



The Coronavirus Disease 2019 Pandemic and the Emergency Service in the Perspectives of Nurses Working in Emergency Service: A Photovoice Study

Acil Serviste Çalışan Hemşirelerin Gözünden Koronavirüs Hastalığı 2019 Pandemisi ve Acil Servis: Bir Fotoses Çalışması

Tuba KORKMAZ ASLAN¹ 
Nurgül KARAKURT² 

¹Department of Nursing, Necmettin Erbakan University Seydisehir Kamil Akkanat Faculty of Health Sciences, Konya, Turkey

²Department of Nursing, Erzurum Technical University Faculty of Health Sciences, Erzurum, Turkey

ABSTRACT

Objective: In the study, it was aimed to determine the thoughts of the nurses working in the emergency service about the emergency service before and after the coronavirus disease 2019 pandemic.

Methods: Sociodemographic data obtained for the study were evaluated using SPSS 20 software. A phenomenological approach was used for the qualitative part. The study was conducted with 51 out of 179 nurses working in the emergency department of a hospital in one of the eastern provinces. Data were collected through focus group interviews and semistructured interview forms using photographs, photovoice, and phenomenological approach.

Results: Colaizzi's phenomenological approach was used in the interpretation of the data, and 266 opinions and suggestions were received from the nurses. These are grouped into 4 main and 20 subthemes. The 4 main themes that nurses found about the emergency department during the coronavirus disease 2019 outbreak are as follows: the meaning of working in the emergency department, the meaning of the coronavirus disease 2019 pandemic, the meaning of the emergency department before the coronavirus disease 2019 pandemic, and the state of the emergency department during the coronavirus disease 2019 pandemic.

Conclusion: Nurses mentioned that the emergency department was busy before the pandemic, that its intensity increased with the pandemic, that Coronavirus Disease 2019 created uncertainty and fear in the first place, but that the emergency department is an important and active clinic. coronavirus disease 2019. The answers given by the emergency staff on the front lines, who are worried about being infected with the virus as well as transmitting the virus to their families, are an expected result. It is thought that the anxiety levels of emergency service workers can be alleviated by planning and implementing special interventions related to stress sources such as working hours and providing adequate physical and medical supplies.

Keywords: COVID-19, emergency, nurses, perspective, photovoice

ÖZ

Amaç: Çalışmada acil serviste çalışan hemşirelerin Koronavirüs Hastalığı 2019 pandemisi öncesi ve sonrası acil servis hakkındaki düşüncelerinin belirlenmesi amaçlanmıştır.

Yöntemler: Araştırma için elde edilen sosyodemografik veriler SPSS 20 programı kullanılarak değerlendirildi. Niteliksel kısımda fenomenolojik yaklaşım kullanılmıştır. Çalışma, doğu illerinden birindeki bir hastanenin acil servisinde çalışan 179 hemşireden 51'i ile gerçekleştirilmiştir. Veriler odak grup görüşmeleri ve yarı yapılandırılmış görüşme formları aracılığıyla fotoğraflar, fotovideo ve fenomenolojik yaklaşım kullanılarak toplanmıştır.

Bulgular: Verilerin yorumlanmasında Colaizzi'nin fenomenolojik yaklaşımı kullanılmış ve hemşirelerden 266 görüş ve öneri alınmıştır. Bunlar 4 ana ve 20 alt tema olarak gruplandırılmıştır.

Received/Geliş Tarihi: 14.12.2022

Accepted/Kabul Tarihi: 28.07.2023

Publication Date/Yayın Tarihi: 25.09.2023

Corresponding author/Sorumlu Yazar:
Tuba KORKMAZ ASLAN
E-mail: tkorkmazaslan@erbakan.edu.tr

Cite this article as: Korkmaz Aslan T, Karakurt N. The coronavirus diseases 2019 pandemic and the emergency service in the perspectives of nurses working in emergency service: A photovoice study. *J Nursology* 2023;26(3):183-191.



Content of this journal is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

Hemşirelerin Koronavirüs Hastalığı 2019 salgını sırasında acil servise ilişkin buldukları 4 ana tema şu şekildedir; acil serviste çalışmanın anlamı, Koronavirüs Hastalığı 2019 salgınının anlamı, Koronavirüs Hastalığı 2019 salgını öncesinde acil servisin anlamı ve Koronavirüs Hastalığı 2019 salgını sırasında acil servisin durumu.

Sonuç: Hemşireler acil servisin pandemi öncesinde de yoğun olduğunu, pandemi ile birlikte yoğunluğunun arttığını, Koronavirüs Hastalığı 2019'un ilk etapta belirsizlik ve korku yarattığını ancak acil servisin önemli ve aktif bir klinik olduğunu dile getirdiler. Virüsle enfekte olmanın yanı sıra virüsü ailelerine bulaştırma endişesi taşıyan ön saflardaki acil çalışanlarının verdiği cevaplar beklenen bir sonuçtur. Çalışma saatleri, yeterli fiziksel ve tıbbi malzeme sağlanması gibi stres kaynaklarına ilişkin özel müdahalelerin planlanması ve uygulanması ile acil servis çalışanlarının kaygı düzeylerinin hafifletilebileceği düşünülmektedir.

Anahtar Kelimeler: Koronavirüs Hastalığı 2019, acil servis, hemşireler, bakış açısı, fotoses

INTRODUCTION

The disease, defined as coronavirus disease 2019 (COVID-19), was declared by the World Health Organization (WHO) on January 30, 2020, as an "international public health emergency" and a pandemic on March 11, 2020.^{1,2} It is observed that it is frequently severe in individuals with clinical findings, and the mortality is 2%-3%. The new type of coronavirus manifests itself with symptoms such as fever, cough, and shortness of breath, and brings with it many physical and mental problems on individuals.^{3,4}

While examining the life experiences of individuals with interpretive phenomenology, different written texts can also be evaluated.⁵ In this context, individual or focus group interviews, field notes of the research, etc. can also be used together with photographs.⁶ This is because written texts can be more lasting and provide a clearer expression.⁷

Moazzami et al⁸ have stated that the COVID-19 negatively affects the work stress and emotional fatigue levels of the employees due to the high risk of infection in health-care workers who are in direct contact with COVID-19 patients, and the increase in the number of patients among health-care professionals.⁸

The burden of emergency nurses has increased during the pandemic due to the high number of cases, high mortality, and rapid spread. It is thought that the study will contribute to the literature.

Objective

It is aimed to determine what the emergency service characteristics are according to the nurses' thoughts before and after the COVID-19.

Research Questions

1. What does the emergency service mean for nurses in general?
2. What does the emergency service mean for nurses during the pandemic?
3. What did the emergency service mean to nurses before the pandemic?
4. How is the emergency service in general during the pandemic?

METHODS

Design

The type of this study is a photovoice study using interpretive phenomenology. It was completed in accordance with the principles of the Declaration of Helsinki.

Population and Sample

The study was carried out with the nurses working in the emergency service of the hospital located in an eastern province. There are 179 nurses working in the emergency service. Of these nurses, 51 who agreed to participate in the study constituted the sample.

Emergency services are defined as the front door of hospitals, and they are the units where patients require life-saving and emergency intervention.⁹ Care practices gain importance in emergency units, where patients who manage a special period of high anxiety and concerns, during which the diagnosis is not yet clear, and the risk of infection is high.¹⁰

A thorough examination of the views of individuals is possible with qualitative research methods. With this method, the meaning of each object, word, and behavior for individuals can be questioned thoroughly. The phenomenological approach can serve this purpose.¹¹ Photovoice, one of the qualitative research methods in which this approach is used, is a research method by which individuals are expected to express what they want to express with photographs.¹² In this way, the participants of the research will be able to use their photographs to enable other individuals to hear their own voices.⁹ This allows individuals to express worrying situations and difficulties in their lives, to discuss this issue and to make their voices heard. Accordingly, it can be seen that great meanings are hidden behind the image of an object that actually looks like a single photograph.¹³

Inclusion Criteria of Participants

- Working in the emergency service of a hospital located in an eastern province;
- Working for at least 3 months during the study period;
- Having no obstacles for online conversations;
- Having no obstacles for photographing; and
- Willing to participate on their own free will (signed informed consent)

Exclusion Criteria of Participants

- Not to accept to participate in the research;
- The occurrence of a physical or mental problem of the nurse during the study process; and
- Not being a nurse

Interpretation

The attention regarding the development of the themes was ensured, first, by independent coding made by the two researchers, second, by extensive team discussions on the development of the themes, and finally, by doing sessions with nurses.

In data evaluation numbers, percentages, and averages were used for the data in the demographic information form. In the evaluation of qualitative data, Colaizzi's phenomenological interpretation method was used.¹⁶ Data reduction was completed in accordance with the Miles and Huberman¹⁷ method. The photographs, texts, and focus group interview recordings were analysed by both researchers independently, and main and sub-themes were formed. Miles and Huberman analysis was performed for agreement between researchers on themes, and it was found to be 80.95%.^{18,19}

Wright²⁰ summarizes the process related to the findings:

"Looking through the image to information internal to it; looking at the image to examine the way in which the content is presented; and looking behind the image to examine the context or the social and cultural relations that shape its production and interpretation".

Variables

Independent Variables

Independent variables are as follows: age, gender, educational status, marital status, and years of employment in the emergency service are the independent variables of this study.

Dependent Variables

Dependent variables are as follows: the general meaning of emergency service for nurses, the meaning of the emergency service for nurses during the pandemic, the meaning of emergency service for nurses before the pandemic, and how the emergency service is in general during the pandemic.

Data Collection and Application Process

The data were collected between January 1, 2022, and January 25, 2022, through the photograph taken by the nurses, a text describing the photograph, and focus group interviews. The nurses who sent photos are included in the sample. A consent form, a demographic information form, and a semi-structured interview form were used in data collection.

Each photograph was analysed separately by the researchers by looking at what was in the photograph and what was written in the comments. Code list for each participant when analyzing the photos was created. Codes from all photos and comments have been combined. Similarities and differences between these codes were examined. Accordingly, codes that are related to each other are brought together and subthemes were created. Themes with a higher meaning were reached from the subthemes. 11 photographs were selected by the researchers based on the richness of interpretation and maximum diversity.

Semistructured Interview Form

The semistructured interview form consists of a total of 4 open-ended questions given below:

1. What do you see in this photo?
2. What does the image here tell you?
3. How does this image relate to your current work life?
4. What do you think about working in the emergency center?

The study was scored in accordance with the Standards for Reporting Qualitative Research checklist and reported in accordance with this plan.¹⁴ Expert opinion was sought for the semistructured interview form.

Validity and Reliability of the Study

It is recommended to ensure credibility and quotableness for validity, and consistency and confirmability for reliability.¹⁵ Interviews were held at the optimal time for participants to ensure credibility, and the participants' statements were confirmed by repeating them. To ensure consistency in the study, interviews in all groups were completed by adhering to the interview template and semistructured interview form. By ensuring quotableness, although the results of the research cannot be generalized, it is ensured that the results obtained can be adapted to different situations.¹⁵ As a result, the data of the study are presented in detail in the discussion, backed up by the literature, and in a manner that can be compared to data from other studies.

Statistical Analysis

Sociodemographic data obtained for the study were evaluated using IBM Statistical Package for the Social Sciences, version 20 (IBM SPSS Corp., Armonk, NY, USA) software. The data were assessed using percentage distributions, averages. A phenomenological approach was used for the qualitative part.

Ethical Statement

A study approval dated 09.30.2021 and with decision number 12 from the Clinical Research Ethics Committee of the Faculty of Medicine of Atatürk University and the approval numbered E-76614443-799 from the Provincial Health Directorate of Erzurum were obtained. Written consent was obtained from the participants. Expert opinion was taken for the semi-structured interview form. After obtaining the ethics committee approval and the institution approval, consent was obtained from the nurses, and they were asked to send photos. They were asked to take and send photographs as well as to write a short explanation of it. For the purpose 11 photographs and their explanations were found suitable. Then, a focus group meeting was held between January 25, 2022 and January 28, 2022 with the owners of the photographs. A semi-structured interview form was used during the interview. Focus group interviews were also completed with 4 separate interviews in time periods suitable for the participants. Each interview took 1-1.5 hours. In interviews, a researcher was assigned as a moderator and a researcher as a reporter, and they were audio recorded.

RESULTS

A total of 31 people were included in the study. The mean age of the nurses was 26.22 ± 2.17 years. Of the nurses, 11 (35.5%) were male and 20 (64.5%) were female. Of the nurses, 27 (87%) stated that they had been working in the emergency service for <5 years.

Nurses presented a total of 266 opinions/suggestions. The data obtained because of the interviews were grouped into 4 main and 20 subthemes. The main and subthemes were presented in Table 1.

Nurses expressed their thoughts about the emergency service during the COVID-19 pandemic by taking photographs. While most nurses featured images of the sky, fallen leaves, and flowers, some nurses tried to convey their thoughts through metaphors.

Theme 1. The Meaning of Working in the Emergency Service

Nurses explain the meaning of working in the emergency service with 5 subthemes.

Table 1. Distribution of Themes

Themes	Subthemes	Numbers
The meaning of working in the emergency service	Being helpful	19
	Unhappiness, tiredness	17
	Mobility	13
	Exhausting	9
	Enjoyable	9
The meaning of the COVID-19 pandemic	Uncertainty	19
	Distress	15
	Concern, fear	15
	Despair	13
	Difficult period	13
The meaning of the emergency service before the COVID-19 pandemic	Tiredness	13
	Race against time	13
	Having an impact on human life	11
	Anger	7
The status of the emergency service in the COVID-19 pandemic	Willingness to help	19
	Feeling trapped	15
	Burnout	15
	Losing hope	11
	Emotional breakdown	11
	Preparedness	9
Total		266

COVID-19, coronavirus disease 2019.

According to the participants, working in the emergency service was exhausting due to unhappiness and tiredness. As it was the first place that patients applied, it caused them to experience professional satisfaction. Thus, sometimes, it was an enjoyable department.

In the photo, there is a pink bloom covering the wall. They explained that, even though there are difficult times in life that require urgent care, there are situations that show that there is always hope (Figure 1).

Participant 1: *Emergency service is a separate world; sometimes makes me feel the excitement and happiness, sometimes tiredness, but the happiness of helping people outweighs it.*

Participant 16: *I feel that I have gained great experience and have professional satisfaction by working in the emergency service.*

In their compilation, Bilik²¹ shared their feelings as an emergency service nurse by stating that “experiencing many events such as death, trauma, being life under threat, aggressive patients and their relatives, witnessing the suffering and death of people constantly, working in crowded environments and under intense stress, racing at the same time against time while working, having no margin of error, racing with time when determining priorities.”²¹

Here, the dark and the gap that the transfers want to tell is a waste of the day; tired, busy and separation days like in the emergency room (Figure 2).



Figure 1. Pink, alive and well flowers.



Figure 2. Dark clouds.

Participant 2: *I love working in the emergency service. But sometimes, I experience sad events or I get too tired. During these times, I am unhappy and thinking of resigning or going abroad to work.*

Participant 21: *Applying treatment to the patient or injured person brought to the hospital in emergency situations without losing time, intervening in and stabilizing the patient, working in the emergency service means helping more people.*

Participant 6: *I see always being prepared for everything and the busyness and tiredness of this place. Working in the emergency service is very tiring and exhausting besides being very satisfying.*

Participant 14: *Before the COVID-19 pandemic, the emergency service was a place where emergency cases (traffic accident, arrest, work accident, etc.) and milder outpatient treatment were provided. It was a place where patients could reach the doctor, nurse and treatment day and night.*

Theme 2. The Meaning of the COVID-19 Pandemic

Nurses explain the meaning of the COVID-19 pandemic in 5 sub-themes. According to them, the COVID-19 pandemic is "challenging" for themselves, "worrying and fearing" for their families, and "uncertainty and despair" for patients.

The person wanted to tell with a bell glass that working in the emergency service in COVID-19 made one feel stuck and overwhelmed, and with dried daisies that their youth was dried up and lost (Figure 3).

Participant 3: *The rapid circulation of patients in the emergency service motivates us in terms of getting the results of the treatments that we perform on patients, but the COVID-19 period made us feel trapped as we could not be in contact with our family and we were constantly working.*

Participant 31: *Limitation of freedom, disease, and unhappiness, as well as the exponential increase in our workload. Exhausting health workers who have been working so hard since the beginning of the pandemic in an irreversible way.*

Participant 13: *With the start of the pandemic period, it became the agenda of the world. Unexpected deaths have affected our daily lives. We have experienced many difficulties in every sense, both as health-care professionals and as the public. Most importantly, we learned how important cleaning, distance, and wearing a mask are.*



Figure 3. Trapped dry daisies.



Figure 4. Girl in the bell glass.

In the picture, they have drawn and photographed, an individual hiding their face in a closed bell glass, and next to them, there is a flower with a broken branch. They envisioned themselves bored in the emergency service, which was a narrow, closed space (Figure 4).

Participant 4: *This picture reflects my despair and emotional state as a nurse. I wanted to describe both feeling very fun and feeling bored and trapped due to COVID-19, by drawing a picture.*

Participant 25: *It is a troublesome and long-lasting disease that has befallen humanity in the country and even all over the world. It has been a pandemic process that is very easy to transmit and also makes human life and social life difficult.*

In this photograph of an ultrasound image, the nurse carries her most valuable creature, and being aware of this, she feared and explained the difficulty of helping patients in need (Figure 5).

Participant 5: *Although I am healthy myself, I have been exposed to the virus due to my job. I was very worried about my baby's health as I was pregnant during the pandemic process. I was afraid for my baby, not for myself. Working in the emergency service before the pandemic provided many opportunities for professional development, and it was the same during the pandemic. But now our workload is much greater, as is our exhaustion.*

Participant 26: *As a health-care worker, it feels bad to be surrounded by disease and to be in a closed area all the time. It is also a source of stress, fear, and anxiety.*

Theme 3. The Meaning of the Emergency Service Before the COVID-19 Pandemic

Nurses explained the meaning in 4 subthemes. According to them, before COVID-19, the emergency service was a service



Figure 5. The most valuable creature.

where circulation was fast, there was a race against time, human life was touched, and there was sometimes anger and mostly fatigue.

The nurse emphasized the importance of time in the emergency service by photographing an alarm clock with an angel picture on the table (Figure 6).

Participant 6: *I am in a profession where nothing stays as it is and we are in a race with time. I am happy to work with great determination, dedication and fast action to save people's lives.*



Figure 6. Time.

Participant 30: *Working in the emergency service and touching lives feels like an exciting environment.*

Participant 12: *Before the pandemic, the emergency service was the busiest department where many different departments examined patients at all hours of the day.*

Participant 22: *It meant helping more people even before the COVID-19 pandemic.*

Participant 29: *Before the pandemic, it was the service where patients who really needed emergency help were lined up and intervened with the correct triage system more regularly and systematically.*

Theme 4. The Status of the Emergency Service in the COVID-19 Pandemic

They explained the status in 6 subthemes. Nurses expressed their feelings in the pandemic as emotional collapse, feeling trapped, loss of hope, and burnout. Also emphasized their willingness to help patients and the need to always be prepared for such situations.

The photograph shows a deserted snow-covered area with mountains behind it. The sun is just rising behind the mountains. The nurse explains that working in the emergency service during the COVID-19 pandemic felt lonely and uncertain, but with patients' recovery, they felt hopeful (Figure 7).

Participant 7: *Working in the emergency service during the pandemic made me feel hopeless as I saw patients, like being in a snowy deserted place. But seeing the patients get better after the treatment we applied, even the slightest sunshine like in this photo, gave us hope. At first, we were working in uncertainty, but the recovery of the patients and the return of our efforts made us happy.*

Participant 23: *It is a place where there are health workers who are exhausted, tired, not given their rights, nervous, and where there are patients/patient relatives, where the workload is increasing and this is not cared about, and where there are health workers who have to work and make sacrifices in spite of these uncertainties.*

Participant 24: *The emergency service was an enjoyable and reliable working environment with mobility and rapid circulation.*

With the dry red leaves falling on the pavement between the houses with the lights on in the dark, the nurse photographed the emergency service working day and night and the uncertainty and sorrow experienced with COVID-19 (Figure 8).

Participant 8: *I associate the piles of fallen leaves with the filling and overwhelming of emotions in human relations, and I liken this image to sorrow. As a result of the overlapping of the difficulties I have experienced in my professional life with COVID-19, I also see my level of tolerance decrease and my emotional collapse.*

Participant 26: *It has been like hell after the pandemic. It means overtime, overwork and a worsened patient profile, and the people around me and our colleagues constantly catching COVID-19.*

Participant 17: *It was a field battle in which the medical personnel disregarded their lives as a team. It has turned both our professional and private life upside down.*



Figure 7. A snowy deserted place.



Figure 8. Sorrow of nature.

This photo shows geese walking together on a snowy day just like health-care professionals who continue to be together and work together in hot or cold weather (Figure 9).

Participant 9: *Emergency service reminds me of unity and solidarity. I can say that the status of the emergency service in the COVID-19 pandemic is the teamwork of health-care professionals and trying to overcome the pandemic with unity and solidarity. Moreover, it is even better to have action and mobility in professional life and to help emergency patients.*

Participant 15: *A busy, tiring and more risky work environment.*

Participant 20: *It is a place where there are healthcare workers who are exhausted, tired, not given their rights, nervous, and where there are patients/patient relatives, where the workload is increasing and this is not cared about, and where there are health workers who have to work and make sacrifices in spite of these uncertainties.*

Participant 28: *The emergency service took an active role in the COVID-19 pandemic and tried to do its part properly. Of course, the workload has increased and employees need rest.*

The nurse tells us that, even though the pandemic conditions are difficult like winter conditions, there is always hope (Figure 10).

Participant 10: *Working in the emergency service during the pandemic was like feeling chilly in a cold, snowy deserted place. But seeing the relief after the treatment we applied to the patients gave us hope, which warms me like a tiny candle, as in this photo. At first, we were working in uncertainty, but the recovery of the patients and the return of our efforts made us happy.*

Participant 19: *I think that health workers, who are a risk group during the pandemic process, are negatively affected by the situations they experience. I think that there is more workload, and it creates a more stressful working environment.*



Figure 9. Health-care workers.



Figure 10. Feeling chilly and hope.

Participant 27: *Emergency services have filled their capacity with COVID-19 patients. The increase in the workload and the suspicion of COVID-19 even at the slightest symptom and coming to the emergency service have created a very difficult and long treatment process for both the hospital, the patient, and the health personnel, and has also complicated the triage system.*

The focus group interviews were held online due to the COVID-19 process.

DISCUSSION

This study, nurses think that there is unhappiness while working in the emergency service, there is exhaustion due to tiredness, but at the same time, there is professional satisfaction as the first aid place for patients, and it is a busy and sometimes fun clinic. It has been shown that health-care workers serving in emergency services, intensive care units, and isolation rooms are more vulnerable to developing adverse symptoms than workers in other departments.²² In a study conducted in China, it has been determined that 22.6% of medical personnel had mild or moderate anxiety and 22.6% had severe anxiety. It has also been shown that emergency service workers are more anxious than those working in clinical services.²³

In our study, nurses defined pandemic as a difficult period of anxiety, fear, and uncertainty for both themselves, patients, and their families. It was also a time when they felt distressed and desperate. In a study, it has been determined that health-care professionals who are directly involved in the diagnosis, treatment, and care of COVID-19 patients develop mental health disorders such as fear, affective disorders, sleep disorders, psychological adaptation problems, depression, and anxiety due to close contact with infected people.²⁴

Previous research on pandemics has revealed that women perceive diseases as more contagious and fatal and have higher levels of anxiety than men.²⁵ The fact that 64.5% of the participants in our study were females and 1 of them was pregnant (Figure 5) also supports the results of Leung's study.

In our study, nurses defined the emergency service, before the pandemic, as a service where circulation was fast, time was raced, human life was touched, and sometimes anger, mostly tiredness was experienced.

Lorber and Savič²⁶, in their study examining the level of professional satisfaction of nurses, determined that the level of professional satisfaction was moderate.

In this study, nurses expressed their emotions as emotional collapse, feeling trapped, loss of hope, and burnout. They also emphasized their willingness to help patients and the need to always be prepared for such situations. The emergency service is considered a high-risk area, as it is often the first stop for patients with fever who turn out to be COVID-19. In addition to the physical difficulty of caring for patients potentially infected with COVID-19, health-care professionals must also face the mental burden.^{27,28}

In the study conducted by Mayfield-Johnson²⁹, photographs also provide a window into the participants' worldviews. Photos offer the opportunity to perceive the world from the perspective of individuals who have traditionally lived very different lives from those in positions of power and authority.

Therefore, this approach to participation respects information from participants as a key source of expertise. As a result, it was seen that the nurses answered the questions directed to them in line with the literature. The answers given by the emergency staff on the front lines, who are worried about being infected with the virus as well as transmitting the virus to their families, are an expected result. It is thought that the anxiety levels of emergency service workers can be alleviated by planning and implementing

special interventions related to stress sources such as working hours and providing adequate physical and medical supplies.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Atatürk University (Date: September 30, 2021, Number:12).

Informed Consent: Written informed consent was obtained from the nurses for publication and images.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – T.K.A.; Design – T.K.A., N.K.; Data Collection and Processing – T.K.A., N.K.; Analysis and Interpretation – T.K.A., N.K.; Literature Review – T.K.A., N.K.; Drafting and Writing – T.K.A., N.K.; Critical Review – T.K.A.

Declaration of Interests: The authors declare that they have no competing interest.

Funding: The authors declared that this study has received no financial support.

Etik Komite Onayı: Bu çalışma için etik komite onayı Atatürk Üniversitesi'nden (Tarih: 30 Eylül 2021, Sayı: 12) alınmıştır.

Hasta Onamı: Hemşirelerden yayın ve görüntüler için yazılı bilgilendirilmiş onam alınmıştır.

Hakem Değerlendirmesi: Dış bağımsız.

Yazar Katkıları: Fikir – T.K.A.; Tasarım – T.K.A., N.K.; Denetleme – T.K.A., N.K.; Kaynaklar – T.K.A., N.K.; Malzemeler – T.K.A., N.K.; Veri Toplanması ve/veya İşlemesi – T.K.A., N.K.; Analiz ve/veya Yorum – T.K.A., N.K.; Literatür Taraması – T.K.A., N.K.; Yazıyı Yazan – T.K.A.; Eleştirel İnceleme – T.K.A., N.K.

Çıkar Çatışması: Yazarlar çıkar çatışması bildirmemişlerdir.

Finansal Destek: Yazarlar bu çalışma için finansal destek almadıklarını beyan etmişlerdir.

REFERENCES

- World Health Organization. *Coronavirus disease 2019 (COVID-19): situation report--51*. WHO Website; 2020. Accessed April 6, 2020. www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf 2
- Coronaviridae Study Group of the International Committee on Taxonomy of Viruses. The species Severe acute respiratory syndrome-related coronavirus: Classifying 2019-nCoV and naming it SARS-CoV-2. *Nat Microbiol*. 2020;5(4):536-544. [CrossRef]
- Chan JF, Kok KH, Zhu Z, et al. Genomic characterization of the 2019 novel human-pathogenic coronavirus isolated from a patient with atypical pneumonia after visiting Wuhan. *Emerg Microbes Infect*. 2020;9(1):221-236. [CrossRef]
- Centers for Disease Control and Prevention (U.S.) (Centers for Disease Control and Prevention). *Guidance documents*; 2019. <https://www.cdc.gov/coronavirus/2019-ncov/science/about-epidemiology/studying-the-disease.html> (Erişim Tarihi: 11.02.2022).
- Plunkett R, Leipter BD, Ray SL. Unspoken phenomena: using the photovoice method to enrich phenomenological inquiry. *Nurs Inq*. 2013;20(2):156-164. [CrossRef]
- Çetin İ, Mert K. *Nursing and Innovation*. (ed. Sevil ÜDBÖ). 1 ed. İstanbul: Güven Plus Grup A.Ş. Yayınları; 2018:83-104.
- Altunkaya H, Ateş A. Writing self-efficacy and written expression skills of learners of Turkish as a foreign language. *J Erzincan Univ Fac Educ*. 19(3):86-103. 2017.[CrossRef]
- Moazzami B, Razavi-Khorasani N, Dooghaie Moghadam A, Farokhi E, Rezaei N. Covid-19 and telemedicine: immediate action required for maintaining healthcare providers well-being. *J Clin Virol*. 2020;126:104345. [CrossRef]
- Dahlen I, Westin L, Adolfsson A. Experience of being a low priority patient during waiting time at an emergency department. *Psychol Res Behav Manag*. 2012;5:1-9. [CrossRef]
- Wiman E, Wikblad K, Idvall E. Trauma patients' encounters with the team in the emergency department- a qualitative study. *Int J Nurs Stud*. 2007;44(5):714-722. [CrossRef]
- Sönmez V, Alacapınar F. *Illustrated Scientific Research Methods*. Extended 6th ed. Ankara: Anı Yayıncılık; 2018:320-328.
- Evans-Agnew RA, Boutain DM, Rosemberg MS. Advancing nursing research in the visual era: reenvisioning the photovoice process across phenomenological, grounded theory, and critical theory methodologies. *ANS Adv Nurs Sci*. 2017;40(1):E1-E15. [CrossRef]
- Ganier M. Exploring gender identity through a camera's lens: a literature review. *Expressive Therapies Capstone Theses*. 499. https://digitalcommons.lesley.edu/expressive_theses/499/; 2021.
- O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for reporting qualitative research: a synthesis of recommendations. *Acad Med*. 2014;89(9):1245-1251. [CrossRef]
- Jeong H, Othman J. Using interpretative phenomenological analysis from a realist perspective. *Qual Rep*. 2016;21(3):558-570. [CrossRef]. <https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=2300&context=tqr>
- Onat Kocabıyık O. Phenomenology and embedded theory: comparison in terms of some features. *Trakya Univ J Fac Educ*. 2016;6(1):55-66. <https://dergipark.org.tr/tr/download/article-file/200424>
- Baltacı A. Miles-Huberman model in qualitative data analysis. *AHI Evran Univ J Soc Sci Inst*. 2017;3(1):1-15. <https://dergipark.org.tr/en/download/article-file/318527>
- Arastaman G, Öztürk Fidan İ, Fidan T. Validity and reliability in qualitative research: a theoretical review. *Yüzüncü Yıl Univ J Fac Educ*. 2018;15(1):37-75. <http://efdergi.yyu.edu.tr>
- Ocak G, Kutlu Kalender M. Evaluation of the attainment and content relationship of the intermediate school fifth and sixth grade science curriculum. *J Bayburt Educ Fac*. 2017;12(23):209-225. <https://dergipark.org.tr/tr/download/article-file/320788> (Original Work Published in Turkish).
- Riley R, Manias E. Snap-shots of live theatre: the use of photography to research governance in operating room nursing. *Nurs Inq*. 2003;10(2):81-90. [CrossRef]
- Bilik Ö. The invisible face of emergency nursing: what am I going through as a human? *Anatol J Nurs Health Sci*. 2015;18:155-161. [CrossRef]
- Naushad VA, Bierens JJ, Nishan KP, et al. A systematic review of the impact of disaster on the mental health of medical responders. *Pre-hosp Disaster Med*. 2019;34(6):632-643. [CrossRef]
- Lu W, Wang H, Lin Y, Li L. Psychological status of medical workforce during the COVID-19 pandemic: a cross-sectional study. *Psychiatry Res*. 2020;288:112936. [CrossRef]
- Kang L, Li Y, Hu S, et al. The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. *Lancet Psychiatry*. 2020;7(3):e14. [CrossRef]
- Leung GM, Ho LM, Chan SK, et al. Longitudinal assessment of community psychobehavioral responses during and after the 2003 outbreak of severe acute respiratory syndrome in Hong Kong. *Clin Infect Dis*. 2005;40(12):1713-1720. [CrossRef]
- Lorber M, Skela Savič BS. Job satisfaction of nurses and identifying factors of job satisfaction in Slovenian Hospitals. *Croat Med J*. 2012;53(3):263-270. [CrossRef]
- Lau Y, Jiamian Z, Ng Adolf KY, Panahi R. Implications of a pandemic outbreak risk: a discussion on China's emergency logistics in the era of coronavirus disease 2019 (COVID-19). *J Int Logist Trade*. 2020;18(3):127-135. [CrossRef]
- Tercan M, Bozkurt FT, Patmano G, Saraçoğlu G, Gür SC. Anxiety and depression differences between the nurses working at a COVID-19 pandemic hospital. *Med Sci Discov*. 2020;7(6):526-531. [CrossRef]
- Mayfield-Johnson S, Rachal JR, Butler III J. "When We Learn Better, We Do Better": describing changes in empowerment through photovoice among community health advisors in a breast and cervical cancer health promotion program in Mississippi and Alabama. *Adult Educ Q (Am Assoc Adult Contin Educ)*. 2014;64(2):91-109. [CrossRef]