great responsibility, I felt great fear, I felt concern.' (N8).

'It was as if we were soldiers fighting in a time of war, our responsibility was at the highest level.' (N15)

Subtheme 7. Satisfaction

When the nurses' statements were examined, they indicated that working in the COVID-19 clinic was challenging, exhausting, and emotionally back-breaking, but also satisfying for them. It was observed that the nurses reported that giving care for patients that no one wants to be with was a source of spiritual satisfaction for them.

'Under any circumstances, I am morally happy, I have peace of mind because I help people.' (N8)

'... It was like achieving spiritual satisfaction, so we experienced very strange feelings with this fear... You have fear of contact and you don't want to get too close to the patient, but on the other hand, you work more selflessly because you see that the person needs you. It's really strange, we actually enjoyed what we did.' (N2).

Theme 2: Being a Nurse in Social Life

The subthemes of “stigma”, “fear to infect someone”, “fear”, “separation-loneliness” and “professional appearance” were defined from the data obtained from the experiences of the nurses participating in the study in their social life during the time they worked in the clinic COVID-19.

Subtheme 1. Stigma

Nurses in the study reported to have been excluded in their social lives. The nurses reported that people in society viewed them as a source of illness, shunned them, and even the people they were formerly seeing did not want to get into touch with them. In particular, one nurse’s statement such as “I am cursed” showed the extent of exclusion that the nurses experienced.

‘When I say, “I work in a hospital,” people ask, “Are you in the COVID department?” They treat me like I’m from another planet. Even though there was a distance between us, when people talked to me, they said, “Do I get COVID now? I wish we had never met, I would not have seen you”. They were acting like I was cursed.’ (N5).

‘But I find that most people exclude me... “You’re a healthcare worker, aren’t you?” and aren’t even allowed to get on the elevator.’ (N13)

Some nurses who participated in the study reported feeling excluded even from the family members they lived with. The nurses stated that they noticed from the behavior of their family members that they expected them to live in a different place.

‘I could get the picture that my family gets worried from their eyes, you know eyes tell a lot. On the one hand, they welcome you, but on the other hand, they give you to understand it could be better to stay outside.’ (N2)

Subtheme 2. Fear to Infect Someone

The nurses in the study stated that they were afraid of infecting the other people when they worked in the COVID-19 clinic. The nurses mentioned that they sent their children to their family elders, did not stay at home or did not see their elders in this period due to the fear of infecting someone else.

‘I could not visit my parents for 4 months because they were old. I worry about them and so even now I have to be very careful and I am careful. I can’t hug and kiss my son. I have a little son, he runs around me, he kisses me on my back (his eyes are filled with tears), he says mommy I miss you so much, he kisses me on my back.’ (N10).

'I have two children, left them under care of my mother; besides, my spouse and I stayed in our own house. For 2.5 months, I burned out. I was able to see my children at the end of 2.5 months. I was away from my family. This process was a complete psychological destruction for me.' (N9)

Subtheme 3. Fear

It was observed that the feeling of anxiety was again the most intense emotion in the social life of the nurses. The nurses stated that they were separated from their families while working in COVID-19 clinic and they were afraid of never seeing their family again and living at this pace all the time. It was found that this process and the uncertainty of the future were the main reasons for the emergence of the feeling of fear.

'...The uncertainty scared me. The thought of not being able to go on leave again, not being able to take a leave, not being able to see my child, not being able to be with my family scared me.' (N8).

Most of the nurses stated that they were afraid of getting sick and dying. It was observed that the nurses who did not go their home but stayed in the guesthouses did not feel themselves safe and were afraid. It was noted that the nurses who stayed in the guesthouses were worried about whether they would be able to manage this process alone if they became ill. It was notable that the nurses were worried that their families would be upset if something happened to them, and that they were afraid of the people who would care for their children.

'.....It is also a bad thing to be alone where you are. At that time, I was thinking, if I get COVID, if I feel bad, how do I get from there to the hospital, you're all alone. You're isolated there, too, because everyone is in a separate room, it was a quiet place where I stayed.' (N6).

'....You are separated from your children and you know that if something happens to you, your home, your family, everything can be turned upside down. Obviously, you prefer to hide like other people. But duty, authority or sanctions force you to do so. You have to work; you cannot hide like other people.' (N15)

Subtheme 4. Separation-loneliness

When the emotions of nurses working in the COVID-19 clinic were examined, it was observed that the nurses felt the feelings of loneliness-separation intensely. The nurses stated that they were separated from their loved ones, could not hug them, and did not get support from them even when they were in the same house. It was found that the nurses experienced the feeling of loneliness intensely especially during the early stages of the pandemic, during

the time they were isolated at home. Most of the nurses stated that they cried during this process.

'As soon as I got out of the hospital and arrived home, I ran straight to the bathroom without touching anything, I changed my clothes completely, took a shower, and ran to my room. I did not go near my children; I did not communicate with them. They brought food to my door. That's how we lived for the first few days.' (N10).

Some nurses in the study indicated that they sent their children to their families or did not go home because of feeling the fear to infect someone in the early stages of the pandemic. The nurses indicated that the separation they experienced during this process affected them greatly and they felt as if they were alienated.

'We stayed here for a week in patient rooms, you feel out of place here. Your child and spouse are not with you, you have no family life, you have nothing. You feel like you're all alone....I went home every 3 weeks, I had my test done, but the kids didn't approach me. In other words, you become a stranger to your child, a stranger to your life, a stranger to your home'(N16)

Subtheme 5. Professional Appearance

Nurses stated that during the pandemic period, society's view of the nursing profession changed positively and they became more visible professionally.

'In other words, I think the prejudice against our profession has been reduced a little bit more, and in some circles. I think we've shown that we can actually support the health care system--.' (N7)

'Nursing is a very important profession, believe me, this disease has shown us that clearly in the twenty-fifth year of my professional life. We do a very important job, we have a very important position, I think it should be used as well as possible.' (N2).

DISCUSSION

In this study which was conducted to find out the emotions, thoughts and experiences of the nurses working in COVID-19 clinic, it was found that the nurses experience some difficulties both in the process of working in the clinic and in their social life. The main of these difficulties were noted as; uncertainty about how to manage the disease, risk of transmitting the disease to the nurses, difficult working conditions, increased workload, unpredictable risks, caring for patients in protective equipment during long working hours, fear of transmitting the virus to other patients and their families, stigma, being separated from

loved ones and loneliness. However, despite all the difficulties experienced, the nurses indicated that they felt job satisfaction during the COVID-19 process, they continued to work devotedly, and this process also provided important opportunities for the nursing profession to become visible.

The nurses stated that when they first started caring for COVID-19 patients, they were afraid that the disease would infect them, they did not want to stay with the patient for long when they entered the patient's room, but after a while they started to adapt to the situation. These findings are similar to other studies reporting that nurses experienced negative emotions such as anxiety and fear in the early stages of the pandemic (He, Li, Su, & Luan, 2020; Hou et al., 2020; Kackin, Ciydem, Aci, & Kutlu, 2020; Pei et al., 2020; Sadati et al., 2020; Schroeder, Norful, Travers, & Aliyu, 2020; Sheng, Zhang, Wang, & Cai, 2020; Yin & Zeng, 2020; Zhang et al., 2020). The fact that COVID-19 disease is highly infectious and spreads rapidly has caused anxiety and fear among nurses.

Nurses stated that they experienced stress and anxiety in the face of many uncertain situations, such as lack of adequate and reliable information about how the COVID-19 infection is transmitted and about the process of treatment, care and follow-up, inadequate nursing protocols and guidelines for nursing practice, performing different practices, working in departments where they had not worked before, and using medications, devices and equipment they had not used before, etc. The literature states that nurses lack knowledge and experience regarding the COVID-19, a new infectious disease, and experience stress due to uncertainty, and limited nursing protocols make it difficult to maintain quality care (Gürer & Gemlik, 2020; He et al., 2020, Hou et al., 2020; Pei et al., 2020; Sadati et al., 2020; Schroeder et al., 2020; Sheng et al., 2020; Tan et al., 2020; Yin & Zeng, 2020; Zhang et al., 2020). Nurses responsible for caring for COVID-19 patients have been reported to experience significant stress and anxiety, and watching patients suffer causes mental and emotional distress in nurses (Galehdar, Toulabi, Kamran, & Heydari, 2020). Nurses who spend the most time with patients among the healthcare team indicated that they assume an important responsibility in meeting the needs of COVID-19 patients who cannot share the same environment with anyone, including even their families. Similarly, in the study of Galehdar et al. (2020), it was found that nurses work devotedly by taking all the responsibilities despite their fear and anxiety while maintaining the care of COVID-19 patients.

Nurses reported an increase in workload depending on the changing work environment and increasing patient care needs. Similarly, the literature states that nurses' working hours are extended and their workload increases due to the COVID-19 pandemic (Galehdar et al.,

2020; Kackin et al., 2020; Sun et al., 2020; Tan et al., 2020). Nurses stated that it is very difficult to work with the personal protective equipment, its' long-term use is painful, causes sweating and a feeling of asphyxiation, that they do not want to go to the restroom because it takes time to put on and take off the equipment, and therefore they reduce their fluid intake. The nurses also stated that they avoid taking off their equipment even in the break rooms of the clinics where they work due to the fear of becoming infected with the virus, so they have to work for hours without drinking water and eating. Similarly, the literature states that the use of personal protective equipment fatigues nurses and causes difficulties in performing nursing care (Galehdar et al., 2020; Sun et al., 2020). The nurses stated that working in a COVID-19 clinic reminds them of a battle and of soldiers who are on the front lines of war, away from all their loved ones for patriotic duty; they also mentioned that they forget their own needs in this battle and try to provide more attentive care to meet the needs of the patients. "...Personally, I feel like I'm at war and I'm working on the front lines, and it's an honor for us..." said a nurse working in a COVID-19 clinic in the study by Galehdar et al. (2020).

The nurses stated that they continue to work devotedly to meet the needs of those in need of help, even though they are afraid of becoming infected while working in close contact with COVID-19 patients who are highly infectious, and that helping patients is a source of satisfaction for them and makes them feel good mentally. Similarly, the studies in the literature state that; although nurses sometimes desire to quit their jobs under unfavorable conditions, they are able to maintain their motivation because of the importance they attach to their work (Gürer & Gemlik, 2020), they are tired because of the deterioration of working conditions, but they are still ready to fight the pandemic (Kackin et al., 2020), patient satisfaction increases nurses' sense of accomplishment and provides high levels of satisfaction (Tan et al., 2020), and they are happy when they observe the recovery of patients, and they get satisfaction from their work by continuing their nursing acts with love and compassion, despite their poor working conditions and fears (Galehdar et al., 2020).

Nurses who are at higher risk of becoming infected and who provide frontline care to COVID-19 patients stated that they were excluded from their social circles and their friends and neighbors ran away from them, in addition, some nurses mentioned that their occupants did not want them to get on the elevator. The nurses stated that their families were also concerned about this process and they expected them to stay elsewhere. In saying that they continue to live by taking the necessary protective measures in the work environment and social life and isolating themselves whenever possible, the nurses indicated that they were

psychologically affected by being excluded from their social groups. Similar studies in the literature report that healthcare professionals and their families feel stigmatized, stressed, anxious, sad, and worried due to the impact of the pandemic process (Kackin et al., 2020; Liu et al., 2020).

Nurses in direct contact with patients during the pandemic COVID-19 indicated that; they were afraid of infecting their families, friends, and others around them because of the possibility of being carriers of the infection, they avoided close contact with family members, and they preferred to be isolated by staying in facilities offered by the institution to reduce the risk of infecting their family members. Nurses who were separated from their spouses, children, and loved ones indicated that they felt lonely. Similarly, the literature indicates that although nurses take the necessary protective measures while at work, they fear that they may spread the virus to their families, prefer to be isolated, and experience loneliness, fear, and anxiety depending on this situation (Galehdar et al., 2020; He et al., 2020; Hou et al., 2020; Pei et al., 2020; Sadati et al., 2020; Schroeder et al., 2020; Sheng et al., 2020; Zhang et al., 2020). Nurses reported that during the COVID-19 process there were positive changes in society's view of nurses and the nursing profession, and the visibility of the profession increased. Sun et al. (2020) also noted that COVID-19 provides opportunities for nursing professional development.

Limitation

The study has some limitations. The generalizability of the results is limited because only 16 nurses working in the COVID-19 clinics of a university hospital were included in the study. Another limitation is that all nurses were female. At the same time, the nurses were reluctant to participate in the study due to intense working conditions and lack of time.

CONCLUSION

This study found that nurses caring for COVID-19 patients were impaired in regard to performing their professional activities as well as in maintaining their social life. Nurses have been affected bio-physiologically, psychologically and socially due to the difficulties they experienced during the pandemic process. Effective measures should be taken to protect and improve the physical and psychological health of nurses during the COVID-19 pandemic period. It may be recommended that psychological counseling services should be planned to alleviate nurses' anxiety and fear, and that strategies to improve their well-being should be developed.

It may be recommended to; establish evidence-based nursing protocols to maintain high quality skilled nursing practice for COVID-19 patients, continue education to better manage the pandemic in line with current evidence, continuously inform nurses about developments, and establish strategies to ensure and support the adaptation of new nurses. Nurse managers should plan to allocate human and equipment resources by closely analyzing the pandemic conditions. Nurses should be supported to improve their problem-solving skills and coping mechanisms in the case of an uncertainty.

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