

## ORIGINAL ARTICLE

# Nursing in the Emergency Department During the Covid-19 Pandemic: A Qualitative Study

## Covid-19 Pandemi Sürecinde Acil Serviste Hemşire Olmak: Niteliksel Bir Çalışma

<sup>1</sup>Durdane Yılmaz Guven , <sup>2</sup>Senay Sener , <sup>3</sup>Ozge Oner , <sup>3</sup>Yurdanur Dikmen 

<sup>1</sup>Karabük University, Faculty of Health Sciences, Nursing Department, Karabük, Türkiye

<sup>2</sup>Karabük Provincial Health Directorate, Safranbolu State Hospital, Karabük, Türkiye

<sup>3</sup>Sakarya University of Applied Sciences, Faculty of Health Sciences, Nursing Department, Sakarya

### Correspondence

Durdane Yılmaz Guven, Karabük University, Faculty of Health Sciences, Nursing Department, Karabük, Türkiye

E-Mail: [durdaneguyen@karabuk.edu.tr](mailto:durdaneguyen@karabuk.edu.tr)

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### ABSTRACT

**Aim:** This study aimed to determine the professional experiences of nurses working in the emergency department in the Covid-19 pandemic.

**Materials and Methods:** In this study, in which qualitative research method was used, focus group interviews were conducted with 12 nurses working in the emergency department. Data were collected using a sociodemographic and professional information form and a semi-structured Focus Group Interview form. The data obtained after the interviews were analysed using content analysis.

**Results:** Three main themes (fear, exposure, and working conditions) related to nurses' experiences working in the emergency department in the Covid-19 pandemic were determined. The nurses spoke most about the fear of the obscurity.

**Conclusion:** This study demonstrated the importance of supporting emergency nurses' crisis management, psychosocial and professional needs while working during a pandemic. It is thought that any improvement work to be carried out for healthcare workers during the pandemic process will directly affect all gains during the pandemic positively.

**Keywords:** Covid-19, Emergency Nursing, Pandemic, Qualitative Research

### ÖZ

**Amaç:** Bu çalışmada, acil serviste çalışan hemşirelerin Covid-19 pandemi sürecinde mesleki deneyimlerinin belirlenmesi amaçlandı.

**Gereç ve Yöntem:** Nitel araştırma yöntemi kullanılan bu çalışmada, acil serviste çalışan 12 hemşire ile odak grup görüşmesi yapıldı. Veriler, sosyodemografik ve mesleki bilgi formu ve yarı yapılandırılmış Odak Grup Görüşme formu ile toplandı. Görüşmeler sonrası elde edilen veriler tümevarım bakışıyla analiz edildi.

**Bulgular:** Acil serviste çalışan hemşirelerin Covid-19 pandemisinde yaşadıkları deneyimlere ilişkin üç ana tema (korku, maruz kalma ve çalışma koşulları) belirlendi. Hemşireler en fazla bilinmezliğin yarattığı korkudan bahsetti.

**Sonuç:** Bu çalışma, bir pandemi sırasında çalışan acil hemşirelerinin kriz yönetimi, psikososyal ve mesleki ihtiyaçlarını desteklemenin önemini gösterdi. Pandemi sürecinde sağlık çalışanlarına yönelik yapılacak herhangi bir iyileştirme çalışmasının, pandemi sürecindeki tüm kazanımları olumlu yönde doğrudan etkileyeceği düşünülmektedir.

**Anahtar Kelimeler:** Covid-19, Acil Hemşireliği, Pandemi, Nitel Araştırma

### Introduction

The Covid-19 pandemic has affected 216 countries and regions in total. Due to Covid-19, approximately 759.408.703 people have been diagnosed so far, and 6.866.434 people have been reported to have died (1). The first unit that individuals with suspected Covid-19 apply to in the hospital is the emergency services. Emergency services are specialized units due to overcrowding, high workload, and complex structure. Because of these features of emergency services, the risk of infection to healthcare workers is higher than in other hospital departments (2). For this reason, it is very important to prevent frontline healthcare workers from catching the disease in order to ensure the continuous provision of emergency care during the Covid-19 outbreak (3).

Emergency services are units where patients who come for different reasons are treated simultaneously, critical decisions about patients' lives are made

quickly, and death rates are high (4). Nurses are the first to greet patients admitted to the emergency department. Studies indicate that nurses' anxiety levels increase in the Covid-19 pandemic (5,6,7). In a study conducted with healthcare workers in the emergency department in the SARS epidemic, it was stated that nurses were psychologically affected by the pandemic and that nurses experienced vulnerability/loss of control, self-anxiety, virus spread, the health of the family and others, changes in work, and isolation (8). The World Health Organization points out that health professionals involved in the fight against Covid-19 are faced with many risks such as exposure to contamination, long working hours, psychological problems, fatigue, occupational burnout, physical and psychological violence (9). The International Council of Nurses (ICN) reports that thousands of nurses were infected, and hundreds of nurses died due to Covid-19 (10). Nurses caring for patients with

the diagnosis of Covid-19 have a heavy workload and the necessity to wear continuous personal protective equipment with the fear of virus contamination and infecting their family (11,12). Their concern is that their dependents will not meet their care needs if they get sick (11,13). It is stated that relatives experience anxiety, depression, compassion fatigue, burnout, and fatigue (6,7), because they witnessed their colleagues' illness, suffering, or death process. Nurses working in emergency services, which are the first places in managing the process and meeting patients' care and treatment needs to fight against the pandemic, have had to deal with many problems in the epidemic (4,7,14). Konakçı (2020) emphasized that emergency nurses had long working hours, had to work with protective clothing, did not have a specific rest or break during this process, and stated that nurses often experienced fatigue, anxiety, and uncertainty due to these reasons (7). In the Covid-19 pandemic, it is reported that healthcare professionals working in emergency rooms frequently face the risk of succumbing to infectious patients (15).

The World Health Organization (WHO) made plans in 2020 to draw attention to the importance of nursing services in the health system and to reveal their visibility with the slogan "Nursing NOW" (5, 7). It is no coincidence that the whole world is witnessing the work and struggle of nurses in the Covid-19 pandemic. The nursing profession focuses on providing the best quality, evidence-based, compassionate care possible in the current crisis (16). In the Covid-19 pandemic, nurses were at the center of the fight against the epidemic, meeting their patient care needs, often working 24 hours with limited resources, pushing their limits, and managing patient care at the cost of their lives (17, 18,19). Therefore, with the health services they provide, nurses have gone far beyond the theme that the World Health Organization aims to reach. This study is considered important in terms of using qualitative method with nurses working in emergency services in the Covid-19 pandemic, seeing the existing deficiencies in the health system in combating the epidemic, identifying cultural differences in the country, creating programs to support nurses and guiding decision makers in determining health policies. This study was conducted using a qualitative method to determine the professional experiences of nurses working in the emergency department in the Covid-19 pandemic.

### **Materials and Methods**

The study was carried out in the central state hospital with a total capacity of 450 beds with 75 beds in the emergency departments under the Karabük Provincial Health Directorate. The research was conducted between October and December 2020 with 12 nurses working in the emergency department for at least one year and agreed to participate in the study. The researchers collected the data using a sociodemographic and professional information form and a semi-structured Focus group interview (FGI) form. In the socio-demographic and professional

information form; there are a total of 7 questions. For the focus group interview, a semi-structured question form consisting of 5 open-ended questions was used to determine the nurses' view of the pandemic during the Covid-19 process, their professional experiences, working conditions, and the factors affecting their relations with patients, relatives, and healthcare team members. The questions were created by the researchers based on the literature (20,21). The questions were evaluated by nurse academicians (Three of those consulted for expert opinion were Asst. Dr. while one was Assoc. Dr.) who were trained in the qualitative study and worked in this field. With the form prepared in line with the literature, experts' opinions on the appropriateness of the interview questions were obtained. In addition, experts were asked to write down their suggestions for substances they deemed unsuitable. The questions were revised in line with the recommendations of the experts. A pilot study was conducted by interviewing five nurses who had at least one year of experience in the emergency services where the study was carried out and worked in the emergency room during the Covid-19 pandemic. Conditions similar to the focus group meeting were provided in the pilot study. The questions asked in the focus group interview are presented in Table 1.

Before the focus group, the appropriate days and hours of the participants and a suitable place for the meeting were determined. Focus group interviews were conducted by a moderator, clinician, and researcher trained in qualitative research by the researchers of the study. The participants to be interviewed were informed about the interview, and it was stated that the voice recording would be made in the interview, and the names of the participants would not be used within the framework of the research ethics. Participants were given a code instead of their names (Nurse S / Female / 40). The moderator made efforts to give each participant an equal voice during the meeting. The participants decided that data saturation was achieved with the continuous repetition of experiences, knowledge, or concepts. Four sessions of approximately 40 minutes were held in groups of four.

The semi-structured audio-recorded data were fully transcribed by two researchers who conducted the study. For content analysis; the statements of the participants were read and re-read repeatedly. The expressions in the interview text were coded. The data was arranged by associating the codes showing similarity with each other. The named codes were categorized in terms of similarities and differences. Themes and sub-themes were created by linking the meanings of the categories. Three weeks after the encoding process, the encoder was re-encoded, and almost the same codes were reached, and the consensus was achieved on the codes (22, 23).

### **Ethical considerations:**

Since the study does not require the direct intervention of a physician to human beings and because it is nursing research, ethical approval was obtained.

Permission to contact the study was granted by the hospital management. Verbal consent was obtained from the nurses participating in the study by explaining the purpose and duration of the study. It was stated to the participants that they could be supported or quit the study in cases where they felt unwell. Ethical principles of the Declaration of Helsinki were taken into account in the study.

### Limitations of The Study:

Since this research was carried out with a small study group, it is difficult to generalize the research findings to the population and may not provide definitive results. The biggest limitation of this study is that it cannot be generalized.

### Results

The average age of the nurses participating in the study was  $37.0 \pm 6.90$ , 58% were female (7), 75% were married (9), and 100% (12) were graduated with a bachelor's degree. It was determined that the duration of professional experience of the nurses was  $13.41 \pm 6.88$  years, their experience of working in the emergency room was  $7.83 \pm 6.02$  years, and they had not experienced an epidemic before (Table 2).

As a result of the evaluation of qualitative data, three main themes (fear, exposure, and working conditions) emerged regarding the experiences of nurses working in the emergency department in terms of the nursing profession during the Covid-19 pandemic process. The nurses working in the emergency department mentioned the most about the fear created by the uncertainty. In addition, the nurses stated that they were worried about their own lives and that they could not cope with the fear of infecting their relatives. Moreover, the nurses stated that working with this equipment made them feel safe. Some nurses drew attention to the physical (shortness of breath, allergic reactions, skin diseases such as fungi, etc.) and psychological problems (fear of contamination and transmission) caused by the use of equipment. The experiences of emergency nurses in the Covid-19 pandemic are presented in Table (Table 3).

### Theme 1: Horror

When asked how the nurses working in the emergency department experienced the Covid-19 process and how their lives were shaped, it was determined that the nurses experienced significant fear during the pandemic. It was observed that the nurses tried to overcome their fear by using personal protective equipment correctly. Four sub-themes were reached considering the reason for this fear: the fear of contagion, getting sick, losing life, and uncertainty.

#### Sub-theme 1: Fear of Contagion

During the interviews, the nurses stated that they experienced the fear of contagion most. Therefore, the nurses stated that they could not show enough interest and love to their children or family elders and isolated themselves. It was observed that the sorrow of

the nurses in the face of this situation also exhausted them. Because of this fear, some healthcare workers stated that they could not go to their homes and stayed in hotels. Below are some statements about this sub-theme.

"I did not live the fear of contamination for myself. If I was infected with the Covid-19 virus, the thought of infecting my wife, child, family, or anyone else unknowingly made me very worried. My biggest worry was the fear of infecting my family." (Nurse I / Female / 45)

"First of all, we could not get too close to our family. We stayed distant, and we did not go to visit our elders. We were worried because we did not know the disease exactly. When the contact or risky patient came to the clinic during working hours, we had to isolate ourselves when we got home. We have never been able to get rid of the anxiety of transmitting the infection to our family owing to us." (Nurse S / Female / 39).

#### Sub-theme 2: Fear of Getting Sick

The nurses stated that while working 24 hours without rest, working conditions were not suitable, and clinical arrangements were not effective enough, so the risk of transmission increased. It was determined that the illness of her colleagues also affected nurses negatively and increased their fear of getting sick. She/He stated that the nurses were anxious even when approaching the patient because of the fear of getting sick, and this situation affected the patient care management.

"Our anxiety increased every time we had a shift. No matter how much you protect yourself, you feel bad when Covid-19 positive friends are around you, and you fear being infected. Psychologically, the Covid-19 positive results of our friends affected us very much." (Nurse Ö / Female / 40)

"We are worried about patients too; we try not to reveal them to them, but we are still afraid of infection. Of course, there is always a risk, but we are afraid differently this time, and we try to reveal this to the patient." (Nurse S / Female / 269)

#### Sub-theme 3: Fear of Death

The nurses stated that they were afraid of losing their lives due to the unknown disease and the images in the media.

"The more I saw the patients on TV and what they were going through, the more my fear grew. Thinking that I would experience the same things, I became even more scared because I knew how the intubation procedure was performed and what the patients would experience because I was a healthcare worker. For this reason, my anxiety increased." (Nurse S / Female / 38)

#### Sub-theme 4: Fear of Ambiguity

In the Covid-19 pandemic, nurses faced a disease picture they did not know and had not experienced

before. It was determined that the uncertainty experienced caused the nurses to be anxious.

"In the early stages of the pandemic, we had a virus that we did not know how we were fighting. As a nurse with a chronic disease and working in the emergency, I was very anxious at first. In my professional life, I do not remember being so afraid of anything." (Nurse S / Female / 38).

"We do not know if there will be a vaccine or a treatment. We cannot see our future, and we cannot make any plans, I cannot use my permissions, we cannot go out of the province, we are banned, we always live in suspense." (Nurse / Male / 27)

## Theme 2: Exposure

Another situation experienced by emergency room nurses in the Covid-19 pandemic is exposure. The nurses stated that being in this process directly caused them to be exposed to more virus load and to stay away from their families more than the nurses working in other units. However, the Covid-19 process reported that they were not stigmatized even by their colleagues. Below are sub-themes related to this theme and examples of nurses' statements regarding these sub-themes.

### Sub-theme 1: Exposure to Infection (Viral Load)

The nurses stated that patients and their relatives who applied to the emergency department did not pay enough attention to Covid-19 protection measures. Nurses, who are in the risk group due to their duties, stated that they were exposed to more diseases with this situation.

"People started to pay less attention in summer, or rather, they did not. At that time, I suspected we could catch Covid-19. Covid-19 started to emerge from our surroundings, as well as from our colleagues. First of all, one of our friends, two of our friends, currently has six friends who are sick or have had the disease in this whole emergency team. That is why I was worried again." (Nurse S / Female / 26)

"I think everything has become very normal for people. For this reason, our viral load has increased a lot. I think the virus was transmitted to us from outside, not from each other as healthcare professionals" (Nurse S / Female / 39)

### Sub-theme 2: Inability to Come Together with Family Members

During this period, the nurses stated that they could not come together with the fear of infecting their families and children, and this situation psychologically exhausted them. Nurses stated that they were deprived of family and social support during the pandemic.

"Our whole life has changed, and we do not have a social life. We all have bad psychology. We are afraid that we will infect our family. Since March, I have never hugged my son, mother, father, or any other close relatives. I meet my family in an open environment but for a short time." (Nurse B / Female / 35)

"The Covid-19 pandemic has severely restricted us socially. Our closest friends, our family, etc. We are friendly people, and we love spending time together. It was very difficult for us not to be together.." (Nurse / Male / 27)

### Sub-theme 3: Exposure to Labeling

The nurses stated that they were stigmatized by healthcare professionals who do not work in the emergency room, neighbors, and acquaintances due to their work in the emergency room. It was determined that this situation negatively affected the psychology of the nurses.

"We have friends who are on duty in the emergency room and come from the services when the health personnel working in the emergency department are not enough. However, during my last watch, we encountered some statements." (Nurse S / Female / 38)

## Theme 3: Working Conditions

During the Covid-19 process, three sub-themes were reached: the duration of working hours regarding the difficulties of working in the emergency department and the long-term contact of nurses with the patient and equipment shortage. Below are sub-themes related to this theme and examples of nurses' statements regarding these sub-themes.

### Sub-theme 1: Duration of Working Hours

It was determined that with the nurses getting sick in the pandemic, the problem with the pre-existing number of nurses was more problematic, and the nurses had to work longer hours. It was observed that increased workload and unsuitable working conditions caused nurses to wear out more.

"We had no trouble caring for a normal patient. Our working conditions have changed, and we have started to come on duty more often. One of our friends becomes Covid-19 positive every day. Then the seizures are left to us." (Nurse E / Male / 27).

"Physicians work alternately for four hours. Nurses, on the other hand, work 24 hours a day. Nurses can rest for a maximum of 4 hours, maybe 3 hours during 24 hours. We had to work 24 hours without rest. I think all the burden was left on the nurses. Our working hours have increased." (Nurse S / Female / 38)

### Sub-theme 2: Nurses Having Direct Contact with The Patient for A Long Time

In this sub-theme, the nurses working in the emergency department stated that they risk their lives by being in direct and long-term contact with patients. The nurses stated that this situation was not seen by the administrators, the media, or the public. Sample statements regarding this sub-theme are given below.

"As nurses, there was nobody who told us about their troubles and their problems. Which doctor is aspirating, which doctor is giving vascular access, which doctor is giving a nebula? It is not only the auxiliary health

personnel who have one-to-one contact, not only the nurses. Laboratory x-ray cleaning staff is everyone's contact, but the nurse should never be overlooked." (Nurse Ö / Female / 45).

"The management process was not managed well. Workforce planning was very wrong. It was like a fight. Those that could be pulled out were stripped; the rest remained in chaos. Those who worked in emergencies and had chronic diseases were not eliminated. However, on the other side, even people with no contact are isolated. An emergency is a teamwork." (Nurse E / Male / 27)

### Sub-theme 2: Equipment Shortage

She/he stated that one of the biggest problems experienced by nurses in the pandemic is the shortage of equipment. The nurses expressed that they had problems with the supply of equipment and the use of the equipment. In line with this theme, it can be said that while not providing equipment increases the fears of nurses, working with equipment makes working conditions difficult for nurses.

"I feel naked now without a mask. I think how comfortable I was working when I remember my old days. I am wearing an apron and visor. Sometimes I wear double masks. Breathing with a mask is very bad." (Nurse I / Female / 45).

"I wore all the equipment for four continuous hours. When I took off the equipment, I thought I was experiencing respiratory distress. I could not breathe well for a long time. There were completely mask marks on my face. It was the worst 4 hours of my life." (Nurse S / Female / 39).

Emergency nurses stated that during the Covid-19 process, they were afraid of being sick, losing their life, infecting the disease, and obscurity. At the same time, the nurses stated that they were worried about staying away from their families and stigmatized by healthcare personnel working in their social relations and outside the emergency. The nurses stated that they experienced long working hours, heavy workload, fatigue, prolonged contact with the patient, and equipment shortages regarding working conditions.

**Table 1.** Questions asked in the focus group interview

1. How did it affect your private and working lives in the pandemic? What are the changes and differences you experience?
2. How were your relationships with patients, relatives and healthcare team members in the Covid 19 pandemic?
3. Have you experienced changes in the working environment in the Covid 19 pandemic? (Equipment, working time, etc.) -How did you experience using Personal Protective equipment?
4. How did your managers approach the emergency service in the Covid-19 pandemic? (Material supply, information)
5. What is your satisfaction and burnout about your job in the Covid-19 pandemic? (Are you satisfied with working in the Emergency Department?)

**Table 2.** Sociodemographic Characteristics of Participants (N = 12)

	N	%
<b>Age (<math>\bar{x} \pm SS</math>)</b>	37.0 $\pm$ 6.90	
<b>Gender</b>		
Female	7	58,3
Male	5	41,7
<b>Marital status</b>		
Married	9	75,0
Single	3	25,0
<b>Education status</b>		
High school	0	0
University	12	100
<b>Institution</b>		
Public Hospital	6	50,0
Training and Research Hospital	6	50,0
<b>Professional experience (<math>\bar{x} \pm SS</math>)</b>	13.41 $\pm$ 6.88	
<b>Working time in the emergency department (<math>\bar{x} \pm SS</math>)</b>	7.83 $\pm$ 6.02	
<b>Epidemic Experience</b>		
Yes	0	0
No	100	100

**Table 3.** Experiences of Nurses Working in the Emergency Department During The Covid-19 Pandemic Process

Theme	Sub-theme
Horror	Fear of contagion
	Fear of getting sick
	Fear of death
	Fear of ambiguity
Exposure	Exposure to Infection
	Inability to come together with family members
	Exposure to labelling
Working conditions	Duration of working hours
	Nurses having direct contact with the patient for a long time
	Equipment shortage

## Discussion

### Fear

In our study, it was determined that emergency nurses experienced the most common fear in the pandemic. The reason for this fear was the fear of getting infected, getting sick, losing her/his life, and uncertainty. Similar to this study, Yigit et al. (2021) state that nurses are afraid of being infected with high infection levels and carrying the infection to their family in the pandemic, and they also have anxiety about losing their lives (24). Fernandez et al. (2020) reported in a systematic review that nurses were concerned about their safety and their families' safety in the face of the crisis and experienced fear associated with transmission (14). García-Reyna et al. (2020), in their studies on the perception of Covid-19 fear, have determined that nurses have a higher level of fear of Covid-19 compared to other employees and explains the

reasons for this fear as the fear of transmitting the virus to family and friends (25). Ahorsu et al. (2020) have reported that the fear of Covid-19 is directly related to the rate of infection, disease, and mortality (26). It is reported that the mental problems experienced by nurses during the pandemic are depression, post-traumatic stress disorder, and anxiety disorder, and fear is one of the factors that cause these problems to develop (27,28). In their study, Al Thobaity et al. (2020) have stated that nurses struggle with two major problems in pandemics, depression, and fatigue, and associates the depression experienced by nurses with anxiety and fear of infection (5). The fear experienced by nurses during the pandemic and the studies determining the reasons for this fear are consistent with this study. It is thought that the fear felt by nurses may cause psychological problems, and in this respect, nurses should be supported.

This study determined that another fear experienced by emergency nurses in the Covid-19 pandemic was obscurity. Konakçı (2020) states that the unit in which emergency nurses work is constantly faced with uncertainty due to its nature (7). Although the emergency nurses work face to face with the uncertainty due to the unit they work in, they had to cope with the fear created by the uncertainty in the pandemic was seen as another problem faced by nurses.

### Exposure

In our study, the problem faced by nurses in the Covid-19 pandemic is that the infection was determined as an inability to reunite with family and stigmatization. In the literature, similar to our study, it has been reported that nurses had to leave their families and live elsewhere not to infect their relatives and children in the pandemic (5-7,14). It is emphasized that emergency nurses experience anxiety and uncertainty due to not being able to meet the care needs of their families and children, and this situation adds to the fatigue of nurses and makes pandemic conditions more difficult (5, 6, 29,30). This situation can also be interpreted as causing emergency nurses to be deprived of social support. Yakut et al. (2020) stated in their study that with the increase of excessive workload, the fear of Covid-19 increases the burnout perception of healthcare personnel and decreases the perceived social support level (31).

Another problem that emergency nurses are exposed to is stigmatization in their social life relationships and by colleagues. It is stated that stigmatizing behaviours, which are shown as exclusionary behaviour, avoiding speaking, judging, blaming, approaching with fear and suspicion, are a social problem in pandemics. It has been reported that healthcare workers rank first among people exposed to stigmatization (32,33). In the study conducted by Bai et al. (2004), it has been emphasized that the stigmatization of healthcare workers who are quarantined is made by both the society and employees who are not quarantined (33). In her study, Eren Bana (2020) evaluated the social

stigmatization of healthcare workers in the Covid-19 pandemic and emphasized that 51.2% of healthcare workers experienced social stigma (34). García-Reyna et al. (2020) cite another cause of fear experienced by healthcare workers during the pandemic as a stigma. These results are consistent with this study (25).

### Working Conditions

This study determined that emergency nurses experienced difficulties related to working conditions, such as duration of working hours, long-term contact with the patient, and lack of equipment. Supporting our study, Maben (2020) reported that the increasing number of patients, the infection of the healthcare personnel, and the interruption of the infected employees caused the need for more nurses. This situation particularly emphasizes that the workload of nurses increases, and they work longer (29). It has been reported that nurses who care for Covid-19 patients are exposed to a high risk of infection among healthcare workers due to their close, frequent contact with patients and working longer hours than normal, which causes nurses to increase their anxiety levels and experience death anxiety (24, 28, 35). Konakçı (2020) states that the lack of a certain rest or break period due to the characteristics of the emergency unit is one of the problems that emergency nurses have to struggle with (7). Liu (2020) and Huang (2020) have reported that nurses experience stress associated with separation from their families, insomnia, and workload due to lack of personnel (11,27). These results are similar to this study.

Another important difficulty nurses face regarding working conditions during the pandemic is related to the procurement and use of protective equipment. Studies have reported that nurses experience psychological fear of contamination and contagion due to insufficient personal protective equipment (14, 27, 28). It is stated that in the first two weeks, including the dates of March 10, 2020, when the first Covid-19 case was reported by the Ministry of Health in Türkiye, and March 15, 2020, when the first death due to the virus occurred, there was a confusion in the emergency services. In the pandemic, the establishment of a separate triage system and physical area for Covid-19 patients in emergency services, the initial insufficient reports of the World Health Organization on prevention methods, the concern of hospital administrators about the use and provision of materials such as masks, gowns, visors, protective overalls have been reported as the main reasons (7). Hiçdurmaz et al. (2020) emphasize that lack of protective equipment such as masks, visors, aprons, and working for long periods without permission/break increase the stress experienced by nurses (6).

In this study, it was determined that the public and the media brought doctors to the fore more, and this is disturbing the emergency nurses. Indeed, Mason et al. (2018) have emphasized in their study that although nurses are involved in all areas related to health, they remain largely invisible in health news (36). They

state that, despite the increase in specialization in the nursing profession, nurses rarely participate in the media on health policy, health services, and research-related issues. This may contribute to nurses' increasing awareness of the importance of their role in health policy decisions in the pandemic.

Considering the problems nurses faced in the emergency department in the Covid-19 pandemic, crisis management, psychosocial support, and professional support are considered important. Fernandez et al. (2020) stated that nurses should be supported by governments, politicians, and nursing groups (14). It has been reported that if nurses are not supported during and after the pandemic, burnout, loss of workforce and psychological problems may occur, and thus the quality of patient care will be affected (5, 14, 29). Maben and Bridges (2020), emphasizes that it is important that nurses be supported by peer support, team support, and managers (29).

### Conclusion

Pandemic is a process that includes major crises. Experiences lived in times of crisis are very valuable in terms of preventing and solving future problems. With this process, emergency nurses take place as the leading troops of the war. In the study we conducted to determine emergency nurses' experiences in the pandemic, it was determined that emergency nurses experienced physical and psychosocial problems related to fear, exposure, and working conditions. Failure to solve these problems also results in nurses' depression, burnout, decreased job satisfaction and performance, decreased patient care quality, and increased job turnover. Therefore, crisis management and psycho-social support of emergency nurses in this process seem important in their motivation. Working in cooperation with health policy actors, health administrators, nurse associations, and nurse groups on this subject will strengthen nurses fighting the pandemic.

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